

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 5-10-10

Transmittal: UP-10-03

0100

PURPOSE AND SCOPE

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

PURPOSE AND SCOPE

Date: 05-10-10

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Need is the eligibility requirement common to all programs administered by the Department of Social Services.

Purpose

The general purpose of the financial assistance programs is to provide to the individual or family, whose income and assets are insufficient, a standard of living which the Department considers compatible with health and decency.

The general purpose of the medical assistance program is to assure adequate medical care and services for as many persons as who are eligible. This includes persons whose income and assets are sufficient to meet basic maintenance needs but inadequate to meet medical needs, as well as persons receiving financial assistance money payments for basic needs.

The general purpose of the Supplemental Nutrition Assistance Program (SNAP) is to raise the nutritional level among low income households whose limited food purchasing power contributes to hunger and malnutrition among member of such households.

Effective October 1, 2008 the name of the Food Stamp Program was changed to the Supplemental Nutrition Assistance Program (SNAP). This name change is in accordance with the Food, Conservation and Energy Act of 2008 (Public Law 110-246).

Scope

The areas covered in this policy manual are the guidelines for determining eligibility for specific programs and basic calculations of benefits. It also contains policy and procedures regarding benefit issuance and benefit error, recovery of assistance, special programs and special benefits. This manual does not contain policy or procedural material pertinent to other aspects of the Department.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-89

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INSTRUCTIONS FOR USE

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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BASIC COMPONENTS

The Uniform Policy Manual (UPM) has two basic components, POLICY and PROCEDURES, which serve distinct purposes and should be used according to their particular function.

POLICY pages have the power of regulation and should be used by DIM staff as a legal basis upon which to make decisions on eligibility issues and related matters in a consistent and uniform manner. Legislators, attorneys, and other interested parties should use the POLICY pages as a reference book which reflects the laws governing the Department's administration of its various programs.

PROCEDURES pages are for the exclusive use of the DIM staff. They provide a guide to implementing DIM's policies. PROCEDURES pages are written on buff-colored paper to set them apart from POLICY pages. PROCEDURES pages have a "P" before their numerical index number to further distinguish them from their corresponding POLICY pages. They generally follow the POLICY pages to which they pertain by chapter. PROCEDURES pages contain instructions regarding what forms the worker completes and how various units within the Department should interact in implementing policy.

Where DIM staff should use the POLICY pages to insure statewide uniformity in making decisions, they should exercise flexibility in using the PROCEDURES pages when implementing those decisions. As noted above, PROCEDURES pages are only a guide to implementing policy. If a PROCEDURES page seems to conflict with a POLICY page, the user should seek an amendment to the procedure, as appropriate, in order to implement the corresponding policy. A PROCEDURES page should not be used as a basis for an eligibility decision.

ORGANIZATION OF MATERIAL

The information contained in the UPM is divided into general categories or sections. Within each section there are chapters which separate the general category into its most important sub-sections. The chapter, in turn, is divided into subjects which provide specific items of information pertinent to their particular chapter. At the beginning of each section there is an alphabetically-organized list of definitions containing key terms used in the section. The final chapter of each section contains policy and procedures describing whatever verifications are required with regard to the information contained in the section.

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ORGANIZATION OF MATERIAL (cont.)

The first three sections of the UPM provide basic information concerning the rights and responsibilities of applicants for and recipients of assistance, a detailed description of the eligibility process and an explanation of the concept of the assistance unit.

The next eight sections describe the factors used to determine eligibility. These include the non-financial criteria (categorical, technical and procedural requirements) and financial criteria (treatment of assets, standards of assistance, treatment of income, income eligibility, and calculation of benefits).

The next three sections describe how benefits are issued, how errors are corrected, and how benefits are recovered by the Department.

The final two sections describe the special programs the Department administers and the special benefits certain recipients may receive.

Those readers who use the UPM extensively and are familiar with the organization of the manual should use the Table of Contents when trying to locate a particular subject. The Table of Contents lists the title of every section, chapter and subject in the UPM, and the corresponding index number. Because of the complexity of some of the material, the reader may need to refer to more than one subject to understand the total concept underlying a particular policy. For this reason, cross-references are included when appropriate.

UPM also contains an alphabetical index for those who are not as familiar with the material or who do not use the UPM extensively. A glossary of terms and an index of cross-references are also included.

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ABBREVIATIONS

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AABD	State Supplement to the Aged, Blind or Disabled
ACE	Active Corps of Executives
ADH-FS	Administrative Disqualification Hearing - Food Stamps
AFDC	Aid to Families with Dependent Children
AG	Attorney General
AIDS	Acquired Immunodeficiency Syndrome
ARC	Aids-Related Complex
ARF	Assistance Request Form
AU	Assistance Unit
AZT	Azidothymidine
CAA	Community Action Agency
CADAP	Connecticut AIDS Drug Assistance Program
CAM	Coordination, Assessment and Monitoring Agency
CBS	Community Based Services
CCNH	Chronic and Convalescent Nursing Homes
CEAP	Connecticut Energy Assistance Program
CFA	Community Family Allowance
CMS	Centers for Medicare and Medicaid Services
CNIL	Categorically Needy Income Limit
COBRA	Consolidated Omnibus Reconciliation Act of 1985, P.L. 99-272
CHCPE	Connecticut Home Care Program for Elders
ConnTRANS	Connecticut Assistance for Organ Transplant Recipients
ConnPACE	Connecticut Pharmaceutical Assistance Contract to the Elderly and Disabled
CR	Caretaker Relatives
CSA	Community Spouse Allowance
CSD	Community Spouse Disregard
CSPA	Community Spouse Protected Amount
DCB	Direct Cash Benefit
DCF	Department of Children and Families
DEFRA	Deficit Reduction Act of 1984, P.L. 98-369

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<u>DDS</u>	<u>Department of Developmental Services</u>
DMV	Department of Motor Vehicles
DOA	Department of Aging
DOL	Department of Labor
DP	Diversion Program
DPH	Department of Public Health
DPUC	Department of Public Utilities Control
EDD	Eligibility Determination Document
EH	Emergency Housing
EITC	Earned Income Tax Credit
EMS	Eligibility Management System
EP	Entrant Program (Cuban and Haitian)
EPSDT	Early and Periodic Screening, Diagnosis and Treatment
ES	Jobs First Employment Services
FEMA	Federal Energy Management Agency
FH	Fair Hearings
FHA	Farmers Home Administration
FMA	Family Medical Assistance
FNS	Food and Nutrition Service
FS	Food Stamps – Effective October 1, 2008, the name of the Food Stamp Program changed to Supplemental Nutrition Assistance Program (SNAP) in accordance with the Food, Conservation and Energy Act of 2008. Therefore all references to FS or FSP now refer to the SNAP.
GAO	General Accounting Office
GA	General Assistance
HMO	Health Maintenance Organization
HUD	Housing and Urban Development
ICF	Intermediate Care Facility
ID	Identification
IEVS	Income Eligibility Verification System

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IFG	Individual and Family Grant Program
INS	Immigration and Naturalization Service (United States Citizenship and Immigration Services)
IPV	Intentional Program Violation
IRCA	Immigration Reform and Control Act
IRS	Internal Revenue Service
JOBS	Job Opportunities and Basic Skills
JTPA	Job Training and Partnership Act
LEP	Limited-English Proficiency
LLR	Legally Liable Relative
LPN	Licensed Practical Nurse
LTCF	Long Term Care Facility
MA	Medical Assistance
MAABD	Medical Assistance for Aged, Blind and Disabled
MA-CN	Medical Assistance-Categorically Needy
MA-MN	Medical Assistance-Medically Needy
MCCA	Medicare Catastrophic Coverage Act of 1988
MID	Medical Identification Document
MIHPP	Maternal and Infant Health Protection Program
MMNA	Minimum Monthly Needs Allowance
MNIL	Medical Needy Income Limit
MRT	Medical Review Team
NADA	National Automotive Dealers Associates
NDSL	National Defense Students Loans
OASDI	Federal Old-Age, Survivors, and Disability Insurance
OBRA	Omnibus Budget Reconciliation Act of 1981, P.L. 97-35 Omnibus Budget Reconciliation Act of 1986, P.L. 99-509 Omnibus Budget Reconciliation Act of 1987, P.L. 100-203
OJT	On Job Training
PA	Public Assistance
P.A.	Public Acts (State)

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PAS	Pre-Admission Screening
P.L.	Public Laws (Federal)
PNA	Personal Needs Allowance
PSE	Public Service Employment
PWE	Principal Wage Earner
QMB	Qualified Medicare Beneficiaries
RA	Refugee Assistance
RAW	Replenishment Agricultural Worker
RCA	Refugee Cash Assistance
RHNS	Rest Homes with Nursing Supervision
RMA	Refugee Medical Assistance
RN	Registered Nurse
RP	Repatriation Program
RR	Railroad Retirement
RSDI	Retirement, Survivors and Disability Insurance Benefits
SAGA	State Administered General Assistance
SAVE	Systematic Alien Verification for Entitlements
SAW	Special Agricultural Worker
SBA	Small Business Administration
SC	SAGA Cash
SCORE	Service Corps of Retired Executives
SCSEP	Senior Community Service Employment Program
SDX	SSI Data Exchange
SEOG	Supplemental Educational Opportunity Grants
SFFS	State Funded Food Stamps
SM	SAGA Medical
SN	Safety Net Program
SMANC	State Medical Assistance for Non-Citizens
SNAP	Supplemental Nutrition Assistance Program (previously called the Food Stamp Program)

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SNF	Skilled Nursing Facility
SSA	Social Security Administration
SSI	Supplemental Security Income
SSIG	State Student Incentive Grant
SSN	Social Security Number
SWICA	State Wage Information Collection Agencies
TEFRA	Tax Equity and Fiscal Responsibility Act of 1982, P.L. 97-248
<u>TFA</u>	Temporary Family Assistance
TRA	Tax Reform Act of 1986, P.L. 99-514
TRE	Training Related Expenses
UCB	Unemployment Compensation Benefits
UP	Unemployed Parent
USCIS	United States Citizenship and Immigration Services
USDA	United States Department of Agriculture
UYA	University Year for Action
VA	Veterans Administration
VISTA	Volunteers in Service to America
WIC	Food Program For Women, Infants and Children
WSP	Work Supplementation Program

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TERMS

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Date: 1-1-96

Transmittal: 96-2

0500

- A -

Adequate Notice (1500)

Adequate notice is a notice of denial, discontinuance, or reduction of assistance which includes a statement of the Department's intended action, the reasons for the intended action, the specific regulations supporting such action, an explanation of the assistance unit's right to request a Fair Hearing to contest the action, and the circumstances under which benefits are continued if the unit requests a Fair Hearing.

Administrative Overpayment (7000)

An administrative overpayment is an overpayment caused by the Department's incorrect action or failure to act within the appropriate time limits.

Adoptive Sibling (2000)

An adoptive sibling is a brother or sister related through adoption.

Allotment (6500)

An allotment is the dollar amount representing the total value of coupons an assistance unit is authorized to receive during a month or other specified period.

Amortization (7500)

Amortization is the process of paying off a loan by installment payments.

Annuity (4000)

An annuity is income which a person receives either annually or at regular intervals on an investment. An annuity is also an asset, that is, the investment which produces the income.

Anticipated Income (5000)

Anticipated income is that income which is expected to exist during a projected period of eligibility.

Applicant (1500)

Applicant means the individual or individuals for whom assistance is requested.

Application (1500)

Application is written indication on a form prescribed by the Department of the desire to obtain assistance.

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Application Process (1500)

The application process is all activity related to the exploration, investigation and disposition of an application beginning with the filing of an assistance request and ending with disposition of the application.

Applied Income (5000)

Applied income is that portion of the assistance unit's countable income that remains after all deductions and disregards are subtracted.

Assessment of Spousal Assets (1500) (4000)

An Assessment of Spousal Assets is a determination of the total value of all non-excluded available assets owned by both MCCA spouses which is done upon the request of an institutionalized spouse or a community spouse and is used to calculate the Community Spouse Protected Amount.

Asset (4000)

An asset is cash or any item of value which a person can use or legally convert to cash for support and maintenance.

Asset Limit (4000)

The asset limit is the maximum amount of equity in counted assets which an assistance unit may have and still be eligible for a particular program administered by the Department.

Assignment (3500) (4000) (7500)

An assignment is the act of transferring one's equitable interest in an asset or a claim to another person or to an organization.

The assistance unit consists of one or more individuals who apply for or receive assistance together under one of the Department's programs.

Assistance Unit (2000) (4000)

The assistance unit consists of one or more individuals who apply for or receive assistance together under one of the Department's programs.

Authorization to Participate (ATP) (6500)

An ATP is a FS document which is issued by the Department to an assistance unit that shows the allotment the assistance unit is authorized to received upon presentation of such document to a coupon issuer.

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Authorized Representative (1500)

An authorized representative is an adult, over the age of eighteen, who has written authorization to act on the behalf of an assistance unit of which he or she is not currently a member, and who would otherwise not be eligible to act without such authorization.

Available Asset (4000)

An available asset is an asset which someone owns and can readily convert to cash.

Available Income (5000)

Available income is all income from which the assistance unit is considered to benefit, either through actual receipt or by having the income deemed to exist for its benefit.

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Transmittal: 96-2

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- B -

Basic Needs (4500)

Basic needs are needs which are recognized by the Department as predictable, recurrent, and common to all individuals within a particular assistance program category.

Beginning Date of Assistance (1500)

Beginning Date of Assistance is the earliest date on which an assistance unit or a member of an assistance unit is entitled to the benefits of the program.

Beneficiary (4000)

A beneficiary is a person who is entitled to receive funds, property, or other benefits from an insurance policy, will, trust, or other settlement.

Benefit Expiration Date (6500)

The benefit expiration date is the last day of the period of intended use of a check, medical identification document (MID) or food stamp authorization to participate (ATP).

Boarder (2000)

A boarder is an individual who pays a stipulated sum to others for lodging and meals.

Boarder (8000)

For the purposes of the CEAP, boarders are people to whom food as well as shelter is furnished by the homeowner with whom they live.

Budget Month (6000)

A budget month is the calendar month from which income is used to calculate benefits.

Burial Fund (4000)

A burial fund is a revocable burial contract - that is, a fund held by a licensed funeral director to be used for funeral and burial expenses, but which can be released prior to death by mutual agreement.

Burial Plot (4000)

A burial plot is a grave site, crypt, mausoleum, urn, or any other repository traditionally used for the remains of a deceased person.

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Calendar Quarter (2500)

Calendar quarter is a period of three consecutive calendar months ending March 31, June 30, September 30 or December 31.

Calendar Year (4500)

A period of twelve consecutive months beginning with January 1 and ending December 31.

Calculation of Benefits (6000)

Calculation of benefits is the process in which the amount of program benefits due to an assistance unit is determined by comparing the amount of the unit's applied income to the amount of the unit's total needs or an income limit.

Case Management Agency (8000)

A case management agency is the resettlement agency which has the exclusive responsibility for administering an employment and training program for a refugee.

Case Management Plan (8000)

A case management plan provides an individualized program of training for a refugee preliminary to employment, with the goal of developing economic and social self-sufficiency in the refugee.

Case Record (1000)

A case record is any collection of personal data which is collected, maintained or disseminated by the Department.

Cash Assistance Group (8000)

A cash assistance group is the group of people who receive cash assistance from the Department under a single case number.

Cash Payment (6500)

A cash payment is a monetary benefit issued to or on behalf of an assistance unit in check form.

Cash Surrender Value (4000)

The cash surrender value of a life insurance policy is the amount of equity which the owner has in the policy, and represents the amount the owner can borrow against the policy.

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Catastrophic Event (4500)

A catastrophic event is a natural or other disaster over which the individual or family has no control, and which renders the individual's or family's residence uninhabitable, as determined by local or state officials or by the Department.

Categorical Eligibility Requirement (2500)

Categorical eligibility requirement is a program characteristic which in effect sets one program apart from another and which must be met by the individual or group in order to qualify for such program.

Cause of Action (7500)

A cause of action is a claim against an estate, a pending lawsuit, a personal injury action, or a wrongful death action.

Certification of Eligibility (1500)

Certification is the formal authorization to participate in a particular assistance program.

Certification Period (1500)

A certification period is the interval of time within which an assistance unit is eligible to receive benefits from a particular assistance program.

Certified Assistance Unit (6500)

A certified assistance unit is an assistance unit that has been determined eligible to receive benefits from the Department. Certification may be for a current or past period of time.

Commercial Housing (4500)

Commercial Housing is any residential building, other than an apartment building, which contains at least three rental units.

Community Action Agency (CAA) (8000)

A Community Action Agency, operated under the direction of DHR, is the agency which is responsible for processing CEAP applications for households not eligible to receive CEAP through the Department of Income Maintenance.

Community Based Services (8000)

Social services which are prescribed in a plan of care for the purpose of allowing an otherwise institutionalized individual the alternative of remaining in the community.

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Community Spouse (1500) (3500) (4000) (5000)

A community spouse is an individual who resides in the community, who does not receive home and community based services under a Medicaid waiver, who is married to an individual who resides in a medical facility or long term care facility or who receives home and community based services (CBS) under a Medicaid waiver.

Community Spouse Disregard (CSD) (1500)

A community spouse disregard is the amount of the institutionalized spouse's available non-excluded assets which is excluded in determining the institutionalized spouse's eligibility for Medicaid.

Community Spouse Protected Amount (CSPA) (1500) (4000)

A community spouse protected amount is the amount of the total available non-excluded assets owned by both MCCA spouses which is protected for the community spouse and is not counted in determining the institutionalized spouse's eligibility for Medicaid.

Compensation (3000)

Compensation is all money, notes, real or personal property, food, shelter, or services received in exchange for something of value.

Continuous Period of Institutionalization (1500) (4000) (5000)

A continuous period of institutionalization is a period of 30 or more consecutive days of residence in a medical institution or long term care facility, or receipt of home and community based services (CBS) under a Medicaid waiver.

Coordination, Assessment and Monitoring (CAM) Agency (8000)

The agency licensed and regulated by the Department of Health Services, which is responsible for the client assessment, development of a plan of care, and coordinating and monitoring the services provided to individuals participating in the PAS program.

Corrective Payment (4000) (6500) (7000)

A corrective payment is assistance which the Department provides to or on behalf of an assistance unit as an adjustment for an underpayment of cash, medical, or Food Stamp benefits, or refunds owed to the assistance unit.

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Counted Asset (4000)

A counted asset is an asset which is not excluded and either available or deemed available to the assistance unit.

Counted Income (5000)

Counted income is that income which remains after excluded income is subtracted from the total of available income.

Coupon (6500)

In relation to the FS program, a coupon is a food stamp document which can be used to purchase eligible foods.

Coupon Issuer (6500)

A coupon issuer is any office of the Department or agent that has the responsibility of issuing coupons to individuals that redeem an ATP.

Crisis (8000)

For the purpose of the CEAP Program, a crisis is defined as:

1. being out of deliverable fuel or within one week of being out of a deliverable fuel; or
2. having a shutoff notice for utility service or a past due bill which is more than thirty (30) days old, for services provided after October 31, 1987, and before April 15, 1988.

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Date of Application (1500)

The date of application is the date a formal written request for assistance is filed with the Department in accordance with the rules established for the program for which application is made.

Date of Authorization (1500)

The date of authorization is the date the Department makes a case action decision, as opposed to the effective date of the action.

Date of Issuance (1500)

The date of issuance is the actual mailing date of a benefit, notice or other item of correspondence, or the date the item becomes available for in-office pickup.

Decedent Estate (7500)

A decedent estate is the assets and liabilities which a deceased person has at the time of his or her death.

Deductions (5000)

Deductions are those amounts which are subtracted as adjustments to counted income and which represents expenses paid by the assistance unit.

Deemed Asset (4000)

A deemed asset is an asset owned by someone who is not a member of the assistance unit but which is considered available to the unit.

Deemed Income (5000)

Deemed income is that portion of income belonging to someone who is not a member of assistance unit which is considered available to the unit.

Deemor (4000) (5000)

A deemor is a person from whom income or assets are deemed available to the assistance unit.

Deliverable Fuel (8000)

A deliverable fuel is oil, coal, wood, propane gas, or kerosene.

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Department of Mental Health (DMH) Sanctioned Supervised Apartment (4500)

A Department of Mental Health (DMH) sanctioned supervised apartment is a DMH approved residence, owned, leased or co-leased by a private mental health agency which provides on-site services.

Dependent Child (2500)

A dependent child is a child who is deprived of parental support or care by reason of the death, continued absence from the home, physical or mental incapacity or unemployment of a parent.

Deprivation of Parental Support or Care (2500)

Deprivation of parental support or care is the state of being without financial support or day-to-day care and guidance from one parent because that parent died, is continually absent from the home, is incapacitated or is unemployed.

Digital Imaging

Digital Imaging is a biometric identification system that uses scanned graphical information for evaluation and identification purposes.

Disabled Person - Food Stamp Program (5000)

A disabled person, in the context used by the Food Stamp program, means a person who meets any of the following conditions:

1. receives or is certified to receive SSI (Title XVI) benefits or disability or blindness payments under Titles I, II, XIV, or XVI of the Social Security Act; or
2. receives assistance through the AABD program; or
3. receives disability retirement benefits from a governmental agency because of a disability considered permanent under Section 221(i) of the Social Security Act; or
4. is a veteran with a service-connected disability, which under Title 38 of the United States Codes is:
 - a. rated or paid as a total disability; or
 - b. considered to necessitate regular aid and attendance; or
 - c. severe enough to permanently preclude self-support; or

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Disabled Person - Food Stamp Program (5000) (continued)

5. is a disabled surviving spouse or child of a veteran and considered to be in need of aid and attendance, permanently housebound, or permanently incapable of self-support; or
6. is a veteran's surviving spouse or child who is considered permanently disabled under Section 221(i) of the Social Security Act and receiving or authorized to receive:
 - a. compensation for a service connected death; or
 - b. pension benefits for a non-service connected death; or
7. receives an annuity payment under Section 2(a)(1)(iv) of the Railroad Retirement Act of 1974 and is determined to be eligible for Medicare by the Railroad Retirement Board; or
8. receives annuity payment under Section 2(a)(i)(v) of the Railroad Retirement Act of 1974 and is determined to be disabled based upon the criteria used for SSI; or
9. receives a Federal or State benefit payment under 212 (a) of Public Law 93-66.

Disclosure (1000)

Disclosure is the availability or release of a record about an individual to another party.

Disregards (5000)

Disregards are those amounts which are subtracted as standard adjustments to countable income and which do not represent expenses paid by the assistance unit.

Diverted Income (5000)

Diverted income is that portion of income belonging to a member of the assistance unit which is considered available to meet the needs of someone who is not a member of the assistance unit.

Documentation (1500)

Documentation is the act of recording a fact, circumstance or condition through the use of a supporting reference, annotation or the inclusion of documentary evidence.

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Earned Income (5000)

Earned Income is income which the assistance unit receives in exchange for the performance of duties or through self-employment and may be in the form of wages, salary, benefits, or proceeds from self-employment.

Elderly Person - Food Stamp Program (5000)

An elderly person, in the context used by the Food Stamp program, means a person who is sixty or more years of age.

Electronic Data Processing Cutoff Date (6500)

The electronic data processing (EDP) cutoff date is the last day within any month by which an action can be entered into an automated computer system in order to effect a change in the next issuance cycle.

Eligibility Process (1500)

The eligibility process is all activity related to the application process, interim activity, redetermination and Fair Hearings.

Emancipation (3500)

Emancipation is the act of releasing a minor child from the jurisdiction of his or her parents.

Emergency Housing (4500)

Emergency Housing is housing which serves as a temporary shelter until permanent housing is secured, including, but not limited to, commercial lodging, shelters for the homeless and shelters for victims of domestic violence. Emergency housing shall not include temporary residence with a friend or a relative.

Emergency Medical Condition (3000)

A medical condition is considered an emergency when it is of such severity that the absence of immediate medical attention could result in placing the patient's health in serious jeopardy. This includes labor and delivery, and emergencies related to pregnancy.

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Employment Lockout (3000)

Employment lockout is when a place of employment is physically closed by an employer due to a labor dispute, or an employer says there is no work until a labor dispute is terminated, or an employer makes work available under less favorable terms or conditions after the labor contract expires, provided the bargaining agent has notified the employer that employees are willing to work under terms and conditions existing under the expiring contract.

Encumbrance (4000)

Encumbrance is a legal claim against an asset which a person must pay off in order to convert the asset to cash.

Ending Date of Assistance (1500)

Ending date of assistance is the last day on which the assistance unit or a member of an assistance unit is entitled to the benefits of the program.

Entrant (8000)

An entrant is:

1. any individual granted parole status as a Cuban or Haitian entrant or granted any other special status for nationals of Cuba or Haiti, regardless of the status of the individual at the time assistance or services are provided; or
2. any other national of Cuba or Haiti who:
 - a. was paroled into the United States and has not acquired any other status; and
 - b. is the subject of exclusion or deportation proceedings under INS regulations; or
 - c. has an application for asylum pending with INS; or
3. any other national of Cuba or Haiti who with respect to whom a final, nonappealable and legally enforceable order of deportation or exclusion has not been entered.

Equitable Interest (4000)

Equitable interest is the amount of equity which the legal owner has in an asset.

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Equity Value (4000)

Equity value is fair market value minus encumbrances.

Essential (4500)

Essential means necessary to the health and well-being of individuals or to the attainment of self-sufficiency as determined by the Department.

Essential Household Item (4000)

An essential household item is furniture, furnishings, and equipment found in or about a house which is used in connection with the operation, maintenance, and occupancy of the home, as well as an item used in the functions and activities of home and family life or for comfort and accommodation.

Excluded Asset (4000)

An excluded asset is an asset which is not counted by the Department in determining the assistance unit's eligibility for assistance.

Excluded Income (5000)

Excluded income is income which is available from certain specified sources and is not counted in determining eligibility and level of benefits.

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Face Value (4000)

The face value of a life insurance policy is the basic amount of insurance purchased on the insured's life, as listed on the policy.

Fair Market Value (3000) (4000)

Fair Market value is the amount at which an asset can be sold on the open market in the geographic area involved at the time of the sale or the amount actually obtained as a result of bona fide efforts to gain the highest possible price.

Family Plan for Self-sufficiency

The family plan for self-sufficiency contains the employment goal for the Job Connection participant, describes the support services to be provided by the Department, describes the activities to be undertaken by the participant to achieve the employment goal, and describes any other needs of the family that might be met by the Job Connection.

Fiduciary Duty (3000)

Fiduciary duty is the duty of a person who stands in a special relationship of trust, confidence, or responsibility in his obligation to others.

Flowage Easement (8000)

Flowage easement means an area where the landowner has given the right to overflow, flood or submerge the land to the government or other entity for a public purpose.

Foreseeable Needs (3000)

Foreseeable needs are the needs of a person as they would be anticipated to exist by a reasonable prudent individual for the immediately-forthcoming 24-month period.

Foster Child (2000)

A foster child is one not necessarily related through legal or blood ties for whom parental care and nurturing is provided apart from the child's natural family.

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Fuel (4500)

Fuel is electricity, natural gas, petroleum, petroleum products, coal and coal products or wood.

Full-time Employment (5000)

Full-time employment means that the income being counted from a particular calendar month resulted from at least 130 hours of employment.

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Grant for Acquisition or Construction Purposes (8000)

Grant for acquisition or construction purposes is a grant to an individual or family for flood related damage for the purpose of repairing, replacing, or rebuilding the insurable portions of a home, and/or to purchase or repair insurable contents.

Grant Reduction Recoupment (7000)

Grant reduction recoupment is a method of recoupment in which the Department reduces the assistance unit's monthly assistance grant or Food Stamp allotment.

Gross Earned Income (5000)

Gross Earned Income is the total amount of counted earned income before deductions or disregards are subtracted from it. When earnings are from self-employment, the gross amount is the difference between self-employment income and self-employment expenses.

Gross Unearned Income (5000)

Gross unearned income is the total amount of counted unearned income before disregards are subtracted from it.

Group Living Arrangement (3000)

A group living arrangement is a public or private nonprofit residential setting for no more than 16 residents which is certified under section 1616 (e) of the Social Security Act.

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Half-sibling (2000)

A half-sibling is a brother or sister related through only one parent.

Health Screen (8000)

A health screen is a profile of the applicant's health and daily needs, compiled by a health professional, used to assess the need for a long term care placement.

Home Property (4000)

Home property is:

1. real property which someone owns and is using as principal residence; and
2. life use which is the right of a person to occupy and/or enjoy the income proceeds of real property during the person's life time in accordance with the terms of a legal agreement.

Household (2000)

Household is used to designate all of the individuals who are living together in one dwelling unit.

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Immigrant (3000)

An immigrant is an non-citizen or North American Indian born in Canada who is lawfully admitted into the United States for the express purpose of maintaining permanent residence.

Inaccessible Asset (4000)

An inaccessible asset is an asset which someone owns but, for some reason beyond his or her control, cannot readily convert to cash.

Inaccessible Income (5000)

Inaccessible income is money which an assistance unit member is due but neither receives nor benefits from due to circumstances beyond his or her control.

Income-In-Kind (5000)

Income-in-kind is the value of goods, commodities, or services which are provided to the assistance unit or to a third party in behalf of the assistance unit in lieu of cash.

Independent Community Living (4500)

Independent community living is any type of living arrangement which is not a licensed room and board facility or medical or penal institution.

Installment Recoupment (7000)

Installment recoupment is a method of recoupment in which the assistance unit makes monthly installments to the Department in the form of cash or Food Stamps.

Institution (3000)

An institution is an establishment that furnishes food, shelter and some treatment or services to four or more persons unrelated to the proprietor.

Institution for Mentally Retarded (3000)

An institution for mentally retarded is an institution that is primarily for diagnosis, treatment or rehabilitation for the mentally retarded or persons with other developmental disabilities in a protected residential setting.

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Institution of Higher Education (3000)

An institution of higher education is an educational institution at post-high school level which is accredited by the Department of Higher Education as either a training and technical institution or as a degree-granting institution.

Institutionalized Spouse (3500) (5000)

An institutionalized spouse is a spouse who resides in a medical facility or long term care facility, or who receives home and community based services (CBS) under a Medicaid waiver, and who is legally married to someone who does not reside in such facilities or who does not receive such services.

Intentional Recipient Error (7000)

An intentional recipient error is an intentionally incorrect oral or written statement made by the assistance unit regarding circumstances affecting eligibility or the amount of benefits. An intentional recipient error is also the intentional failure by the assistance unit to report timely the receipt of income or assets, or other changes in circumstances affecting eligibility or the amount of benefits.

Interim Activity (1500)

Interim activity is any action or activity other than application, redetermination or Fair Hearing.

Intermediate Care Facility (ICF) (3000)

An intermediate care facility (ICF) is a medical institution which provides health-related services not available outside of an institution to individuals who do not require hospital care or a skilled nursing facility.

Intermittent Income (5000)

Intermittent income is income which is received at recurrent intervals longer than one month.

Intervenor (1500)

An intervenor is person who participates in a Fair Hearing on a limited basis in the interest of justice.

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Irrevocable Burial Fund (4000)

An irrevocable burial fund is a fund held by a licensed funeral director as a result of a contractual arrangement to be released only upon the death of a recipient, but which can be transferred to another funeral director.

Irrevocable Trust (4000)

An irrevocable trust is a trust which the settlor is unable to dissolve.

Issuance Cycle (6500)

An issuance cycle is the standard interval at which benefits for current ongoing needs are issued to eligible assistance units.

Issuance Date (6500)

The issuance date is the day of a month that a benefit, notice or other item is mailed or made available for pickup in a DIM office.

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Job Connection Agreement

The agreement signed by the Job Connection participant and the Job Connection case manager describing the participant's obligations under the program.

Joint Custody (2500)

Joint custody is the awarding of legal custody of a child by the Court to both parents subsequent to separation or divorce. Joint custody provides for joint decision making by both parents but does not provide for joint physical custody in all cases.

Joint Physical Custody (2500)

Joint physical custody is the awarding of legal custody of a child by the court to both parents subsequent to separation or divorce and provides that the child reside with each parent in such a manner as to assure the child of continuing physical contact with each parent.

Joint Processing (1500)

Joint processing is the simultaneous processing of a PA and FS assistance request that has been filed concurrently.

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Lawfully Residing (7500)

Lawfully residing is actually residing at a certain address and publicly affirming this address as one's residence to local Post Office, Voters' Registration Office, Immigration Office, or other governmental agencies.

Legal Owner (4000)

The legal owner of an asset is the person who is legally entitled to enjoy the benefit and use of the asset.

Legally-Enforceable Agreement (3000)

A legally-enforceable agreement is a binding and credible arrangement, either oral or written, wherein two or more parties agree to an arrangement in consideration of the receipt of money, property, or services and in which all parties can be reasonably expected to fulfill their parts of the agreement.

Legally Liable Relatives (3500)

Legally liable relatives are those who have an obligation to support a spouse of a minor child as required by law.

Licensed Boarding Facility (4500)

A licensed boarding facility is a community group home, training home, family care home, private boarding home or other residential facility licensed by the State Department of Mental Retardation, Department of Children and Youth Services, Department of Mental Health, Department of Health or other state agency, which at a minimum provides lodging and meals to various groups of elderly, blind or disabled individuals.

Lien (7500)

A lien is a legal claim against property as security for a debt.

Long Term Care Facility (LTCF) (3000) (4000) (7500)

A long term care facility is a skilled nursing facility, intermediate care facility, or other medical institution, where the applicant is required, as a condition of receiving services in such institution under the state medical assistance plan, to spend for costs of medical care all but a minimal amount of any existing income for personal needs.

Lump-sum Recoupment (7000)

Lump-sum recoupment is a method of recoupment in which the assistance unit makes a lump-sum payment to the Department in cash or Food Stamps.

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Maintenance Payments from Title IV-E (2000)

Maintenance payments from Title IV-E are funds administered by DCYS available to individuals for room and board and other services given for qualified foster children or adopted children.

Mass Change (1500)

A mass change is one which affects all or a portion of the caseload which shares similar circumstances.

MCCA Spouses (1500) (4000)

MCCA spouses are spouses who are members of a married couple one of whom becomes an institutionalized spouse on or after September 30, 1989, and the other spouse becomes a community spouse.

Meals on Wheels (4500)

Meals on wheels is a community sponsored program designed to provide nutritious and well-balanced meals to individuals living in the community.

Mental Disease Facility (3000)

A mental disease facility is a hospital, nursing facility or other institution of more than 16 beds, primarily for the diagnosis, treatment or care of persons with mental diseases, not including mental retardation.

Migrant Farm Worker (6000)

A migrant farm worker is a worker whose primary livelihood is derived from farm labor.

Migrant or Seasonal Farm Worker Assistance Unit (1500)

A migrant or seasonal farm worker assistance unit is an assistance unit whose primary livelihood is derived from farm labor.

Minor (3500)

A minor is an individual who is under the age of 18.

Month of Loss of Income (6000)

The month of loss of income is the month in which the last payment of non-public assistance income from a particular source is received by the assistance unit.

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Mortgage (7500)

A mortgage is a temporary and conditional pledge of property to a creditor as security against a debt.

Motor Vehicle (4000)

A motor vehicle is a passenger car or other vehicle which a person owns for the purpose of providing transportation of individuals or goods.

Mutilated Benefits (6500)

A mutilated benefit is a check, medical identification document (MID), authorization to participate (ATP) or coupons that has been improperly manufactured or damaged in an event other than a disaster to such an extent that it cannot be used.

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Naturalization (3000)

Naturalization is the granting of full United States citizenship and the rights and responsibilities thereof.

Needs (4500)

Needs are essential items recognized by the Department to be required for the daily living, health and well-being of individuals for which the Department has determined a specific monetary value.

Needs Budget (4500)

The needs budget is the itemized summary of basic and special need standards of the State Supplement Programs.

Needs Group (4000) (4500) (5500)

Needs group is the group of persons comprising the assistance unit and certain other persons whose basic needs are added to the total needs of the assistance unit members when determining the income eligibility of the assistance unit.

Net Earned Income (5000)

Net earned income is that portion of the gross earned income which remains after deductions are subtracted from the gross earned income amount.

Net Unearned Income (5000)

Net unearned income is the amount of gross unearned income which remains after disregards are subtracted from the total gross unearned income.

New Horizons (4500)

New Horizons is a nonprofit, nonsectarian corporation which provides independent community living arrangements and related services to severely physically disabled adults. Basic housing is provided in the form of independent apartment units with separate metering of heating fuel and utility costs, and is designed to accommodate family groups.

Non-Citizen (3000)

An non-citizen is a person born outside of the United States who is a subject or citizen of a foreign country and is not a citizen of the United States.

Non-Essential Household Item (4000)

A nonessential household item is a household item which a person or family has acquired as an investment to be sold for a profit at a later date.

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Non-Home Property (4000)

Non-home property is real property which a person owns but is not using as principal residence.

Notice (1500)

A notice is a written statement which the Department mails to the assistance unit to inform the unit that the Department has taken or intends to take a specific action in the unit's case.

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Overpayment (7000)

An overpayment is the amount of financial or medical assistance paid to or on behalf of the assistance unit, or the amount of the Food Stamp allotment issued to an assistance unit, in excess of the amount to which the unit is properly entitled.

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Parent (2500)

Parent is a mother or father, natural or adoptive.

Part-time Employment (5000)

Part-time employment means fewer than 130 hours were spent in the performance of the duties for which the total earned income received in a calendar month is paid.

Party to a Hearing Requested by Another (1500)

A party to a hearing requested by another is a person who is allowed to participate in a hearing requested by another person on an issue of mutual interest.

Payment Month (6000)

Payment month is the calendar month for which eligibility is determined and for which benefits are issued.

Permanent Housing (4500)

Permanent housing is housing which is intended to be a residence for the foreseeable future.

Personal Data (1000)

Personal data is any information about an assistance unit's education, finances, medical or emotional condition or history, employment or business history, family or personal relationships, reputation or character which because of name, identifying number, mark or description can be readily associated with a particular unit.

Personal Effects (4000)

Personal effects are clothing, jewelry, or items used for personal care or individual education.

Personal Property (4000)

Personal property is an asset in the form of temporary or movable property as opposed to real property.

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Plan of Care (8000)

A plan of care is a written individualized plan of community services, prepared by a CAM agency, which specifies the type and frequency of all services required to maintain the individual in the community, the service providers, and the cost of services regardless of whether or not there is an actual charge for the service.

Port of Entry (8000)

The port of entry is the place in which the individual first arrives in Connecticut.

Post-Eligibility Treatment of Income (6000)

Post-eligibility treatment of income is the method used to calculate the extent of liability for medical expenses for residents of long term care facilities or for those receiving home and community-based services.

Prerelease Applicant

A prerelease applicant is an individual who is currently ineligible for Food Stamps due to institutional status, but who has applied jointly for Food Stamps and SSI in anticipation of being released from the institution.

Primary Heat Source (4500) (8000)

A primary heat source is the type of fuel which supplies the main method of heating a residence.

Primary Language (1000)

Primary language is the language normally used by an individual to conduct day-to-day affairs and includes the language spoken at home or the language used to conduct essential functions outside the home such as shopping, working and worshipping.

Primary Verification (1500)

Primary verification is an inquiry to verify non-citizen status using direct access into the INS data base in accordance with the Immigration Reform and Control Act of 1986.

Principal (7500)

Principal is the amount of money owed as a debt, upon which interest is calculated.

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Principal Wage Earner (2500)

Principal wage earner is whichever parent, in a two parent family, earned the greater amount of income in the 24-month period the last month of which immediately precedes the month in which application is made.

Principal Wage Earner (FS) (3000)

A principal wage earner is whichever individual in a Food Stamp assistance unit earned the most money during the period of time used in respect to voluntary quit provisions.

Private Fuel Supplier (4500)

A private fuel supplier is a privately operated business or corporation engaged in the retail sale and delivery of fuel.

Prospective Calculation Method (6000)

Prospective calculation method is a method of calculating financial benefits in which the budget month and the payment month are the same calendar month.

Prospective Determination of Eligibility (5500)

Prospective determination of eligibility means that income eligibility is determined for a particular month by comparing the income to the needs that exist in that same month for which eligibility is being determined.

Protective Payee (6500)

A protective payee is an individual designated by the Department to receive and discharge cash benefits on behalf of an assistance unit in which he or she is neither a member nor a guardian or caretaker relative.

Protective Payment (6500)

A protective payment is a type of restricted payment that is issued on behalf of an assistance unit to a protective payee who is interested in or concerned with the welfare of the assistance unit.

Public Assistance (1500)

Public Assistance (PA) means any of the following programs: Aid to Families with Dependent Children (AFDC), Aid to the Aged, Blind or Disabled (AABD), and Medical Assistance (MA).

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Public Housing (4500)

Public Housing is an apartment building or complex which is not privately developed, where the apartment unit rather than the tenant is subsidized by a state, federal, or municipal housing program.

Public Institution (3000)

A public institution is an institution that is the responsibility of a governmental unit or over which a governmental unit exercises administrative control.

Public Service Company (4500)

A public service company is a public utility company which is not a private fuel supplier or municipal corporation, and is enjoined by state law from refusing to provide utility service to a residential customer based on the inability of the customer to pay a security deposit.

Putative Father (3500)

A putative father is a man named as the father by the mother of a child for whom paternity has not been legally established.

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Rated Housing Facility (4500)

A rated housing facility is a licensed boarding facility, New Horizons or other living arrangement for which the Department has regulatory authority to establish rate standards for the housing cost charged to assistance units that are residents of the housing unit.

Record Owner (4000)

The record owner of an asset is the person who has apparent ownership interest as shown on a title, registration, or other documentation.

Recoupment (7000)

Recoupment is a process by which the Department recovers an overpayment from the assistance unit.

Recovery (7500)

Recovery is the process by which the Department collects certain income or assets of an individual who either received benefits from the Department, or who was legally liable for the support of a person when that person was receiving benefits from the Department.

Redetermination Process (1500)

The redetermination process is all activity related to the reevaluation of a recipient's eligibility, and the recertification of a food stamp assistance unit.

Real Property (4000)

Real property is an asset in the form of real estate - that is, land and buildings.

Refugee (8000)

A refugee is any person designated as a refugee by the Immigration and Naturalization Services (INS), who because of persecution or a well-founded fear of persecution is unable or unwilling to return to his or her country of nationality.

Repatriation (8000)

Repatriation is the process by which United States citizens or their dependents are returned to the United States from a foreign country.

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Request for a Fair Hearing (1500)

A request for a Fair Hearing is a clear statement by the assistance unit or the unit's authorized representative which indicates that the unit disagrees with a Departmental action or non-action, and wishes to have its case reviewed by an independent authority.

Resettlement Agency (8000)

A resettlement agency is a public or private nonprofit agency which has developed a comprehensive program to assist refugees with social, educational and employment services.

Restricted Payment (6500)

A restricted payment is a third party payment issued on behalf of an assistance unit to a vendor or to a protective payee.

Retrospective Budgeting System (6000)

Retrospective Budgeting System is a system of calculating financial benefits in which both the prospective and retrospective calculation methods are used.

Retrospective Calculation Method (6000)

Retrospective calculation method is a method of calculating benefits in which the payment month follows the budget month.

Revocable Trust (4000)

A revocable trust is a trust which the settlor reserves the right to dissolve when he or she desires.

Roomer (2000)

A roomer is an individual who is provided lodging, but not meals, by a household.

Roomer (8000)

For purposes of the CEAP, a roomer is an individual who lives with a home-owning assistance unit and pays rent with heat-but not meals-included to that unit.

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Scheduled Payment (6500)

A scheduled payment is a cash, medical or food stamp assistance payment that is issued on a recurring basis at monthly or semi-monthly intervals, and which contains benefits for current on-going needs.

Second Trimester of Pregnancy

The second trimester of pregnancy is a period of time beginning with the first day of the sixth calendar month prior to the expected month of delivery and ending the day preceding the first day of the third trimester.

Secondary Heat Source (8000)

A secondary heat source is the fuel or utility used by a device designed primarily for heating, which is used to supplement the primary heat source.

1.Devices designed primarily for heating include, but are not limited to, electric space heaters, kerosene heaters, wood stoves, coal stoves, gas and gas stoves and quartz heaters.

2.Devices designed primarily for heating do not include the electric motor for oil furnances, the pilot for gas furnaces, thermostats and cooking ovens.

Secondary School (8000)

A secondary school is:

1. grades seven through twelve in a public or private school which has been approved by the state board of education, and/or accredited by a national or regional accrediting agency so recognized by the United States Department of Education; or
2. regular instruction at home, in a grade equivalent to any of the customary grades seven through twelve, by a teacher or parent whose qualification have been approved by the state board of education where incapacity of the child to attend a secondary school has been established on the basis of a physician's report; or
3. customary grades seven through twelve or their equivalent in a special school in Connecticut provided for the blind, deaf, or handicapped; or
4. customary grades seven through twelve or their equivalent in a special school or institution recommended by responsible individuals or agencies because the child is emotionally disturbed to such an extent that his progress in the customary school setting is seriously retarded.

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Secondary Verification

Secondary verification is a written request to verify non-citizen status with INS, in addition to or in lieu of primary verification, in accordance with the Immigration Reform and Control Act of 1986.

Section 8 Subsidy (4500)

A Section 8 Subsidy is a federally assisted housing program established by the US Housing Act of 1937, which subsidizes the rent payments of individuals, or the operating costs of apartment buildings or complexes.

Secured Note (3000)

A secured note is a written acknowledgment of a debt for which repayment is guaranteed through the assignment of collateral.

Security Mortgage (7500)

A security mortgage is a mortgage in which property is used as security against a debt which has not yet been incurred.

Self-employment Expenses (5000)

Self-employment expenses are non-personal business expenses directly related to producing goods or services and incurred in the budget month.

Self-employment Income (5000)

Self-employment income means the total amount of income derived from a self-employment enterprise before self-employment expenses are deducted.

Self-initiated Activity

A self-initiated activity is one that the assistance unit member is engaged in at the time he or she becomes a participant in the Job Connection Program.

Settlor (4000)

The settlor is the person who establishes a trust.

Short Term Placement (8000)

A short term placement means a maximum stay of ninety (90) days for rehabilitative and/or recuperative care, in a long term care facility, which is expected to result in the individual's return to the community.

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Skilled Nursing Facility (3000)

A skilled nursing facility is an institution which provides daily inpatient medical services ordered by and provided under the direction of a physician and 24 hour nursing services.

Special Needs (4500)

Special needs are needs other than basic needs which are recognized by the Department as essential to the health and well-being of a particular assistance unit. Special needs may be recurrent or nonrecurrent.

Spend-Down (1500)

Spend-down is the process by which income exceeds an MA assistance unit's Medically Needy Income Limit (MNIL) is offset by incurred medical expenses.

Sponsor (5000)

A sponsor is an individual who executed an affidavit of support or similar agreement on behalf of a non-citizen, other than the non-citizen's parent or spouse, as a condition of the non-citizen's entry into the United States.

Spousal Share (1500) (4000)

A spousal share is one-half of the total value of assets which result from the assessment of spousal assets.

SSI Assistance Unit (1500)

A SSI assistance unit is an assistance unit which is composed entirely of individuals who are either applicant or recipients of SSI.

Standard of Assistance (4500)

A standard of assistance is a rate established by the Department for a particular item of need or consolidated group of need items.

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Status (2500)

1619(a)

1619(a) Status is a term used by the Social Security Administration to describe an individual who is determined eligible for SSI on the basis of a disability, and retains SSI eligibility despite performing substantial gainful activity.

1619(b)

1619(b) Status is a term used by the Social Security Administration to describe an individual who is under age 65, is determined eligible for SSI on the basis of blindness or disability, and subsequently becomes ineligible for SSI because of income.

Strike (3000)

A strike includes any concerted stoppage of work by employees (including a stoppage by reason of the expiration of a collective-bargaining agreement) and any concerted slowdown or other concerted interruption of operations by employees.

Substantial Gainful Activity (2500)

Substantial gainful activity means significant and productive physical or mental duties performed for pay or profit regularly and on a predictable basis.

Supplemental Payment (6500)

A supplemental payment is a cash, medical or food stamp assistance payment which is issued apart from an assistance unit's regularly scheduled assistance payment on an as needed basis.

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Term Insurance (4000)

Term insurance is a form of life insurance having no cash surrender value and furnishing coverage for only a specified period of time.

Third Trimester of Pregnancy (2500)

The third trimester of pregnancy is a period of time beginning with the first day of the third calendar month prior to the expected month of delivery and ending upon the date of actual delivery.

Thrifty Food Plan (4500)

The Thrifty Food Plan is the table of maximum coupon benefits of the Food Stamp program. It represents the minimum expenditure for food that is required to meet the basic monthly nutritional needs of assistance units of equal size.

Timely Notice (1500)

Timely notice is notice of discontinuance or reduction of assistance which the Department mails to the assistance unit at least 10 days before the Department's intended action becomes effective.

Transferee (3000)

A transferee is an individual to whom ownership of an asset is conveyed by another individual.

Transfer of an Asset (3000)

A transfer of an asset is the conveyance of beneficial ownership from one person to another, or disposal of an asset in some other way so as to end its beneficial ownership by the transferor.

Transferor (3000)

A transferor is an individual of any age who conveys the ownership of an asset to another individual.

Trust (4000)

A trust is an oral or written agreement in which someone (the trustee) holds the legal title to an asset for the benefit of another person (the beneficiary).

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Tuberculosis Facility (3000)

A tuberculosis facility is an institution primarily for the diagnosis, treatment or care of persons with tuberculosis.

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Uncompensated Value (3000)

Uncompensated value is the difference between the fair market value of an asset and the compensation received.

Underpayment (7000)

An underpayment is a financial or medical assistance payment or Food Stamp issuance to which the assistance unit is entitled, but which the Department did not make to or on behalf of the unit.

Undue Influence (3000)

Undue influence is causing another party through misrepresentation, deceit, fraud, or any other improper means to do something that would otherwise not be done.

Unearned Income (5000)

Unearned income is income which does not constitute compensation for work or services performed or business conducted and includes returns from capital investments when the individual is not actively involved in the production of the income.

Utility (8000)

A utility is electric or gas service provided by a utility company under the jurisdiction of the Department of Public Utility Control, or by any municipal utility.

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Vendor (6500)

A vendor is an individual, corporation or other organization that provides goods, services or other items in exchange for compensation.

Vendor Payment (6500)

A vendor payment is a type of restricted payment issued on behalf of an assistance unit to a third party vendor.

Verification (1500)

Verification is the act of confirming a fact, circumstance or condition through direct evidence or other reliable documentation or collateral contact.

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Windfall (5000)

A windfall is a type of lump sum which is not earned, does not occur on a regular basis, and does not represent accumulated monthly income received in a lump sum.

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AFDC PROGRAM REFERENCES

Date: 10-1-01

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0800

Effective October 1, 2001 the Aid for Dependent Children (AFDC) program no longer exists. All references to AFDC in the UPM now only refer to certain provisions of Medicaid and State Administered General Assistance (SAGA).

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Section: Rights and Responsibilities	Type: POLICY
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Chapter:	Program: ALL PROGRAMS
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Subject:

1000 The assistance unit has the right to apply for assistance from the Department. The unit has other rights, such as the right to be treated without discrimination by the Department. Subject to the conditions outlined in Section 1570, the unit also has the right to a Fair Hearing if it is dissatisfied with a decision or delay in a decision regarding their eligibility or level of benefits for certain programs administered by the Department. Also, the assistance unit has the right to file a complaint, if they feel they have been subject to discrimination by the Department.

An assistance unit also has certain responsibilities, such as supplying information the Department needs to determine the unit's eligibility, reporting changes in circumstances, and meeting certain procedural requirements.

The Department has certain responsibilities, also, in its relationship with the assistance unit. The Department is responsible for determining the unit's eligibility objectively and in a timely manner. It must base its decision on state and federal law.

In this section the rights and responsibilities of applicants and recipients are described in detail, as are the Department's responsibilities. In addition, there is a separate chapter describing the Department's policies and procedures regarding the safeguarding of information.

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Section: Rights and Responsibilities	Type: POLICY
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Chapter:	Programs: ALL PROGRAMS
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Subject:
 Definitions

1000.01 Case Record

A case record is any collection of personal data which is collected, maintained or disseminated by the Department.

Correctional Facility

A correctional facility is an institution for prisoners, including those who have been arrested or detained pending disposition of charges or are held under court order as material witnesses or juveniles.

Disability

For the purposes of this section, disability means a physical or mental impairment that substantially limits one or more major life activities of such individual, a record of such an impairment or being regarded as having such an impairment.

Disclosure

Disclosure is the availability or release of a record about an individual to another party.

Major Life Activities

Major Life Activities means functions such as, but not limited to, caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

Mental Disease Facility

A mental disease facility is a hospital, nursing facility or other institution of more than 16 beds, primarily for the diagnosis, treatment or care of persons with mental diseases, not including mental retardation.

Personal Data

Personal data is any information about an assistance unit's education, finances, medical or emotional condition or history, employment or business history, family or personal relationships, reputation or character which because of name, identifying number, mark or description can be readily associated with a particular unit.

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Section:
Rights and Responsibilities

Type:
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Chapter:

**Programs: ALL
PROGRAMS**

Subject:
Definitions

1000.01 Primary Language

Primary language is the language normally used by an individual to conduct day-to-day affairs. Primary language includes the language spoken at home, or the language used to conduct essential functions outside the home such as shopping, working, and also includes worshipping, and American Sign Language.

Reasonable Accommodation

The term reasonable accommodation means reasonable modifications to the Department's policies, practices, or procedures that are necessary to allow an individual with a disability to participate meaningfully in the services, benefits, activities, and programs administered by the Department including, but not limited to, alterations in the eligibility and redetermination process that are necessary as a result of the individual's disability to allow him or her to establish and maintain eligibility notwithstanding his or her disability. A reasonable modification does not include a waiver of any essential factor of eligibility or modification of the Department's policies, practices, or procedures that would either fundamentally alter the nature of the program or cause undue fiscal or administrative burden on the Department.

Record of Such an Impairment

Record of such an impairment means that the individual has a history of having a mental or physical impairment that substantially limits one or more major life activities.

Regarded as Having an Impairment

Regarded as having an impairment means that the individual is regarded by, or treated by, a worker or the Department as having a mental or physical impairment that substantially limits one or more major life activities, whether or not the individual actually has such an impairment.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Date: 05-10-10**Transmittal: UP-10-03****1005**

Section:**Rights and Responsibilities****Type:****POLICY**

Chapter:**Rights of Applicants and Recipients****Program: ALL****PROGRAMS**

Subject:

1005 An applicant or recipient of Public Assistance or Supplemental Nutrition Assistance Program (SNAP) has certain rights which are guaranteed by the United States Constitution, the Social Security Act, the Food and Nutrition Act of 2008, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and Title II of the Americans with Disabilities Act of 1990 (ADA). As the agency which administers the Public Assistance and SNAP programs in the state, the Department of Social Services is responsible to provide such services in a manner that conforms to the requirements of the foregoing laws.

This chapter describes the rights to which all applicants and recipients of assistance are entitled under state and federal law.

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Date: 9-1-04	Transmittal: UP-04-18	1005.05
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Section:	Type:
Rights and Responsibilities	POLICY

Chapter:	Program:
Rights of Applicants and Recipients	ALL PROGRAMS

Subject:
Right to Participate in Application Process

1005.05 A. Right to File an Application

The assistance unit has the right to apply for assistance under any of the programs administered by the Department.

B. Right to Withdraw an Application

The assistance unit has the right to voluntarily withdraw its application for assistance at any time before the Department determines the unit's eligibility.

C. Right to Request Discontinuance

The assistance unit has the right to voluntarily have its assistance discontinued at any time if the unit no longer wishes to receive benefits.

D. Right to Reapply

The assistance unit has the right to reapply at any time after it has been discontinued or has withdrawn its application for assistance.

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Section: Rights and Responsibilities	Type: POLICY
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Chapter: Rights of Applicants and Recipients	Program: ALL PROGRAMS
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Subject: Right to Fair Treatment
--

1005.10 A. General Principle

1. The assistance unit has the right to be treated fairly by the Department regardless of the unit's race, color, religious creed, sex, marital status, age, national origin, ancestry, criminal record, political beliefs, sexual orientation, mental retardation, mental disability, learning disability or physical disability, including, but not limited, to blindness.
2. The Department shall notify the assistance unit of its right to non-discrimination, of the availability of accommodations for individuals with a disability and the complaint procedure on its application and redetermination of eligibility forms and on each notice of action affecting eligibility for, or the amount of, benefits. The Department shall also provide oral notice at face-to-face intake and redetermination interviews.

B Right to Reasonable Accommodation for Assistance Units

1. An individual with a disability has a right to receive a reasonable accommodation from the Department when a reasonable accommodation is necessary to allow the individual to have an equally effective and meaningful opportunity to participate in, and benefit from, programs administered by the Department, if the individual has a disability, or is regarded by the worker or the Department as having a disability, and a modification in the Department's policies, practices or procedures is required in order to allow the individual to participate. Accommodations may be appropriate at any point of interaction between the individual and the Department. Any accommodation must be reasonable and not cause a fundamental alteration in the program or cause undue administrative or fiscal burden on the Department. Reasonable accommodations do not include waivers of essential factors of eligibility.
2. When an accommodation is required, the accommodation that is provided is determined by the Department through an interactive process on a case by case basis that involves both the client and the Department. The Department takes into account both the wishes of the client and the availability of any less burdensome, alternative accommodations that would allow the client to participate in activities, program or services.

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1005.10 B. Right to a Reasonable Accommodation for Assistance Units (continued)

3. The following are not considered a reasonable accommodation as they constitute a fundamental alteration to the Department's programs:
 - a. Waiving the requirement that an applicant for benefits based on disability provide medical documentation to substantiate that he or she meets a program's disability criteria.
 - b. Waiving the requirement that verification of income or assets be provided in order to qualify for programs that require such verification.
4. If the Department determines that an individual who is applying for assistance has a disability that requires that the Department provide an accommodation of assistance in obtaining the required medical verifications, the Department shall offer to provide such assistance as a reasonable accommodation that includes, but is not limited to, writing to the medical provider to obtain existing documentation of the disability, provided:
 - a. the client cannot obtain the required verification himself or herself as a result of his or her disability; and
 - b. there is no authorized representative or other person identified by the client willing and able to act on behalf of the client.
5. The Department shall inform the assistance unit in writing or orally that reasonable accommodations are available if a member of the assistance unit has a disability and an accommodation is required in order to allow the individual an equally effective and meaningful opportunity to participate in activities, services or programs provided by the Department

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Right to Fair Treatment

1005.10 B. Right to a Reasonable Accommodation for Assistance Units (continued)

6. In addition to providing notice of availability of accommodations at the time of application, redetermination and notice of action, the Department shall inform assistance units of the availability of reasonable accommodations whenever it becomes apparent to the worker or the Department that an individual with a disability may need a reasonable accommodation in order to allow the individual an equally effective and meaningful opportunity to participate in activities, services or programs provided by the Department.
7. The Department shall review whether an accommodation is required in every case where an individual requests an accommodation, including when a client requests an accommodation after being informed of the availability of accommodations because it became apparent to the Department that the client may need an accommodation in order to participate meaningfully in Department programs, activities or services.
8. If there is no record of the individual's disability and the individual is not regarded as having a disability, then the individual has the burden of demonstrating the existence of a disability.
9. An individual with a disability must demonstrate that an accommodation is needed in order to enable the client to participate meaningfully in the Department's programs, activities or services.
10. Individuals or their representative have the option to request an accommodation, either in writing or orally, from their eligibility worker or from the agency's ADA coordinator.
11. Upon receipt of a request for an accommodation:
 - a. the Department's eligibility worker or ADA coordinator shall inform the client of any information that the eligibility worker or ADA coordinator needs in order to make a determination on the request for an accommodation, and specify a date for the documentation to be provided and;
 - b. the Department's eligibility worker shall offer assistance in obtaining existing documentation that is necessary to determine eligibility for an accommodation, if it appears likely to the worker that the client cannot obtain such documentation without assistance as a result of his or her disability and there is no authorized representative or other person identified by the client willing and able to act on behalf of the client.

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1005.10 B. Right to a Reasonable Accommodation for Assistance Units (continued)

12. The existence of a disability is not sufficient to demonstrate the need for an accommodation when:

- a. the resulting functional limitations do not substantially interfere with the client's ability to participate in the activities, services and programs administered by the Department without an accommodation; or
- b. an authorized representative identified by the assistance unit is available, willing, and able to perform the required tasks on behalf of the individual.

13. The need for an accommodation and the availability of an accommodation is determined by the eligibility worker. Approval of the eligibility worker's immediate supervisor or regional manager is secured when the accommodation requires agency resources beyond the eligibility worker's control, but within the control of the regional office. Accommodations that involve significantly greater administrative or fiscal burden may only be granted after consultation with the Department's ADA coordinator. The following are examples of accommodations that are presumed to be reasonable and may be offered by the eligibility worker:

- a. maintaining a list of visually or cognitively impaired persons requesting to be called prior to the mailing of notices;
- b. waiving office interviews or conducting interviews via the telephone;
- c. extending deadlines for providing documentation related to factors of eligibility;
- d. requesting the assistance of a specialized worker to help complete necessary forms, gather necessary documentation. Assist with making medical appointments, or assist with collecting medical documentation in order to establish disability where disability is a factor of eligibility;
- e. providing forms or materials in Braille, tape or large print; and

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1005.10 B. 13. Right to a Reasonable Accommodation for Assistance Units (continued)

f. requesting the assignment of a social worker to conduct a home visit to explain notices or explain or help complete forms and review and receive documentation.

14. Home visits are necessary if a face-to-face interview is required as part of the eligibility process and cannot be waived, the assistance unit cannot come to the Regional Office or sub-office because of a disability and there is no authorized representative available to attend the interview.

15. The eligibility worker shall document each request for an accommodation in the client's case file, and shall indicate the result thereof in the file (including when the accommodation is granted or denied by the ADA coordinator). If the accommodation is granted, the worker shall record the nature of the accommodation in the assistance unit's case record in a manner that Department staff will easily recognize and utilize when contacting the assistance unit. The worker shall also record the reason for denial in the client's file, if the request for accommodation is not granted.

16. When an accommodation is requested, whether it is granted or not, the eligibility worker shall inform the individual that he or she may request that the ADA coordinator review the determination of the eligibility worker.

17. Before taking any action on a case, the worker shall review whether a need for accommodation is recorded and whether the Department provided the necessary resources required to accommodate the individual.

18. All requests for accommodation directed to the Department's ADA coordinator shall be acted upon in accordance with the Department's ADA Policy Statement for Applicants/Recipients. The ADA coordinator shall:

a. acknowledge all requests for accommodation in writing within ten (10) working days of receipt of the request by the ADA coordinator; and

b. approve or deny all requests not later than twenty working days after the date of receipt, unless additional medical or technical information or evaluation is necessary.

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1005.10 B. Right to a Reasonable Accommodation for Assistance Units (continued)

- 19. An individual may request that the Department's Deputy Commissioner for Administration review the determination of the Department's ADA coordinator. All requests for review by the Deputy Commissioner for Administration shall be:
 - a. in writing; and
 - b. received by the Department's Deputy Commissioner for Administration not later than fifteen days after the date of issuance of the ADA coordinator's decision.
- 20. The determination by the Deputy Commissioner for Administration constitutes the Department's final administrative determination and is only subject to whatever external review may be available to the applicant or recipient by operation of law.

C. Spanish Speaking, Other Non-English Speaking, or Limited-English Proficiency (LEP) Assistance Units

- 1. If the head of an assistance unit or unit's representative is Spanish speaking, non-English speaking or has limited-English proficiency and requests that the eligibility process be conducted in his or her primary language, the Department explains to the assistance unit that the unit has the right to an interpreter provided by the Department instead of using a family member, friend or client advocate as an interpreter.
- 2. The Department shall conduct the initial and periodic eligibility interviews and interim interviews in the language normally used by the assistance unit or assistance unit's representative, as follows:
 - a. The Department shall use a bilingual eligibility worker or any other interpreter provided by the Department;
 - b. the Department shall obtain an interpreter; or
 - c. the Department may use a family member or friend age 16 or older as an interpreter, if the assistance unit expressly requests such an arrangement.

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1005.10 C. Spanish Speaking, Other Non-English Speaking, or Limited-English Proficiency (LEP) Assistance Units (continued)

3. For Spanish speaking assistance units, the Department shall use applications, redeterminations and interim activity forms and notices written in Spanish during the eligibility process or at time of interim contact.
4. The Department shall require that the interpreter sign all forms which the head of the assistance unit or the assistance unit's representative signs to acknowledge that he or she has informed the unit in the unit's primary language.
5. Upon request, the Department shall provide an interpreter for any Spanish speaking, non-English speaking or limited-English proficiency assistance unit when such services are necessary for communicating with the unit.
6. An assistance unit speaking Spanish has the right to receive application forms and notices in Spanish.
7. The services of the interpreter are used at the time of each contact with the assistance unit during the eligibility determination process and during any interim case actions.
8. The Department uses any employee of the Department or an interpreter from outside the Department to the extent that such services are available.
9. The Department uses family members, friends or client advocates of Spanish speaking, non-English speaking or limited-English proficiency (LEP) assistance units as interpreters only when assistance unit expressly requests such an arrangement.
10. Department reserves the right to provide its own interpreter to assist with communication, if the Department determines that the interpreter provided by the assistance unit is not accurately transmitting information between the Department and the assistance unit.
11. Children under age 16 are not permitted to act as interpreters for the assistance unit.
12. The Department does not require a Spanish speaking, non-English speaking, or limited-English proficiency (LEP) assistance unit to pay for the services of any interpreter used by the Department.

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P-1005.10

Section:
Rights and Responsibilities

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PROCEDURES

Chapter:
Rights of Applicants and Recipients

**Program: ALL
PROGRAMS**

Subject:
Right to Fair Treatment

P-1005.10 Assistance Units with Members who have a Disability

1. Affix form W-117 "Accommodations Required" green tag to the ready reference file to identify recipients with a disability for whom an accommodation is to be provided. Write the type of accommodation to be provided on the tag.
2. Record any impairments requiring an accommodation on the EMS Address (ADDR) screen. Include remarks indicating the specific nature of the accommodation.

Spanish Speaking, Other Non-English Speaking, or Limited-English Proficiency (LEP) Assistance Units

1. Affix form W-117 "Accommodations Required" green tag to identify that this is a Spanish speaking, non-English speaking, or LEP communication case and note the unit's primary language.
2. Record the assistance unit's primary language in EMS.

Additional conditions for Assistance Units with Hearing Impaired Members

1. Inform the unit that the Department will provide interpretive services for the interview process and for any additional communications upon request. If the unit expressly asks, allow the unit to bring someone age of 16 or older to the initial and periodic eligibility interviews to help ensure that the unit understands the questions asked at the interviews. In all cases an individual with a hearing impairment is to be given the same opportunities as other non-English speaking units.
2. Inform the unit that the Department's Central Office Information Unit has a TDD machine for those persons who have similar machines in their home and wish to use this method of accommodation for information purposes.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 9-4- 09

Transmittal: UP-09-20

P-1005.10 page 2

Section:
Rights and Responsibilities

Type:
PROCEDURES

Chapter:
Rights of Applicants and Recipients

**Program: ALL
PROGRAMS**

Subject:
Right to Fair Treatment

P-1005.10 Additional conditions for Assistance Units with Visually Impaired Members

1. Send a memo to the Director of Public and Government Relations, Central Office, listing the name and telephone number of any individual who is blind or visually-impaired and requests to be called prior to the Department mailing a mass notice.
2. Call the assistance unit whenever an EMS alert #119 is generated, if the client requests a call as an accommodation whenever an EMS notice is issued.

Assistance Units with Authorized Representatives

1. An authorized representative must:
 - a. be available, willing and able to perform the required task on behalf of the assistance unit and;
 - b. adhere to appropriate fiduciary responsibilities as determined by the Department and;
 - c. communicate clearly and effectively with the assistance unit.
2. If the authorized representative fails to meet any of the requirements as listed above under Assistance Units with Authorized Representatives then;
 - a. the Department shall notify the assistance unit and;
 - b. in the absence of the assistance unit appointing a replacement authorized representative, the Department shall determine the need for an accommodation (cross reference 1005.10 B2 and 1005.10 B13).

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 9-1-04	Transmittal: UP-04-18	1005.15
Section: Rights and Responsibilities	Type: POLICY	
Chapter: Rights of Applicants	Program: ALL PROGRAMS	
Subject: Right to File a Discrimination Complaint and Right to a Hearing		

1005.15 A. Discrimination Complaint

1. The Department shall inform the assistance unit or their representative that they have the right to file a discrimination complaint if the assistance unit feels its civil rights have been violated by the Department with any of the following offices, as appropriate (cross reference: P-1005.10):
 - a. State of Connecticut
Commissioner of the Department of Social Services
Attn: Affirmative Action Division
 - b. State of Connecticut
Commission on Human Rights and Opportunities
 - c. U.S. Department of Health & Human Services
Office of Civil Rights
 - d. U.S. Department of Agriculture
Office of Civil Rights
2. The Department shall advise the assistance unit or their representative that the complaint should contain the following information:
 - a. the name, address, and telephone number or other means of contacting the person alleging discrimination;
 - b. the location and name of the person or organization, if other than the Department, which is accused of discriminatory practices;
 - c. the nature of the incident or action or the aspect of program administration that led the person to allege discrimination;

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 2-1-06

Transmittal: UP-06-04

1005.15 page 2

Section:

Rights and Responsibilities

Type:

POLICY

Chapter:

Rights of Applicants and Recipients

Program:

**ALL
PROGRAMS**

Subject:

Right to File a Discrimination Complaint and Right to a Hearing

1005.15 A. 2. Discrimination Complaint (continued)

- d. the reason for the alleged discrimination, e.g. race, color, religious creed, sex, age, national origin, ancestry, criminal record, political beliefs, sexual orientation, mental retardation, mental disability, physical disability or learning disability;
 - e. the names, titles if appropriate, and address of persons who may have knowledge of the alleged discriminatory act; and
 - f. the date or dates on which the alleged discriminatory action occurred.
- 3. The Department shall document the complaint with the information listed in 1005.15(A)(2), if the assistance unit makes an oral complaint but is reluctant or unable to file a written one,
 - 4. Upon receipt of a written complaint made to the department or after documenting an oral complaint taken for DSS, the worker shall forward the complaint to the Affirmative Action Division Director, Central Office.
 - a. The Affirmative Action Division Director shall:
 - (1) review the complaint for determination of probable cause;
 - (2) investigate the complaint;
 - (3) resolve the complaint, if possible; and
 - (4) submit a report on each discrimination complaint to the US Department of Agriculture, if the complaint is filed by a Food Stamp recipient

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 9-1-04	Transmittal: UP-04-18	1005.15 page 3
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Section: Rights and Responsibilities	Type: POLICY
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Chapter: Rights of Applicants and Recipients	Program: ALL PROGRAMS
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Subject: Right to File a Discrimination Complaint and Right to a Hearing
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1005.15 B. Right to a Hearing

Subject to the conditions described in Section 1570 (and section 8525 for TFA and 8080.15 for SAGA), the assistance unit has the right to a Fair Hearing if the Department fails to determine eligibility in a timely manner, or if the unit disagrees with a Department decision affecting eligibility for, or the amount of, benefits.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-87	Transmittal: UP-87-1	1010
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Section:	Type:
Rights and Responsibilities	POLICY

Chapter:	Program:	AFDC
Responsibilities of Applicants and Recipients		AABD
		MA
Subject:		FS

1010 The assistance unit, by the act of applying for or receiving benefits, assumes certain responsibilities in its relationship with the Department.

 This chapter describes those responsibilities which an assistance unit assumes when it applies for or receives benefits from the Department.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-87		Transmittal: UP-90-15		1010.05
Section: Rights and Responsibilities		Type: POLICY		
Chapter: Responsibilities of Applicants and Recipients		Program: AFDC AABD FS MA		
Subject: Responsibilities in Relationship with the Department				

1010.05 A. Supplying Information

1. The assistance unit must supply the Department, in an accurate and timely manner as defined by the Department, all pertinent information and verification which the Department requires to determine eligibility and calculate the amount of benefits (cross reference: 1555).
2. The assistance unit must permit the Department to verify information independently whenever the unit is unable to provide the necessary information, whenever verification is required by law, or whenever the Department determines that verification is necessary (Cross reference: 1540).

B. Reporting Changes

1. The assistance unit must report to the Department, in an accurate and timely manner as defined by the Department, any changes which may affect the unit's eligibility or amount of benefits (cross reference 1555).
2. An assistance unit which is required to submit monthly reports to the Department must submit its monthly reports to the Department by the date specified by the Department (Cross reference: 1550).

C. Satisfying Procedural Requirements

The assistance unit must satisfy certain procedural requirements as described in Section 3500, including:

1. disclosing or obtaining a Social Security number;
2. complying with work requirements when necessary;
3. taking certain actions to secure support, when appropriate;
4. completing an assignment, when appropriate;
5. signing a security mortgage, when appropriate;

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 3-1-91

Transmittal: UP-91-8

1010.05 page 2

Section:

Rights and Responsibilities

Type:

POLICY

Chapter:

Responsibilities of Applicants and Recipients

Program:

AFDC

AABD

FS

MA

Subject:

Responsibilities in Relationship with the Department

1010.05 C. Satisfying Procedural Requirements (continued)

6. cooperating with the Department as necessary. Cooperation includes:
 - a. taking steps as required by the Department to complete the eligibility determination, periodic redetermination of eligibility, interim changes in eligibility or benefit level and Quality Control reviews;
 - b. seeking any potential income or assets for which the unit may be eligible.

D. Reporting Requirement - Pending Eviction

1. Assistance units receiving benefits under the AFDC or AABD program must report within 10 days, the receipt of a notice to quit, issued pursuant to Chapter 832 of the General Statutes.
2. There is no penalty imposed on the assistance unit for failure to report receipt of a notice to quit.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-87	Transmittal: UP-87-1	1015
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Section:	Type:
Rights and Responsibilities	POLICY

Chapter:	Program:	AFDC
Departmental Responsibilities		AABD
		MA
Subject:		FS

1015 The Department has certain responsibilities in its relationship with an assistance unit. This chapter specifies what these responsibilities are.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-87	Transmittal: UP-87-1	1015.05
Section: Rights and Responsibilities	Type:	POLICY
Chapter: Departmental Responsibilities	Program:	AFDC AABD MA
Subject: Determining Eligibility in a Timely Manner		FS

1015.05 A. Providing an Opportunity to File an Application

1. The Department must afford the assistance unit an opportunity to file an application the same day it contacts the appropriate Department District Office during regular working hours. The Department must also mail the assistance unit an application form the same day the unit contacts the Department either by mail or by phone to request assistance (Cross reference: 1505).
2. In the MA program, the Department must allow an individual who would be eligible under more than one category to have his or her eligibility determined for the category the individual selects.

B. Processing Applications in a Timely Manner

The Department must determine the assistance unit's eligibility within the time limits specified in Section 1500.

C. Providing Information to the Assistance Unit

The Department must tell the assistance unit what the unit has to do to establish eligibility when the Department does not have sufficient information to make an eligibility determination.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 4-1-87

Transmittal: UP-87-1

P-1015.05

Section:

Rights and Responsibilities

Type:

PROCEDURES

Chapter:

Departmental Responsibilities

Program:

AFDC

AABD

MA

FS

Subject:

Informing the Assistance Unit

P-1015.05 General Information

1. Give the assistance unit or anyone inquiring about assistance informational brochures explaining Departmental programs.
2. At the time of every application and redetermination give the assistance unit Form 1236 explaining the rights and responsibilities of applicants and recipients. Require the unit to sign and date the form. Keep a copy for the case record.

Policy Manual

1. Allow any interested party the opportunity to read the policy manual during normal working hours.
2. Mail any interested party the appropriate section of the policy manual if the party so requests.

Case Decisions

1. Send the assistance unit a notice explaining the eligibility decision at the time initial eligibility is determined, and whenever eligibility is redetermined.
2. Send the assistance unit proper notice, as described in Section 1570, whenever taking adverse action on the unit's case.

Case Record

If the assistance unit requests to see its case record, inform the unit of the Department's disclosure policy, and follow the procedures described in P-1020.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 4-1-87	Transmittal: UP-87-1	1015.10
Section: Rights and Responsibilities	Type:	POLICY
Chapter: Departmental Responsibilities	Program:	AFDC AABD MA FS
Subject: Informing the Assistance Unit		

1015.10 A. General Information

The Department must inform the assistance unit regarding the eligibility requirements of the programs administered by the Department, and regarding the unit's rights and responsibilities.

B. Policy Manual

The Department must allow the assistance unit or the unit's representative to examine the Department's policy manual during regular working hours and to reproduce without charge or at a reasonable cost certain manual materials.

C. Case Decisions

The Department must send the assistance unit a notice regarding the Department's determination of the unit's initial eligibility, and, subject to conditions described in Section 1570, adequate notice before taking action to change the unit's eligibility status or the amount of benefits.

D. Case Record

Subject to the restrictions described in Section 1020, the Department must allow the assistance unit or its representative, upon request to:

1. examine the unit's case record during regular working hours; and
2. obtain a free copy of the portions of the unit's case record which are relevant to a scheduled Fair Hearing.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 4-1-87

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Section:

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Type:

PROCEDURES

Chapter:

Departmental Responsibilities

Program:

AFDC

AABD

MA

Subject:

Informing the Assistance Unit

FS

- P-1015.10
1. Document the case record with only that information relevant and necessary to accomplish the lawful purposes of the Department (e.g. determining eligibility and level of benefits).
 2. Periodically update the case record based on redeterminations, monthly reports, or interim changes as necessary.
 3. If after examining its case record, the assistance unit alleges that its case record contains information which is inaccurate, incomplete, or irrelevant, inform the unit that it may file a written request to have the Department correct the record.
 4. If the assistance unit files such a written request, refer the case to the Program Supervisor, who evaluates the request.
 5. Within 30 days of the date the request is received, inform the assistance unit whether the Department agrees with the unit's allegation and is correcting the case record.
 6. If the Program Supervisor so advises, delete, add, or revise the information in question. Inform the assistance unit.
 7. If the Program Supervisor so advises, inform the assistance unit that the record is not being changed as requested, and that the unit may add a written statement to the case record to reflect the unit's opinion regarding the information in question.
 8. If the assistance unit submits such a written statement, place it in the case record, where it becomes part of such record.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-87	Transmittal: UP-87-1	1015.15
Section: Rights and Responsibilities	Type:	POLICY
Chapter: Departmental Responsibilities	Program:	AFDC AABD MA FS
Subject: Maintaining Case Records		

1015.15 A. Maintenance of Records

For every assistance unit, the Department maintains a case record which is complete, accurate, and containing only that material which is necessary in the Department's administration of its assistance programs.

B. Accuracy of Information

1. If the assistance unit feels that information contained in its case record is inaccurate, incomplete, or irrelevant, the Department must allow the unit to file a written request asking that a correction be made.
2. If the assistance unit files such a written request with the Department, the Department gives the unit, within 30 days, a written notice stating that the Department:
 - a. is making the requested correction; or
 - b. is not making the requested correction. If the Department does not grant the assistance unit's request to correct case record information, the Department notifies the unit regarding:
 - (1) the Department's reason for not making the requested correction; and
 - (2) the unit's right to add its own statement to the case record.
3. The assistance unit has the right to a Fair Hearing if the Department uses the contested information in a way which adversely affects the unit's eligibility for benefits.

C. Adding Personal Statement to Case Record

1. If the Department denies the assistance unit's request to correct information contained in the unit's case record, the Department allows the unit to add to its record a statement explaining what the unit believes to be an accurate, complete and relevant version of the information in question.
2. The unit's statement becomes a permanent part of the case record, and is subject to the rules regarding disclosure as outlined in Section 1020.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 02-13-01**Transmittal: UP-01-04****1015.20**

Section:**Rights and Responsibilities****Type:****POLICY**

Chapter:**Departmental Responsibilities****Program:****AFDC****AABD****MA****Subject:****Keeping Information Confidential****FS**

1015.20 A. General Principle

The Department must keep the facts concerning the assistance unit's eligibility for benefits confidential. Disclosure of such information is limited to purposes directly related to the administration of the program (Cross reference: Section 1020).

 B. Referred to DCF

The Department notifies the Department of Children and Families if there is evidence indicating that any child under the age of 18 is being physically or mentally abused by a parent or other person responsible for the child's care.

 C. Food Stamps

The Department is required to provide any Federal, State, or local law enforcement officer the address, social security number and the photograph (if available) of any household member of a Food Stamp assistance unit subject to the limitations as described in 1020.10 A.6.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Date: 1-1-95	Transmittal: UP-94-37	1015.25
Section: Rights and Responsibilities	Type:	POLICY
Chapter: Departmental Responsibilities	Program:	AFDC AABD MA FS
Subject: Voter Registration		

1015.25 General Principles

- A. The Department must allow all applicants and recipients of public assistance who meet the qualifications as noted under B, the opportunity to register to vote at the time of application, predetermination of eligibility or at the time a change of address is reported.
- B. To register to vote, applicants and recipients must be:
 - 1. 18 years of age; and
 - 2. United States citizens; and
 - 3. residents of a Connecticut city or town.
- C. The Department must assist the applicant or recipient in completing the registration form in the same way that assistance would be given to complete a departmental form.
- D. Failure or refusal to register to vote does not affect eligibility for benefits.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-07

Transmittal: UP-07-09

P-1015.25

Section:

Rights and Responsibilities

Type:

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Chapter:

Departmental Responsibilities

Program:

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Subject:

Voter Registration

FS

P-1015.25 At Application or Redetermination - Face to Face Interview

1. Ask the applicant or recipient if he or she wishes to register to vote.
 - a. If yes, have the applicant or recipient check "yes" and sign the declination. If the applicant or recipient refuses to sign the declination, notate the declination accordingly and sign at the bottom. Remove the tear off section of the declination and give it to the applicant or recipient. Provide the client with a registration application form (ED-671 or W-614). Document your actions in the EMS narrative. File the declination as directed in 2. below.
 - b. If no because the applicant or recipient is already registered, have the client check "already registered" and sign the declination. If the applicant or recipient refuses to sign the declination, notate the declination accordingly and sign at the bottom. Remove the tear off section of the declination and give it to the applicant or recipient. Document your actions in the EMS narrative. File the declination as directed in 2. below.
 - c. If no for any other reason, have the applicant or recipient check "no" and sign the declination. If the applicant or recipient refuses to sign the declination, notate the declination accordingly and sign at the bottom. Remove the tear off section of the declination and give it to the applicant or recipient. Document your actions in the EMS narrative. File the declination as directed in 2. below.
2. Keep copies of all declinations in a central file in the office for auditing purposes.
3. For those wishing to register, offer assistance in completing the ED-671 or W-614. If the applicant or recipient is unable to write, ask if he or she would like you to complete the form.
4. If the applicant or recipient chooses to take the ED-671 or W-614 with him or her, note that on the declination.
5. Advise the applicant or recipient that he or she can mail the registration application directly to the registrar of voters in the town in which he or she lives, or return it to the D.S.S. office.
6. After the applicant completes the ED-671 or W-614, write the date of receipt in the left hand box at the bottom of the form and forward it to the person in the office responsible for mailing these to the registrars. Do not use date stamps that identify the Department.

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Date: 7-1-07

Transmittal: UP-07-09

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Section:
Rights and Responsibilities

Type:
PROCEDURES

Chapter:
Departmental Responsibilities

Program: **AFDC**
 AABD
 MA
 FS

Subject:
Voter Registration

P-1015.25 7. The person responsible for mailing applications to the registrars will complete and mail a W-619 receipt to each applicant submitting voter registration application forms to the department.

At Application or Redetermination - Mail-In

- | 1. When mailing materials, that do not include a declination page, include a form ED-671 or W-614 and the special declination for mail-ins ED-682M.
2. Note in the case narrative that these were sent to the applicant or recipient.
- | 3. If the declination is not completed, make a note of it on the declination, sign it and file it as described in item 2. in the face-to-face interview section above.
- | 4. If either a declination or a registration application (W-614 or ED-671) is returned, follow the same procedures used at face-to-face interviews.

At Notification of Address Change

- | 1. Ask the recipient if he or she is registered to vote. Follow the appropriate procedures (either face-to-face or mail-in) for application or redetermination to secure a declination. If applicant or recipient is registered to vote, go on to step 2.
2. Give or send the client an ED-671 or W-614 to complete in order to change his or her address with the registrar of voters.
3. Offer assistance in completing the ED-671 or W-614. If the applicant or recipient is unable to write, ask if he or she would like you to complete it.
4. Note in the case narrative that an ED-671 or W-614 was given or sent to the client.
5. Advise the recipient that he or she can mail the ED-671 or W-614 directly to the registrar of voters in the town in which he or she lives, or return it to the D.S.S. office.
- | 6. After the applicant completes the ED-671 or W-614, write the date of receipt in the left hand box at the bottom of the form and forward it to the person in the office responsible for mailing these to the registrars.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Date: 7-1-07

Transmittal: UP-07-09

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Section:
Rights and Responsibilities

Type:
PROCEDURES

Chapter:
Departmental Responsibilities

Program: **AFDC**
 AABD
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 FS

Subject:
Voter Registration

7. The person responsible for mailing applications to the registrars will complete and mail a W-619 receipt to each applicant or recipient submitting voter registration application forms to the department.

Completed Registration Application Forms (ED-671 or W-614)

1. Forward the completed ED-671 or W-614 to the appropriate registrar of voters as soon as possible, but not more than ten days after receipt.
2. If the ED-671 or W-614 is received within five days of the close of voter registration for an upcoming election (closing is the 14th day before the election), forward them to the registrars no later than five days after receipt.
3. Mail the ED-671 or W-614 in an unmarked envelope using the registrar's address as the return address. If more than one application for registration is being forwarded to the same registrar of voters, send them in one envelope.
4. Do not use any envelopes or stamps that could identify the agency to the registrar.
5. The person responsible for mailing applications to the registrars will complete and mail a W-619 receipt to each applicant submitting voter registration application forms to the Department.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 4-1-87**Transmittal: UP-87-1****1020**

Section:**Rights and Responsibilities****Type:****POLICY**

Chapter:**Disclosure of Information****Program:****AFDC
AABD
MA
FS**

Subject:

1020 The assistance unit is required to disclose personal and financial information to the Department in order to establish and maintain eligibility under any program which the Department administers. The Department is required by federal and state law to restrict the use or disclosure of information it has pertaining to the assistance unit to purposes directly connected with the administration of the particular program.

In this chapter the Department's policy regarding the assistance unit's right to confidentiality is explained in detail. Among the items covered include:

- Types of information to be safeguarded;
- Releasing information;
- Publicizing safeguarding requirements;
- Distributing informational material to the assistance unit.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-87		Transmittal: UP-87-1		1020.05	
Section: Rights and Responsibilities				Type: POLICY	
Chapter: Disclosure of Information				Program: AFDC AABD MA FS	
Subject: Types of Information to Be Safeguarded					

1020.05 A. Information Regarding the Assistance Unit

The following are examples of information to be safeguarded from the public. This list is not all-inclusive:

1. the fact that an individual is an applicant or recipient;
2. name and address of the assistance unit;
3. amount or type of benefits or services provided to or on behalf of the assistance unit;
4. social or economic situation or circumstances of the assistance unit;
5. Departmental evaluation of personal information regarding the assistance unit;
6. medical data, including diagnosis and past history of disease or disability.

B. Lists of Applicants or Recipients

In addition to safeguarding information regarding individual assistance units, the Department does not publish lists containing the names of groups of assistance units.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 4-1-87**Transmittal: UP-87-1****P-1020.05**

Section:
Rights and Responsibilities**Type:**
PROCEDURES

Chapter:
Disclosure of Information**Program:** **AFDC**
 AABD
 MA
 FS

Subject:
Explaining the Department's Disclosure Policy

P-1020.05 When Information is Released

When the assistance unit signs the application form, make sure that it understands that:

1. the Department discloses information pertinent to the assistance unit if disclosure is necessary to accomplish any purpose directly connected with the administration of the Department's program; and
2. the unit's signature serves as the unit's permission for the Department to do so.

Standards of Confidentiality for those Who Receive Information

When sending a tracer to a third party, or when disclosing information regarding an assistance unit to a third party, make sure that the tracer or item of information contains the Department's policy regarding safeguarding of information, as described in policy.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 4-1-87	Transmittal: UP-87-1	1020.10
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Section: Rights and Responsibilities	Type:	POLICY
<hr/>		
Chapter: Disclosure of Information	Program:	AFDC AABD MA SNAP
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Subject: Releasing Information		
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1020.10 A. When Information is Released

The Department releases information concerning the assistance unit only for purposes directly connected with:

1. the administration of the Department's programs. Such purposes include:
 - a. establishing eligibility for assistance under the program;
 - b. determining the amount of assistance; or
 - c. providing services for the assistance unit under the program;
2. an investigation, prosecution or civil or criminal proceeding related to the administration of the Department's program. The following activities are considered related to the administration of the program:
 - a. collecting overpayments or other recoveries;
 - b. investigating fraud cases;
 - c. locating legally liable relatives when required by law; or
 - d. collecting support payments when required by law;
3. the administration of any other federal or federally assisted program which provides assistance in cash, or in kind, or services directly to individuals on the basis of need;
4. certification of receipt of AFDC to an employer for the purposes of claiming tax credit under Public Law 94-12, the Tax Reduction Act of 1975;
5. an audit or similar activity conducted in connection with the administration of the program by any governmental entity authorized by law to conduct such audit or activity; or

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Date: 6/1/10

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Section:
Rights and Responsibilities

Type:
POLICY

Chapter:
Disclosure of Information

Program: AFDC
AABD
MA
SNAP

Subject:
Releasing Information

1020.10 A. When Information is Released (continued)

6. The Department is required to provide any Federal, State, or local law enforcement officer with the address, social security number and the photograph (if available) of any household member of a SNAP assistance unit under certain conditions. These conditions are:
 - a. The SNAP assistance unit member:
 - 1) must be fleeing to avoid prosecution, custody or confinement for a crime or attempt to commit a crime that is a felony;
 - 2) must be in violation of probation or parole imposed under Federal or State law; or
 - 3) must have information that is necessary for the officer to conduct an official inquiry related to subsection A.6.a.1 or A.6.a.2 of this section.
 - b. The law enforcement officer must have as his or her official duty the location or apprehension of the member and be exercising his request for information pursuant to that official duty.

B. Release to Governmental Agencies

The Department does not disclose any information identifying the assistance unit by name or address to any federal, state or local committee or legislative body other than for purposes described in subsection A of this section.

C. Standards of Confidentiality for Those Who Receive Information

The Department releases information concerning the assistance unit only to persons or agency representatives who protect the assistance unit's confidentiality using the same standards of confidentiality as the Department.

D. Department Explains Confidentiality Policy

The Department informs the person or agency representative to whom information is disclosed of the Department's policy concerning confidentiality, including that the information released must be kept confidential to the same extent as the Department does.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 4-1-87

Transmittal: UP-96-17

1020.10 page 3

Section:
Rights and Responsibilities

Type:
POLICY

Chapter:
Disclosure of Information

Program: AFDC
AABD
MA
SNAP

Subject:
Releasing Information

1020.10 E. Consent from Assistance Unit

1. The Department obtains permission from the assistance unit, whenever possible, before disclosing information to an outside source. In an emergency situation, if the Department does not have time to obtain the unit's consent, the Department notifies the unit immediately after disclosing the information.
2. Situations in which consent from the assistance unit is not necessary include, but are not limited to:
 - a. investigations of alleged fraud; and
 - b. verifications obtained under the Income Eligibility Verification System (IEVS).

F. Court Cases

If a court issues a subpoena for a case record or for a Department representative to testify concerning the assistance unit, the Department informs the court of state and federal law and Departmental policy restricting the disclosure of information. If the court still insists on disclosure, the Department complies.

G. Examination of Case Record by the Assistance Unit

1. The Department allows the assistance unit or its authorized or legal representative an adequate time to examine the unit's case record prior to and during a scheduled Fair Hearing.
2. Subject to the restrictions described below, the Department discloses information contained in the assistance unit's case record to the unit or unit's authorized or legal representative at any time during normal work hours if the unit requests disclosure in writing. If the person making the request is not a member of the assistance unit, the person must have written permission from the unit to obtain disclosure.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 6/1/10

Transmittal: UP-10-04

1020.10 page 4

Section:
Rights and Responsibilities

Type:
POLICY

Chapter:
Disclosure of Information

Program: AFDC
AABD
MA
SNAP

Subject:
Releasing Information

1020.10 G. Examination of Case Record by the Assistance Unit (continued)

3. The Department does not disclose confidential information in the assistance unit's case record to the unit if the information contains:
 - a. the names of individuals who have disclosed information about the assistance unit without the unit's knowledge;
 - b. information compiled in reasonable expectation of, or for use in, a civil or criminal proceeding; or
 - c. medical, psychiatric or psychological data concerning the unit and the Department determines that disclosure would be detrimental to the unit.
4. If the Department decides not to disclose information contained in the assistance unit's case record to the unit, the Department informs the unit of its right to appeal this decision to the Superior Court within 30 days of the decision.
5. If the Department initially decides not to disclose medical, psychiatric or psychological data concerning the assistance unit to the unit because of a determination that disclosure would be detrimental to the unit, the Department revises this decision under the following conditions:
 - a. the unit requests in writing that a qualified medical doctor review the data to determine whether disclosure is appropriate; and
 - b. the unit's personal doctor recommends disclosure of the information contained in its case record if the unit feels the information is incorrect (Cross reference: 1015).

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-87**Transmittal: UP-87-1****P-1020.10**

Section:
Rights and Responsibilities**Type:**
PROCEDURES

Chapter:
Disclosure of Information**Program:** **AFDC**
 AABD
 MA
 FS

Subject:
Disclosing Information to the Assistance Unit

- P-1020.10 1. If the assistance unit asks to see its case record during normal working hours, inform the unit that the request must be in writing.
2. Ask if there is something in particular the unit wishes to see.
3. Refer the case to the Program Supervisor, who decides whether to disclose the information.
4. If the Program Supervisor allows disclosure, set up a date and time for the assistance unit to read the case record. Reserve a quiet area in the office where the unit can examine the record.
5. Remove any material which is subject to the safeguarding provisions of Section 1020, and oversee the unit as it examines the record.
6. If the assistance unit is requesting to examine its record in preparation for a Fair Hearing, make copies of any pertinent material which the unit requests and allow the unit to keep the copies.
7. If the Program Supervisor does not allow disclosure, inform the assistance unit that it can challenge the denial by appealing to the Superior Court within 30 days.
8. Allow the assistance unit's representative to examine the unit's case record only with written authorization from the unit, and with the consent of the Program Supervisor.
9. Verify the identity of the representative before allowing him or her to examine the record.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-97	Transmittal: UP-98-3	1020.12
Section: Rights and Responsibilities	Type: POLICY	
Chapter: Disclosure of Information	Program: AFDC	
Subject: Release of Information to Law Enforcement Officers		

1020.12 The Department discloses to federal, state, or local law enforcement officers the address of a recipient if the conditions described below are met:

A. Conditions for the Release of Information Regarding Felons

1. The recipient has been convicted of one of the following crimes or has attempted to commit one of the following crimes, as defined by the place where the charges originated:
 - a. a felony; or
 - b. a high misdemeanor as defined by and being pursued under the laws of the State of New Jersey; or
 - c. a violation of a condition of probation or parole imposed for a felony under state or federal law; and
2. The recipient is fleeing to avoid prosecution or custody or confinement after conviction; and
3. The law enforcement officer provides the Department with the recipient's name and indicates to the Department that the recipient meets the conditions listed above in 1. a, and b, and that the location or apprehension of the recipient is within his or her official duties.

B. Conditions for the Release of Information Regarding Others

1. The law enforcement officer provides the Department with the recipient's name; and
2. The law enforcement officer indicates that the recipient has information that is necessary for him or her to conduct his or her official duties; and
3. The location or apprehension of the recipient is within the law enforcement officer's official duties.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-97	Transmittal: UP-98-3	1020.13
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Section: Rights and Responsibilities	Type: POLICY
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Chapter: Disclosure of Information	Program: AFDC
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Subject: Release of Information to the Department of Children and Families (DCF)	
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- 1020.13 A. The Department of Social Services releases to the Department of Children and Families necessary information concerning a child or the immediate family of a child receiving assistance under the following conditions:
1. if the child's health, safety, or welfare is in imminent danger as determined by DCF; and
 2. release is only to the Commissioner of DCF or his official designee.
- B. In addition to the provisions of A, above, and notwithstanding a request for information, the Department of Social Services notifies the Commissioner of the Department of Children and Families or his or her official designee if the Department of Social Services has reason to believe that any child under the age of eighteen (18) is being subjected to physical or mental abuse or neglect while in the care of a parent or other person responsible for the child's care.
- C. The Department of Children and Families may use the information released to them by the Department of Social Services only for the purposes and to the extent necessary to carry out the prescribed functions of that department.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-87	Transmittal: UP-87-1	1020.15
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Section: Rights and Responsibilities	Type: POLICY
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Chapter: Disclosure of Information	Program: AFDC AABD MA
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Subject: Publicizing Safeguarding Requirements	FS
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1020.15 A. Publication of Right to Confidentiality

The Department publicizes its policy concerning the assistance unit's right to confidentiality, including the penalty for illegal disclosure.

 B. Distribution of Department's Confidentiality Policy

The Department provides copies of the policy described in paragraph A to assistance units and to agencies and individuals to whom the Department discloses information.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 12-1-91	Transmittal: UP-91-51	1020.20
Section: Rights and Responsibilities	Type:	POLICY
Chapter: Disclosure of Information	Program:	AFDC AABD MA FS
Subject: Distributing Information to the Assistance Unit		

1020.20 A. Limitations to Distribution

The Department distributes material to assistance units or to medical providers only if such material:

1. relates directly to the administration of the particular program;
2. has no political implications;
3. contains the names only of individuals directly connected with the administration of the program;
4. identifies these individuals only in their official capacity with the Department; and
5. relates directly to the health and welfare of the assistance unit, such as announcements of free medical examinations, availability of surplus food, or consumer protection information.

B. Items Not Distributed

The Department does not distribute materials such as "holiday" greetings, general public announcements, voting information, or non-citizen registration announcements.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 10-1-89	Transmittal: UP-89-46	1500
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Section: Eligibility Process	Type:	POLICY
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Chapter:	Program:	AFDC AABD MA FS
Subject:		

1500 The Eligibility Process is a comprehensive manual section which encompasses a variety of subjects that relate to processing case action and is divided into the following chapters:

- 1505 The Application Process
- 1507 Assessment of Spousal Assets
- 1510 Categorical Eligibility Processing Requirements
- 1515 Expedited Service
- 1520 Reserved
- 1525 Authorized Representatives
- 1530 Certification
- 1535 Cases with Zero Benefit Level
- 1540 General Principles of Verification
- 1545 The Redetermination Process
- 1550 Monthly Reporting
- 1555 Interim Activity
- 1560 Beginning Dates of Assistance
- 1565 Ending Dates of Assistance
- 1570 Fair Hearings
- 1599 Verification

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 02-13-01

Transmittal: UP-01-04

1500.01

Section:
Eligibility Process

Type:
POLICY

Chapter:

Program: **AFDC**
 AABD
 MA
 FS

Subject:
Definitions

1500.01 Adequate Notice

Adequate notice is a notice of denial, discontinuance, or reduction of assistance which includes a statement of the Department's intended action, the reasons for the intended action, the specific regulations supporting such action, an explanation of the assistance unit's right to request a Fair Hearing to contest the action, and the circumstances under which benefits are continued if the unit requests a Fair Hearing.

Allotment

An allotment is a dollar amount representing the total value of Food Stamp benefits an assistance unit is authorized to receive during a month or other specified period.

Applicant

Applicant means the individual or individuals for whom assistance is requested.

Application

Application is written indication on a form prescribed by the Department of the desire to obtain assistance.

Application Process

The application process is all activity related to the exploration, investigation and disposition of an application beginning with the filing of an assistance request and ending with disposition of the application.

Assessment of Spousal Assets

An Assessment of Spousal Assets is a determination of the total value of all non-excluded available assets owned by both MCCA spouses which is done upon the request of an institutionalized spouse or a community spouse or upon the filing of an application for medical assistance and is used to calculate the Community Spouse Protected Amount.

Authorized Representative

An authorized representative is an adult, over the age of eighteen, who has written authorization to act on the behalf of an assistance unit of which he or she is not currently a member, and who would otherwise not be eligible to act without such authorization.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 10-1-89

Transmittal: UP-89-38

1500.01 page 2

Section:
Eligibility Process

Type:
POLICY

Chapter:

Program: AFDC
AABD
MA
FS

Subject:
Definitions

1500.01 Beginning Date of Assistance

Beginning Date of Assistance is the earliest date on which an assistance unit or a member of an assistance unit is entitled to the benefits of the program.

Certification of Eligibility

Certification is the formal authorization to participate in a particular assistance program.

Certification Period

A certification period is the interval of time within which an assistance unit is eligible to receive benefits from a particular assistance program.

Community Spouse

A community spouse is an individual who resides in the community, who does not receive home and community based services under a Medicaid waiver, who is married to an individual who resides in a medical facility or long term care facility or who receives home and community based services (CBS) under a Medicaid waiver.

Community Spouse Disregard (CSD)

A community spouse disregard is the amount of the institutionalized spouse's available non-excluded assets which is excluded in determining the institutionalized spouse's eligibility for Medicaid.

Community Spouse Protected Amount (CSPA)

A community spouse protected amount is the amount of the total available non-excluded assets owned by both MCCA spouses which is protected for the community spouse and is not counted in determining the institutionalized spouse's eligibility for Medicaid.

Continuous Period of Institutionalization

A continuous period of institutionalization is a period of 30 or more consecutive days of residence in a medical institution or long term care facility, or receipt of home and community based services (CBS) under a Medicaid waiver.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 3-1-06

Transmittal: UP 06-07

1500.01 page 3

Section: Eligibility Process	Type: POLICY
Chapter:	Program: AFDC AABD MA FS
Subject: Definitions	

1500.01 Date of Application

The date of application is the date a formal written request for assistance is filed with the Department in accordance with the rules established for the program for which application is made.

Date of Authorization

The date of authorization is the date the Department makes a case action decision, as opposed to the effective date of the action.

Date of Issuance

The date of issuance is the actual mailing date of a benefit, notice or other item of correspondence, or the date the item becomes available for in-office pickup.

Documentation

Documentation is the act of recording a fact, circumstance or condition through the use of a supporting reference, annotation or the inclusion of documentary evidence.

Eligibility Process

The eligibility process is all activity related to the application process, interim activity, redetermination and Fair Hearings.

Ending Date of Assistance

Ending date of assistance is the last day on which the assistance unit or a member of an assistance unit is entitled to the benefits of the program.

Exceptional Circumstances

Exceptional circumstances are conditions that are unusual or extreme for a community spouse, and which either directly threaten the community spouse's ability to remain in the community, or pose some other type of unusual or extreme hardship for the community spouse, such as caring for a disabled child, sibling or other immediate relative.

Fraud Early Detection (FRED) System

The Fraud Early Detection System is used to identify, investigate and determine if an application under AABD, Medicaid or Food Stamps is fraudulent before granting assistance.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 10-1-89

Transmittal: UP-01-04

1500.01 page 4

Section:
Eligibility Process

Type:
POLICY

Chapter:

Program: AFDC
AABD
MA
FS

Subject:
Definitions

1500.01 Interim Activity

Interim activity is any action or activity other than application, redetermination or Fair Hearings.

Intervenor

An intervenor is person who participates in a Fair Hearing on a limited basis in the interest of justice.

Institutionalized Spouse

An institutionalized spouse is a spouse who resides in a medical facility or long term care facility, or who receives home and community based services (CBS) under a Medicaid waiver, and who is legally married to someone who does not reside in such facilities or who does not receive such services.

Joint Processing

Joint processing is the simultaneous processing of a PA and FS assistance request that has been filed concurrently.

Mass Change

A mass change is one which affects all or a portion of the caseload which shares similar circumstances.

MCCA Spouses

MCCA spouses are spouses who are members of a married couple one of whom becomes an institutionalized spouse on or after September 30, 1989, and the other spouse becomes a community spouse.

Migrant or Seasonal Farm Worker Assistance Unit

A migrant or seasonal farm worker assistance unit is an assistance unit whose primary livelihood is derived from farm labor.

Notice

A notice is a written statement which the Department mails to the assistance unit to inform the unit that the Department has taken or intends to take a specific action in the unit's case.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 12-1-91

Transmittal: UP-01-04

1500.01 page 5

Section:

Eligibility Process

Type:

POLICY

Chapter:

Program:

**AFDC
AABD
MA
FS**

Subject:

Definitions

1500.01 Party to a Hearing Requested by Another

A party to a hearing requested by another is a person who is allowed to participate in a hearing requested by another person on an issue of mutual interest.

Prerelease Applicant

A prerelease applicant is an individual who is currently ineligible for Food Stamps due to institutional status, but who has applied jointly for Food Stamps and SSI in anticipation of being released from the institution.

Primary Verification

Primary verification is an inquiry to verify non-citizen status using direct access into the INS data base in accordance with the Immigration Reform and Control Act of 1986.

Public Assistance

Public Assistance (PA) means any of the following programs: Aid to Families with Dependent Children (AFDC), Aid to the Aged, Blind or Disabled (AABD), and Medical Assistance (MA).

Redetermination Process

The redetermination process is all activity related to the reevaluation of a recipient's eligibility, and the recertification of a food stamp assistance unit.

Request for a Fair Hearing

A request for a Fair Hearing is a clear statement by the assistance unit or the unit's authorized representative which indicates that the unit disagrees with a Departmental action or non-action, and wishes to have its case reviewed by an independent authority.

Secondary Verification

Secondary verification is a written request to verify non-citizen status with INS, in addition to or in lieu of primary verification, in accordance with the Immigration Reform and Control Act of 1986.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Date: 02-13-01

Transmittal: UP-01-04

1500.01 page 6

Section:

Eligibility Process

Type:

POLICY

Chapter:

Program:

**AFDC
AABD
MA
FS**

Subject:

Definitions

1500.01 Significant Financial Duress

Significant financial duress is a severe expense or set of expenses to be paid by the community spouse as a direct result of exceptional circumstances, and are those for which the community spouse could not reasonably be expected to pay from his or her monthly income or assets.

Spend-Down

Spend-down is the process by which income which exceeds an MA assistance unit's Medically Needy Income Limit (MNIL) is offset by incurred medical expenses.

Spousal Share

A spousal share is one-half of the total value of assets which result from the assessment of spousal assets.

SSI Assistance Unit

An SSI assistance unit is an assistance unit which is composed entirely of individuals who are either applicants or recipients of SSI.

Timely Notice

Timely notice is notice of discontinuance or reduction of assistance which the Department mails to the assistance unit at least 10 days before the Department's intended action becomes effective.

Verification

Verification is the act of confirming a fact, circumstance or condition through direct evidence or other reliable documentation or collateral contact.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-87	Transmittal: UP-87-2	1505
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Section:	Type:	
Eligibility Process		POLICY

Chapter:	Program:	AFDC
Application Process		AABD
		MA
Subject:		FS

1505 The application process outlines the general methods and requirements used in obtaining assistance and in determining an assistance units initial eligibility. The application process is essentially the same for all programs. It is designed to provide aid in a prompt and efficient manner to those who request assistance.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-87	Transmittal: UP-87-2	1505.05
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Section: Eligibility Process	Type:	POLICY
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Chapter: The Application Process	Program:	AFDC AABD FS MA
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Subject: Agency Responsibilities

1505.05 A. Opportunity to Request Assistance

1. Any individual regardless of age, sex or other consideration is entitled to request assistance from the Department.
2. A request for assistance may be for the individual making the application, or for others for whom the individual is acting responsibly.
3. Individuals requesting assistance on the behalf of others must be qualified to do so in order for assistance to be granted.

 B. Contacts with the District Office

1. Individuals are encouraged to contact the district office which serves their region of residence in order to avoid delays in the eligibility process.
2. Applicants who contact a district office are allowed to obtain or submit an assistance request to that office.
3. If an individual requests application materials, the district office receiving the request gives or mails the materials to the individual on the day of the request.

 C. Certification Materials

1. Certification materials are made readily available to all potentially eligible individuals and those groups and organizations involved in outreach efforts.
2. Certification materials include:
 - a. application forms; and
 - b. change report forms.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-87

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1505.05 page 2

Section:

Eligibility Process

Type:

POLICY

Chapter:

The Application Process

Program:

AFDC

AABD

FS

MA

Subject:

Agency Responsibilities

1505.05 D. IEVS Process Notification

The Department is required to notify applicants that social security numbers are used in conjunction with income verification as part of the Income Eligibility Verification System (IEVS).

The Department also provides IEVS notification to relevant non-recipients whose income or assets are considered in determining eligibility.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 11-15-90

Transmittal: UP-90-26

P-1505.05

Section:
Eligibility Process

Type:
PROCEDURES

Chapter:
The Application Process

Program: **AFDC**
 AABD
 MA
 FS

Subject:
Primary Steps in the Application Process

- P-1505.05 1. In general, take the following steps in processing an application:
- obtain a signed ARF and complete the initial screening;
 - evaluate the ARF for entitlement to expedited service;
 - schedule and complete the required application interview;
 - make appropriate referrals, including referral to the Job Connection, Support or Health Track;
 - complete the eligibility investigation;
 - acquire verification;
 - document all case actions and findings;
 - determine eligibility and benefit level;
 - certify or deny assistance;
 - provide for the periodic review of eligible cases.
2. Explain the following to each applicant:
- the type of assistance available;
 - programs for which the applicant may qualify;
 - how to obtain assistance;
 - general rights and responsibilities;
 - the applicant's responsibilities in obtaining verification;
 - the deadline for providing verification and how to get an extension;
 - the Department's responsibilities in obtaining verification;
 - requirements of the IEVS process;

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 11-15-90

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P-1505.05 page 2

Section:
Eligibility Process

Type:
PROCEDURES

Chapter:
The Application Process

Program: **AFDC**
 AABD
 MA
 FS

Subject:
Primary Steps in the Application Process

P-1505.05 2. (continued)

- the Department's responsibility for processing the application within the standard of promptness, and what factors may cause a delay;
 - the Emergency Case Client Representative System;
 - how to contact the Department to check the status of the application.
3. Provide sufficient information to allow the applicant to make informed choices about the programs for which he or she is applying before taking the application.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 12-5-08

Transmittal: UP-09-06

1505.10

Section: Eligibility Process	Type: POLICY
Chapter: The Application Process	Program: AFDC AABD MA FS
Subject: Filing an Application	

1505.10 A. Application Form

1. All applicants are required to complete an application form, except as noted below in 1505.10 A.3.
2. The Department may utilize a single uniform application for multiple programs, or separate applications for individual programs.
3. For all programs except Food Stamps, a new application form is not required if the applicant applies not later than thirty days after being released from a correctional or mental disease facility, was a recipient of cash or medical assistance and lost eligibility, directly or indirectly, because of his or her institutionalization within the twenty-four month period preceding the date of his or her release.

B. Requesting Assistance

1. Individuals who desire to obtain aid must file a formal request for assistance.
2. The formal request must be made in writing on the application form.
3. At a minimum, the following information must be presented:
 - a. the full name and address of the applicant; and
 - b. the signature of the applicant, caretaker relative or other individual who is requesting assistance on behalf of the applicant.
4. The application may be submitted in person or by mail.
5. Telephone contacts or other requests for aid which are not written, do not contain the required information, or are not made on the prescribed application form are considered inquiries and do not constitute an application.
6. Individuals who appear in person to request assistance must be given an opportunity to file an application for any desired program on the day they personally appear.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-87

Transmittal: UP-87-2

1505.10 page 2

Section:
Eligibility Process

Type:
POLICY

Chapter:
The Application Process

Program: AFDC
AABD
MA
FS

Subject:
Filing an Application

1505.10 C. Where to File an Assistance Request

1. Offices of the Department

- a. The Department has designated district offices which serve as certification sites for specific geographical regions of the state.
- b. Each district office is responsible for applications made by individuals that reside in the geographic region served by such office.
- c. A district office may out-post workers, or have designated outreach stations which serve as extensions of the Department.
- d. A breakdown of the district regions by cities and towns is made readily available to the general public.
- e. An assistance request may be filed at any Department office or extension.
- f. Actions other than filing the assistance request must be completed at the district office of appropriate jurisdiction.

2. Social Security Offices (FS only)

In addition to filing with the Department, assistance units in which all members are applicants or recipients of SSI may apply for the FS program at an in-state office of the Social Security Administration, provided that the assistance unit:

- a. has not applied for food stamps within the previous thirty days; and
- b. does not have a FS application pending with the Department.

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Date: 12-5-08

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1505.10 page 3

Section:
Eligibility Process

Type:
POLICY

Chapter:
The Application Process

Program:
**AFDC
AABD
MA
FS**

Subject:
Filing an Application

1505.10 D. Date of Application

1. For AFDC, AABD and MA applications, except for the Medicaid coverage groups noted below in 1510.10 D.2, the date of application is considered to be the date that a signed application form is received by any office of the Department.
2. For the Healthy Start coverage groups, the date of application is the date that a signed application is received at an outreach site or the date it is received by any office of the Department, whichever is sooner. The following are the Healthy Start coverage groups:
 - a. Pregnant Women Under 250% of the Poverty Level;
 - b. Pregnant Women Extension;
 - c. Children Under 185% of the Poverty Level;
 - d. Children Under 133% of the Poverty Level; and
 - e. Children Under the Poverty Level
3. For Food Stamp applications, except as noted below in 1510.10 D.4, the date of application is considered to be the date that a signed application form is received by:
 - a. the appropriate District Office designated to serve the applicant's geographic region of residence; or
 - b. an office of the Social Security Administration.
4. For prerelease applicants, the application date is the date of release from the institution.
5. The applicant must indicate the programs for which he or she is applying:
 - a. at the time of the application interview; or
 - b. when contacted by the Department for that purpose.
6. The date of application is protected retroactively to the original filing date as long as the applicant informs the Department of the programs for which he or she is applying by the appropriate date noted above in 1510.10 D.5.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Date: 12-5-08

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Section:
Eligibility Process

Type:
POLICY

Chapter:
The Application Process

Program: AFDC
AABD
MA
FS

Subject:
Filing an Application

1505.10 D. Date of Application (continued)

7. A separate application is required if the applicant requests aid from an additional program category subsequent to the date noted above in 1510.10 D.5.
8. The application date for the new assistance program is the filing date of the second application form.

E. Self-generated MA Applications

1. Individuals who apply for AABD are automatically considered to have requested assistance from the MA program.
2. A determination of eligibility for assistance under other Medicaid coverage groups is done without requiring a separate application when:
 - a. AABD is denied or discontinued; or
 - b. Medicaid is denied or discontinued in regard to a particular coverage group; or
 - c. an applicant or recipient of SAGA medical assistance is determined to meet the disability requirement for the Medicaid program.

F. Self-generated State Supplement Applications

1. SSI recipients who apply for or receive Medicaid as residents of long term care facilities are automatically considered to have requested assistance from the State Supplement program.
2. A determination of eligibility for assistance under the State Supplement program is done without requiring a separate application when an applicant or recipient of SAGA cash assistance is determined to meet the disability requirement for the State Supplement program.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

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P-1505.10

Section:
Eligibility Process

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PROCEDURES

Chapter:
The Application Process

Program: **AFDC**
 AABD
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Subject:
Initiating the Application

P-1505.10 A. Initial Contacts

1. Determine if the individual has any previous record with the Department.
2. Consult records which are readily available. Consider circumstances such as:
 - is there an active case or one that may be converted from a suspended to an issuance status;
 - has the applicant's eligibility been terminated less than 6 calendar months;
 - has a previous application been denied within the past fifteen days;
 - has an applicant for Food Stamps only been denied within the past thirty days?
3. Do not require a new interview or completion of a new EDD under the following circumstances:
 - a previous application for any program was denied within the past 15 days due to missing verification, and that verification has now been submitted; or
 - a previous application for Food Stamps only was denied within the past 30 days due to missing verification, and that verification has now been submitted, and the new application is for Food Stamps only; or
 - the applicant requests cash or medical assistance no later than thirty days after being released from a correctional or mental disease facility, was a recipient of cash or medical assistance and lost eligibility directly or indirectly because of his or her institutionalization within the twenty-four month period preceding the date of his or her release.

Loss of eligibility indirectly related to institutionalization includes situations where the applicant lost eligibility due to whereabouts unknown, failure to complete a redetermination or failure to cooperate with any procedural requirement if it can be reasonably established that the failure was due to his or her institutionalization. Please see P-1505.10 D below for special processing instructions.
4. Complete the ARF portion of the application form and the initial screening.

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P-1505.10 A. Initial Contacts (continued)

5. Obtain the applicant's signature on the ARF in order to establish a formal application. If the interview is conducted on the same day and the EDD is signed, it will not be necessary to obtain the applicant's signature on the ARF portion of the application.
6. Review the application for expedited service entitlement. Try to complete the application interview at this time if the applicant is entitled to expedited processing.
7. Consider actions taken prior to the signing of the ARF as actions related to an inquiry. If, for example, the applicant withdraws the assistance request prior to signing the ARF, do not complete a denial notice.
8. Provide the applicant with any materials necessary to complete the application, including the following when appropriate:
 - ° EDD;
 - ° verification check list;
 - ° work registration material;
 - ° verification forms;
 - ° informational materials;
 - ° return envelope.
9. Provide form (W-1660) "Application Processing Time Limit" to the client and explain the system.
10. Explain to applicant either in person, by mail, or over the phone, the next step in the application process. Include instructions on filling out an application form, verification requirements, time frame for taking action, and the time and place of any necessary interviews.
11. When a unit reapplies after having been discontinued for no more than six calendar months as the result of situations involving such things as the receipt of a lump sum or the reduction of excess assets:
 - ° have the applicant sign a completed ARF:

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P-1505.10 A. Initial Contacts (continued)

- obtain the closed record;
- interview the applicant and update the information on EMS or the existing EDD if that information is reasonably current;
- for programs not requiring an interview, update the information on EMS if that information is reasonably current;
- require that a new EDD be completed, or have the applicant sign an EMS generated EDD, if information received seems questionable or appears to have changed significantly;
- request all necessary verification;
- make all appropriate referrals;
- refer all cash and Medicaid applicants under the age of twenty-one and pregnant woman applicants, to the HealthTrack unit.

12. Establish the case file after the initial screening is completed.

B. Special Instructions for Mail-In or Hand Delivered Applications

1. If an ARF is submitted through the mail, review it along with anything else that was submitted.
2. Follow all procedures for Initial Contacts, as listed above.
3. Consider the application date the date the application is received. The application must be date stamped the day it is received and screened in EMS by the end of the next business day.
4. Attempt to contact the applicant by telephone.
5. If the applicant is contacted:
 - review the information on the ARF, or conduct a screening if the ARF was not complete;
 - review the verification requirements with the applicant;
 - arrange for completion of the interview if one is required.

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Subject:
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P-1505.10 B. Special Instructions for Mail-In or Hand Delivered Applications (continued)

6. Return any other forms or materials that require signature or further completion, if necessary.

C. Special Instructions for Faxed Applications

1. Follow the procedures for mail-in and hand delivered applications.
2. Consider the application date the date the fax is received.
3. Notify the applicant or the representative that the original, signed application form must be submitted before the case can be granted.

D. Special Processing Instructions for Individuals Recently Released from a Correctional or Mental Disease Facility

When an applicant requests cash or medical assistance within thirty days of being released from an institution and was previously a recipient of cash or medical assistance and lost eligibility, either directly or indirectly, because of his or her institutionalization within the twenty-four month period preceding the date of his or her release:

1. reinstate previous cash or medical case; and
2. initiate and complete an expedited redetermination in EMS if the previous redetermination period has expired or will expire no later than three months from the current benefit month by using the information already in EMS and rekeying all appropriate verification codes; and
3. before confirming completed redetermination, shorten the redetermination period to three months by adding three months to the current benefit month.

E. Self-Generated State Supplement and Medicaid Applications for SAGA Clients

1. When a SAGA client is awarded Social Security or Supplemental Security Income (SSI) benefits:
 - a. Determine whether the client requested "Money Assistance" on his or her original application;

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P-1505.10 | E. Self-Generated State Supplement and Medicaid Applications for SAGA Clients (continued)

- b. If the client requested “Money Assistance”, determine State Supplement eligibility for any month in which he or she is eligible for Social Security or SSI benefits as follows:
 1. Budget Social Security retro benefits as income for the months that they were intended, even if the benefits were SSI benefits paid to DSS as a reimbursement for SAGA cash benefits;
 2. Budget any unreimbursed SAGA cash benefits as unearned income;
 3. Calculate the client’s applied income and compare it to his or her needs;
 4. Screen and grant a State Supplement AU for any month in which the client’s applied income is less than his or her needs. Remember to budget Social Security disability and SSI benefits as unearned income types “SD” and “SI” respectively on the UINC screen. Unreimbursed SAGA cash income should be coded as unearned income type “OA”.
 5. If the client is ineligible for State Supplement, screen and grant an S03 Medicaid AU. Treat retroactive Social Security benefits as a lump sum in the month of receipt and determine ongoing Medicaid eligibility accordingly.
 - c. If the client did not request “Money Assistance” on his or her original application, evaluate for both retrospective and prospective Medicaid eligibility.
2. When a SAGA client is determined disabled by Colonial Cooperative Care:

a. Screen an S03 Medicaid AU using the original application date or the onset of disability date (whichever is later) as the application date.

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P-1505.10 | E. Self-Generated State Supplement and Medicaid Applications for SAGA Clients (continued)

- b. Process all application months, completing the disability fields on the DEM2 screen. Enter an AU Status Reason Code of “586” on the STAT screen of the SAGA medical AU for any month that will be closed due to the Medicaid grant.
- c. Finalize the application, awarding Medicaid and closing SAGA medical. It is important to grant S03 for all months in which the client has been found disabled in order to collect Federal matching funds on his or her medical expenditures.

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Section: Eligibility Process	Type:	POLICY
Chapter: The Application Process	Program:	AFDC AABD MA FS
Subject: Individuals Qualified to Make an Application		

1505.15 A. Provisions

1. Applicants may apply for and be granted assistance on their own behalf or, under certain conditions, be represented by other qualified individuals who act responsibly for them.
2. The Department recognizes the right of an applicant to be represented by a responsible individual, but maintains the authority to determine whether or not the person is acting responsibly on behalf of the assistance unit prior to granting assistance.
3. Applicants may be assisted, if so desired, by individuals of their choice in various aspects of the eligibility process. They may be accompanied by such individuals in contact with the Department, and when so accompanied may also be represented by them.
4. A responsible individual applying for assistance on the behalf of others must:
 - a. be familiar with household circumstances to the extent that questions concerning need and eligibility can be answered with reasonable accuracy;
 - b. have a basic understanding of the assistance program(s) for which application is being made;
 - c. understand the responsibilities which they assume;
 - d. be able to communicate with members of the assistance unit in order to obtain information and to explain rights and responsibilities;
 - e. have an interest in the well-being of the entire assistance unit.

B. Applicants (All Programs)

Any individual who is applying solely on his or her own behalf may request assistance and complete the application process regardless of age, sex or other consideration, unless the person has been declared incompetent.

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Section:
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Type:
POLICY

Chapter:
The Application Process

Program: AFDC
AABD
MA
FS

Subject:
Individuals Qualified to Make an Application

1505.15 C. Individuals Representing Others

1. AFDC, AABD, MA

- a. The following individuals are qualified to request cash or medical assistance, be interviewed and, complete the application process on the behalf of others who they represent:
 - (1) the caretaker relative of a child applicant;
 - (2) the spouse, provided that the spouse is not estranged;
 - (3) a conservator, guardian or other court appointed fiduciary.
- b. If none of the above individuals are available, the following persons may file the application on the assistance unit's behalf:
 - (1) another responsible assistance unit member; or
 - (2) an authorized representative. (cross reference: 1525)
- c. In cases involving an incompetent or incapacitated person, a responsible adult may request assistance and complete the entire application on behalf of the applicant without any prior authorization if:
 - (1) none of the individuals in 1.a. are available; and
 - (2) the responsible adult is acting on behalf of an applicant; or
 - (3) a physician attests to the applicant's inability to make the application because of incompetence or incapacity.
- d. A responsible person may complete the entire MA application on behalf of a deceased person without any prior authorization, if none of the individuals in 1a. above are available.
- e. An individual or agency responsible for the care of a child may apply for MA on behalf of that child.

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Subject:
 Individuals Qualified to Make an Application

1505.15 C. Individuals Representing Others (continued)

2. FS

- a. The following individuals are qualified to request FS assistance, be interviewed, and complete the application on the behalf of others who they represent:
 - (1) the head of the assistance unit;
 - (2) a spouse or other responsible member of the assistance unit;
 - (3) an authorized representative or court appointed fiduciary. (cross reference: 1525)
- b. Prior to granting assistance, the application form must be signed by an adult member of the assistance unit, unless:
 - (1) the application is completed by an authorized representative; or
 - (2) the assistance unit does not contain an adult member.
- c. The head of the assistance unit must sign the application form if the assistance unit does not contain an adult member and applies on its own behalf.

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P-1505.15

Section:
Eligibility Process

Type:
PROCEDURES

Chapter:
The Application Process

Program: AFDC
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Subject:
Contacting the Wrong District Office

- P-1505.15 1. If the wrong District Office is contacted:
- inform the applicant of the right to file an ARF;
 - explain that in order to obtain assistance the rest of the application process must be completed with the appropriate district;
 - explain that the FS date of application is not established until the application is received by the appropriate district;
 - inform the assistance unit of other probable processing delays, including expedited service processing.
2. Allow the ARF to be filed if the applicant insists on submitting it to the wrong district.
3. Forward the date stamped application to the correct office on the same day it is received.

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Chapter: The Application Process	Program:	AFDC AABD MA FS
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Subject: Completing the Application Form

1505.20 A. Applicant Requirements

1. Individuals who have applied for aid are required to complete the pertinent sections of the application form.
2. The application form:
 - a. provides a detailed account of the assistance unit circumstances which are necessary for determining eligibility; and
 - b. must be completed to the satisfaction of the Department prior to granting assistance.
3. Applicants who fail to complete the application form within reasonable time standards established by the Department are denied assistance.

 B. Submitting the Eligibility Determination Document

1. The application form may be submitted through the mail or in person to the appropriate district office.
2. Medicaid applications for the Healthy Start coverage groups may be submitted to a Healthy Start outreach site or to the appropriate district office. (Cross Reference: 1505.10)
3. Documents received by the wrong district office are forwarded to the appropriate district within one working day of the date of receipt.
4. Applicants or recipients of SSI making application for the FS program at an SSA office may submit the Food Stamp application form to such office.

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Program: **AFDC**
AABD
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Subject:
Telephone and Mail Inquiries

P-1505.20 **Telephone Inquiries**

1. If a telephone inquiry is made:
 - inform the caller of pertinent application requirements;
 - explain how the date of application is established and the need to file an ARF;
 - tell the caller how and where to obtain application materials;
 - encourage the caller to apply as soon as possible.
2. Generally, attempt to complete the initial ARF screening unless the caller indicates that he or she will apply in person.
3. If the screening is conducted, set up an appointment for an application interview if one is required for AFDC or FS applicants and it is feasible to do so.
4. Review the policy for waiver of the office interview if one is requested. Take steps to set up a telephone interview or home visit if the in-office visit is waived.
5. Mail a complete application (ARF and EDD) along with instructions, the appointment schedule and other pertinent materials to the applicant.

Mail Inquiries

1. If a mail inquiry is received, attempt to contact the applicant by telephone.
2. If a telephone contact is made, follow the procedures beginning with step 1. above.
3. If phone contact is not established mail the application materials to the applicant, including the EDD.
4. Maintain a copy of the ARF if a telephone screening is completed.

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P-1505.22

Section:
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Chapter:
The Application Process

Program: **AFDC**
 FS

Subject:
Head of the Assistance Unit

P-1505.22 **Changes in the Head of the Assistance Unit**

1. Have the new head of household sign the application form.
2. Determine if there are benefits left in the account. If no, go to step #5. If yes, go to step #3.
3. Determine if the new head of household has the previous head of household's EBT card.
 - If yes and he/she knows the PIN advise him/her to use the remaining benefits. Then go to step #5.
 - If yes and he/she does not know the PIN, have him/her select a new PIN and advise him/her to use the remaining benefits. Then go to step #5.
 - If no, go to step # 4.
4. Issue a new card for the previous head of household and send it to the new head of household. This will automatically deactivate the previous head of household's card. Have the new head of household select a new PIN for the new card to allow the assistance unit to access to funds remaining in the existing EBT account.
5. After the new head of household has used all of the benefits in the existing account, change the case name, issue a second new EBT card to the new head of household and have him or her select a new PIN for that second card. (Cross Reference: P-6535.07).

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1505.25

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Eligibility Process

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Chapter:

The Application Process

Program:

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Subject:

Head of the Assistance Unit

1505.25 A. General Statement

1. In general, the assistance unit may select any responsible individual as head of the Food Stamps assistance unit, except in the situations described below in B.
2. Whenever possible, the head of the assistance unit will be the adult responsible for the care or supervision of the majority of the assistance unit members.
3. The head of the assistance unit must be an eligible member of the assistance unit, except when he or she:
 - a. is the only adult able to serve as head of the assistance unit; and
 - b. is excluded from participation in the FS program because of non-citizen status, or a disqualification penalty (Cross Reference: 2020); and
 - c. would otherwise be included in the assistance unit if not for the exclusion.
4. Additional requirements are not imposed based on the head of the assistance unit classification, such as requiring the head of the assistance unit rather than another responsible member to appear at the district office for an interview.

B. Assistance Units That Have Violated Employment and Training Requirements or Voluntary Quit Requirements

1. The assistance unit may select as its head the adult parent of a child of any age or an adult who has parental control over a minor child in the assistance unit.
 - a. All adults in the assistance unit must agree on the individual selected.
 - b. The adult parent or adult with parental control does not have to be the principal wage earner.
2. The Department designates the head of the assistance unit when:
 - a. the assistance unit fails to select its own head;
 - b. all adults in the assistance unit cannot agree on a designee.

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Subject:

Head of the Assistance Unit

1505.25 C. When the Head of the Assistance Unit Is Selected

1. An assistance unit may select its head only:
 - a. at certification; or
 - b. when the composition of the assistance unit changes.
2. The Department cannot delay certification or deny benefits solely because the assistance unit fails to select its head.

D. Notification

The Department must notify all assistance units to inform them:

1. that they may have the option to select their head; and
2. which assistance units are eligible to select the head; and
3. how changes in the designation of head of the assistance unit must be reported.

E. Fraud Disqualification

If the adult is excluded because of a fraud disqualification, the individual may represent the assistance unit only if no other adult is immediately available to act as an authorized representative for the purpose of applying or purchasing foods with the EBT debit card.

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Chapter:
The Application Process

Program: AFDC

Subject:
Application Interviews

P-1505.25 **Scheduling**

1. Require AFDC and FS applicants to attend an office interview unless they are otherwise entitled to a waiver.
2. Make every attempt to complete the interview the same day entitlement to expedited service is determined.
3. As a general rule, if the interview is to be held at a later date, schedule the appointment within ten days of the date of application.
4. Always allow enough time in your schedule to accommodate clients who are tardy or for disruptions in your schedule.
5. Consider the following when scheduling an interview:
 - combined interview requirements for FS applicants who are also requesting cash assistance;
 - postal delivery time if the appointment notice is mailed;
 - normal and expedited service promptness standards;
 - 10 day requirements for the return of verification or accomplishing other required client actions.
6. Notify the applicant of the date and time of the scheduled appointment.
7. Make a reasonable attempt to interview applicants if they appear late or at a time that was not scheduled in advance.

Waiving the Interview

1. If a waiver of the office interview is requested:
 - determine the reason for the request;
 - determine if another qualified person is available to attend the interview.

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Subject:
Application Interviews

P-1505.25 Waiving the Interview (continued)

2. Explore the feasibility of postponing the interview.
3. Allow the waiver if there is reasonable evidence to support the request.
4. Arrange for a home visit or telephone interview if the in-office interview requirement is waived.
5. Document the reason for granting or denying the request for a waiver of the office interview in the case record or in the EMS narrative.

Scheduling a Second Appointment

1. Schedule a second appointment if the applicant fails to keep the first one and requests a second.
2. Allow enough time for obtaining verification and completing processing when scheduling a new appointment.
3. Notify the applicant of the date and time of the appointment.
4. Document the file and maintain your system controls.

Conducting Unscheduled Interviews

1. If the applicant appears at a time other than the scheduled appointment time try to complete the interview whenever possible.
2. Do not unnecessarily reschedule the interview for people who appear late, but appear on the day of the scheduled appointment if within reason you are able to adjust your work schedule to accommodate the individual.
3. Prior to deciding to schedule a new appointment, consider such factors as:
 - if there is sufficient time left in the standard processing period, or if rescheduling would potentially cause the standard to be exceeded;

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Program:

**AFDC
FS**

Subject:

Application Interviews

P-1505.25 Conducting Unscheduled Interviews (continued)

3.
 - if other scheduled appointments would be affected;
 - hardship caused to the client;
 - your work schedule.
4. Always allow enough time in between appointments when you schedule to accommodate interruptions or people who are not on time.

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<hr/>		
Subject: Application Interviews		

1505.30 A. Provisions

1. In certain programs, the applicant may be required to appear at an appropriate certification site for a face to face interview, unless the applicant is entitled to a waiver of the requirement.
2. The office interview is conducted as a condition of eligibility in the following programs:
 - a. AFDC; and
 - b. FS.
3. Office interviews are not required for AABD or MA applicants. The application process may be completed entirely through mail correspondence and telephone contact.
4. The Department may request any applicant to appear for an application interview. However, assistance is not denied to AABD or MA applicants solely on the basis of their failure to appear for a scheduled office interview.

B. Appropriate Certification Sites

1. AFDC and FS applicants must appear at the appropriate district office, or subdivision of that office which serves their region of residence.
2. The Department is not required to conduct an application interview with an applicant who appears at the wrong district office.

C. Purpose of the Interview

1. The purpose of the application interview is:
 - a. to review the application form and any other relevant information or documents for accuracy and completeness; and
 - b. to explain applicant rights and responsibilities; and
 - c. to ascertain pertinent information relating to the current circumstances of the assistance unit; and

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- 1505.30 C. 1. Purpose of the Interview (continued)
- d. to explore any other issues related to need or eligibility which are unclear or unresolved; and
 - e. to make appropriate referrals.
2. Where application interviews are not required, the Department resolves the above issues through telephone contact, mail correspondence, home visits, or when necessary, by attempting to conduct an office interview.
- D. Combined Interview
- 1. The Department may not require an applicant to appear for a separate food stamp interview if:
 - a. all members of the assistance unit are concurrently applying for AFDC or AABD; and
 - b. an in-office interview is to be conducted for the PA cash assistance program.
 - 2. A combined interview is scheduled if all members of the assistance unit concurrently apply for cash and food stamp assistance.
 - 3. A combined interview is conducted unless the applicant and the agency agree to separate interviews.
 - 4. The screening of an applicant to the extent necessary to determine whether an FS applicant is entitled to expedited service does not constitute an application interview. An application interview has been conducted if all the steps in C. above are completed.
- E. Scheduling Interviews
- 1. The Department is not required to conduct the application interview on the same day the assistance request is filed.

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POLICY

Chapter:
The Application Process

Program: **AFDC**
FS

Subject:
Application Interviews

- 1505.30 E. 2. Scheduling Interviews (continued)
2. Reasons for conducting the interview on the same day include, but are not limited to the following:
- a. a second appearance at the certification site may cause unnecessary hardship or a FS expedited service delay;
 - b. the applicant has most of the information required to complete the interview on hand;
 - c. personnel are readily available to conduct the interview.
3. If the interview is not conducted at the time the assistance request is filed, it is scheduled within a reasonable period which will allow:
- a. the application process to be completed within the established time limit; and
 - b. the applicant at least ten days to complete any required actions subsequent to the interview.
4. Factors that are considered in scheduling the interview include, but are not limited to the following:
- a. time constraints imposed by joint interview requirements in cash assistance and FS cases;
 - b. potential delays caused by mail correspondence;
 - c. timely action and notification requirements;
 - d. processing capabilities;
 - e. time limitations for providing assistance to applicants.

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POLICY

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Program: **AFDC**
 FS

Subject:
Application Interviews

1505.30 F. SSI Assistance Units (FS)

1. SSI assistance units that have been interviewed by SSA are not required to see an eligibility worker from the Department or otherwise be subjected to an additional interview.
2. The Department may not further contact the assistance unit in order to obtain information unless:
 - a. the application is incomplete or improperly completed; or
 - b. required verification is missing; or
 - c. information provided to the Department is questionable.

G. Waiver of the Office Interview

1. The in-office interview requirement may be waived at the request of the applicant if:
 - a. the assistance unit member or other qualified person is unable to attend the interview for one of the following reasons:
 - (1) the individual(s) is 65 years of age or older; or
 - (2) the individual(s) is mentally or physically handicapped; or
 - (3) the individual(s) has good cause not to appear; and
 - b. for FS assistance units, an authorized representative cannot be appointed; and
 - c. postponement of the interview until such time that the applicant is able to appear at the district office would cause the Department to exceed the timeliness standard for processing the application.

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Eligibility Process

Type:
POLICY

Chapter:
The Application Process

Program: AFDC
FS

Subject:
Application Interviews

1505.30 G. Waiver of the Office Interview (continued)

2. Good cause may include, but is not limited to the following hardships:
 - a. illness;
 - b. severe weather;
 - c. death in the immediate family;
 - d. other circumstances beyond the control of the applicant;
 - e. a conflict between the Department's hours and the applicant's working or training hours; or
 - f. transportation difficulties.
3. For the FS program, the Department conducts a telephone interview or a home visit once every twelve months if the office interview is waived.

H. Failure to Appear

1. Rescheduling Appointments

- a. The Department does not schedule a second interview if an applicant fails to appear for the application interview and fails to contact the Department to reschedule.
- b. The Department does not deny the application for at least thirty days from the date of application in cases where the applicant fails to appear for the application interview.

2. Failure to Appear Because of Hardship

- a. If a hardship such as an accident or family illness causes the applicant to miss the interview appointment, the Department reschedules the interview upon the applicant's request.

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Section:
Eligibility Process

Type:
POLICY

Chapter:
The Application Process

Program: **AFDC
FS**

Subject:
Application Interviews

1505.30 H. 2. Failure to Appear Because of Hardship (continued)

- b. Any resulting delay in processing is considered the fault of the applicant.

I. Unscheduled Interviews

- 1. The Department is not required to interview applicants on the same day they appear at the office if:
 - a. the applicant comes into the office at a time other than the scheduled appointment time; and
 - b. a new appointment can be scheduled at least ten days in advance of the last day of the standard processing period.
- 2. A reasonable attempt is made to complete the interview the same day. However, if adequate time remains in the standard processing period a new appointment may be scheduled.

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Date: 11-1-93

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Section:
Eligibility Process

Type:
PROCEDURES

Chapter:
The Application Process

Program: **AFDC**
 AABD
 MA
 FS

Subject:
Completing the Interview

- P-1505.30 1. Conduct the interview. Use the EDD or EMS screens as a guideline and review all factors related to:
- Technical eligibility;
 - Categorical eligibility;
 - procedural eligibility requirements;
 - Financial eligibility.
2. Complete all appropriate sections of the EDD or EMS screens.
3. Assist the applicant in deciding which programs he or she wishes to apply for:
- advise the applicant of the type of assistance available;
 - discuss any program options.
4. Document your findings. Use the EDD margins or EMS Remarks Screen to make notes or records of the interview.
5. Provide the applicant with any forms or materials necessary to establish eligibility or meet procedural eligibility requirements.
6. Make referrals to preventive services, HealthTrack, or other areas where appropriate.
7. For all cash and Medicaid assistance units with children under the age of twenty-one, discuss the importance of regular age appropriate well-child care, including immunizations and blood lead testing. Encourage these assistance units to take advantage of the following services which HealthTrack staff can provide:
- helping to schedule regular medical, dental, vision and hearing appointments
 - helping to find a doctor, dentist or other medical provider convenient for the family
 - arranging medical transportation, if necessary
 - help with eliminating barriers (i.e. child care) which prevents families from receiving medical care

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Section:
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Type:
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Chapter:
The Application Process

**Program: AFDC
AABD
MA
FS**

Subject:
Completing the Interview

P-1505.30 7. (continued)

- providing health education information, including the benefits of preventive health care, the importance of age appropriate immunizations and the periodicity schedule for well-child care.
 - explaining the benefits and availability of the WIC program and other community services of interest
 - providing information on the availability of local immunization clinics, which provide vaccines free of charge.
 - reminding the client when a child is due for an appointment
8. Review the application information with the applicant.
 9. Discuss with the applicant all of the eligibility factors which need to be verified. Come to an agreement with the applicant on what documents the applicant will submit, based on what is the best documentation, which the applicant can readily obtain. Refer to Chapter 1540 for guidelines on verification.
 10. Provide a notice of documents that must be submitted to verify eligibility factors (W-1348). Include the deadline for submitting these documents and explanation of the consequences of not providing these documents. Also provide a list of alternative documents which can be used.
 11. Ask the heads of households of all cash or Medicaid assistance units with children under the age of twenty-one, to document whether the children have a primary care provider and are receiving regular physical exams. Refer all of these clients to the HeathTrack Unit.
 12. Explain that the Department may provide assistance if it will be difficult for the applicant to obtain any required verifications by the deadline.
 13. Refer to the General Principles of Verification (chapter 1540) for detailed information on handling verification and evaluating evidence.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Section:
Eligibility Process

Type:
PROCEDURES

Chapter:
The Application Process

Program: **AFDC**
 AABD
 MA
 FS

Subject:
Completing the Interview

P-1505.30 (continued)

14. Explore any other issues, which need to be discussed.
15. Obtain signature on all pertinent forms, including the Agency/Client Agreement sections of the verification checklist. The Agency/Client section of the verification checklist does not have to be signed unless the client was interviewed in person. If an interpreter was used, require the interpreter's signature on the EDD and on other appropriate documents.
Do not have the applicant sign documents that he or she does not understand.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

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Section:

Eligibility Process

Type:

POLICY

Chapter:

The Application Process

Program:

**AFDC
AABD
MA
FS**

Subject:

Application Processing Standards

1505.35 A. Prompt Action

1. Prompt action is taken to determine eligibility on each application filed with the Department.
2. Reasonable processing standards are established to assure prompt action on applications.

B. Notification

The Department notifies applicants of:

1. any actions taken on applications; and
2. when applications are not acted upon within the established time limits.

C. Standard of Promptness for Processing Applications

1. The following promptness standards are established as maximum time periods for processing applications:
 - a. thirty calendar days for eligible FS applicants that do not qualify for expedited service;
 - b. thirty calendar days for FS applicants who are found to be ineligible for FS benefits. However, the Department is allowed an additional seven days to issue the denial notice to ineligible applicants;
 - c. forty-five calendar days for:
 - (1) AFDC applicants; and
 - (2) AABD or MA applicants applying on the basis of age or blindness;
 - d. ninety calendar days for AABD or MA applicants applying on the basis of disability.
2. The first day of the processing period begins on the day following the date of application.

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POLICY

Chapter:
The Application Process

Program: AFDC
AABD
MA
FS

Subject:
Application Processing Standards

1505.35 C. Standard of Promptness for Processing Applications (continued)

3. The standard of promptness has been met if by the last day of the processing standard the Department has:
 - a. issued a notice of denial to the applicant, except that for FS cases, the Department has an additional seven days to issue the notice of denial; or
 - b. issued benefits to the assistance unit either in check form or by deposit into a financial institution by the thirtieth day following the date of application.
4. FS assistance units have been given an opportunity to participate if by the thirtieth day following the date of application they have received FS benefits through an Electronic Benefits Transfer (EBT).

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Section:
Special Programs

Type:
POLICY

Chapter:
The Application Process

Program: **AFDC**
 AABD
 MA
 FS

Subject:
Application Processing Standards

1505.35 D. Use of the Standard of Promptness

1. The Department determines eligibility within the standard of promptness without exception for the FS program.
2. The Department determines eligibility within the standard of promptness for the AFDC, AABD, and MA programs except when verification needed to establish eligibility is delayed and one of the following is true:
 - a. the client has good cause for not submitting verification by the deadline; or
 - b. the client has been granted a 10 day extension to submit verification which has not elapsed; or
 - c. the Department has assumed responsibility for obtaining verification and has had less than 10 days; or
 - d. the Department has assumed responsibility for obtaining verification and is waiting for material from a third party.
3. Processing standards are not used as a waiting period for granting assistance. Applications are processed with reasonable promptness as soon as the Department is able to make an eligibility determination.
4. Processing standards are not used as the basis for denying assistance. Denial results from the failure to meet or establish eligibility within the applicable time limit.
5. Processing standards apply separately to the specific program for which application is made. Therefore, an application for several programs may be awarded or denied at different times for each program.

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Eligibility Process

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The Application Process

Program: AFDC
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MA
FS

Subject:
Processing Standards

- P-1505.35
1. Maintain controls and monitor the status of each pending application.
 2. Determine eligibility within the established time limits, except in unusual circumstances where a delay is necessary.
 3. Give priority to emergencies. Process these cases first, and refer the applicant to other agencies if they can provide assistance faster. Emergencies include situations in which the following conditions either exist or are soon likely to exist:
 - immediate medical treatment is required and no medical assistance is available; or
 - there is no money and there is a threat of serious harm as a result; or
 - there is no deliverable fuel to heat a home and that fact presents an immediate threat.
 4. Give next priority to those cases which are either overdue or are approaching overdue status.
 5. Whenever an emergency case is overdue or is going to become overdue, refer the case to the client representative system for expedited attention, unless an eligibility determination can be made immediately.
 6. EMS will default to "E" for all new, reopened, or reinstated cash assistance units that have an instrument type of "X" on MISC. If the case that is being reopened or reinstated had an instrument type code of "C" or "D", EMS will default to that instrument type code for that assistance unit.

Ask the State Supplement applicant who is **not** in a boarding facility if he/she wants to receive benefits by EBT, EFT, or check. The Department prefers not to issue benefits via EBT to State Supplement recipients who live in boarding facilities. Therefore ask these recipients if they want to receive benefits in check form or via direct deposit.

- For EBT, enter "E" in the "INSTR TYPE" field on MISC
- For check, enter "C" in the "INSTR TYPE" field on MISC.
- For direct deposit, have the client get the necessary form from the reception area in the regional office or go to his/her bank to get the necessary form, complete the form and send it to the Financial Management Unit in C. O.

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Section:
Eligibility Process

Type:
PROCEDURES

Chapter:
The Application Process

Program:
**AFDC
AABD
MA
FS**

Subject:
Processing Standards

- P-1505.35 7. For cases whose benefits are **not** to be issued through EBT or EFT, adjust the processing schedule to make allowances for:
- weekends;
 - mail delivery days;
 - redemption requirements in the FS Program;
 - other administrative delays.
8. Notify the assistance unit if action is taken or if the eligibility determination will not be completed on time.
9. Document any case actions or notifications in the case file.

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Date: 3-1-06	Transmittal: UP-06-07	1505.40
Section: Eligibility Process	Type:	POLICY
Chapter: The Application Process	Program:	AFDC AABD FS MA
Subject: Eligibility Determinations		

1505.40 A. Processing Applications

1. Prior to making an eligibility determination the Department conducts a thorough investigation of all circumstances relating to eligibility and the amount of benefits.
2. A Fraud Early Detection (FRED) investigation is done on AABD, Medicaid and Food Stamps applications that meet an error prone profile. Conditions that would cause a case to meet this profile include, but are not limited to:
 - a. a previous fraud overpayment;
 - b. children under the age of six;
 - c. the household is suspected of living above its means;
 - d. the case was denied or closed within three months;
 - e. application is inconsistent with prior case history;
 - f. questionable absent parent information;
 - g. no income for two consecutive months;
 - h. questionable verification;
 - i. living in Connecticut for less than three months;
 - j. household composition appears different than reported;
 - k. assets appear to be greater than reported.

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Eligibility Process

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POLICY

Chapter:
The Application Process

Program: **AFDC**
 AABD
 FS
 MA

Subject:
Eligibility Determinations

1505.40 A. Processing Applications (cont.)

3. The eligibility determination for an assistance program is not delayed pending a determination of eligibility for the same applicant in a different program category, unless participation in the MA or FS program as categorically needy is dependent upon eligibility for cash assistance.
4. The Department may complete the eligibility determination at any time during the application process when:
 - a. the applicant withdraws the application; or
 - b. all requirements for determining eligibility on a FS expedited service application are met; or
 - c. the application process is complete and all required verification has been obtained; or
 - d. adequate information exists to determine ineligibility because one or more eligibility requirements are not satisfied; or
 - e. the applicant refuses to cooperate in completing an eligibility requirement rendering the entire assistance unit ineligible.

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Section:
Eligibility Process

Type:
POLICY

Chapter:
The Application Process

Program: **AFDC**
 AABD
 FS
 MA

Subject:
Eligibility Determinations

1505.40 B. Incomplete Applications

1. Applicant Failure (All Programs)

The following provisions apply if the applicant failed to complete the application without good cause:

- a. If eligibility has been established to the extent that assistance can be granted to all or a part of the assistance unit, the case is processed between:
 - (1) the day after the expiration of the applicants deadline for completing the required action; and
 - (2) the last day of the agency promptness standard for processing the application;
- b. If assistance cannot be granted:
 - (1) AFDC, AABD and MA cases are denied between the thirtieth day and the last day of the appropriate promptness standard for processing the application;
 - (2) FS applications are denied on the thirtieth day following the date of application.
- c. The applicant's failure to provide required verification by the processing date causes:
 - (1) one or more members of the assistance unit to be ineligible if the unverified circumstance is a condition of eligibility; or

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POLICY

Chapter:
The Application Process

Program: **AFDC**
 AABD
 FS
 MA

Subject:
Eligibility Determinations

1505.40 B. 1. c. Applicant Failure (All Programs) (continued)

(2) the circumstance to be disregarded in the eligibility determination if consideration of the circumstance is contingent upon the applicant providing verification;

d. Verification received after the date that an incomplete application is processed:

(1) is used only with respect to future case actions; and

(2) is not used to retroactively determine a corrective payment.

2. Administrative Delays (All Programs)

a. The Department cannot postpone the eligibility determination beyond the standard thirty, forty-five or ninety day processing period if due to an administrative delay the only information needed is verification of non-citizen status.

b. If the eligibility determination is delayed, the Department continues to process the application until a decision can be made.

c. Delaying the FS eligibility determination beyond the thirtieth day causes the processing period to be extended by an additional thirty days.

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Section:
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POLICY

Chapter:
The Application Process

Program: **AFDC**
 AABD
 FS
 MA

Subject:
Eligibility Determinations

1505.40 B. 3. Applicant Failure Subsequent to Administrative Delays

The following provisions apply if subsequent to an administrative delay the applicant becomes responsible for not completing the application process:

- a. for AFDC, AABD and MA applications, the Department:
 - (1) determines eligibility without further delay; or
 - (2) continues to pend the application if good cause can be established or if a 10 day extension is granted.
- b. for FS applications, the Department:
 - (1) determines eligibility without further delay if eligibility can be established; or
 - (2) denies assistance on the last day of the second thirty day period if eligibility cannot be established.

4. Delays Due to Good Cause (AFDC, AABD, MA Only)

- a. The eligibility determination is delayed beyond the AFDC, AABD or MA processing standard if because of unusual circumstances beyond the applicant's control, the application process is incomplete and one of the following conditions exists:
 - (1) eligibility cannot be determined; or
 - (2) determining eligibility without the necessary information would cause the application to be denied.

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Eligibility Process

Type:
POLICY

Chapter:
The Application Process

Program: AFDC
AABD
FS
MA

Subject:
Eligibility Determinations

1505.40 B. 4. b. Delays Due to Good Cause (AFDC, AABD ,MA only) (continued)

If the eligibility determination is delayed, the Department continues to process the application until:

- (1) the application is complete; or
- (2) good cause no longer exists.

5. Delays Due to Insufficient Verification (AFDC, AABD, MA Only)

- a. Regardless of the standard of promptness, no eligibility determination is made when there is insufficient verification to determine eligibility when the following has occurred:
 - (1) the Department has requested verification; and
 - (2) at least one item of verification has been submitted by the assistance unit within a time period designated by the Department, but more is needed.
- b. Additional 10 day extensions for submitting verification shall be granted, as long as after each subsequent request for verification at least one item of verification is submitted by the assistance unit within each extension period.

C. Determining Cause of Delay (FS Only)

- 1. The applicant is considered responsible for incomplete applications if the Department has taken the following actions:
 - a. offered assistance in completing application materials or procuring difficult to obtain verification; or
 - b. scheduled a second interview for applicants who failed to appear for the first scheduled interview but who contacted the Department to reschedule; or
 - c. with the exception of (3) below, has allowed at least ten days from the date it notifies the applicant of a required action for the applicant to complete the action, including requests to provide verification.

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Section:
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Type:
POLICY

Chapter:
The Application Process

Program: FS

Subject:
Eligibility Determinations

1505.40 C. Determining Cause of Delay (FS Only) (continued)

2. The Department is responsible for incomplete applications if in the appropriate situation it has not:
 - a. offered assistance in completing application materials or obtaining verification where appropriate; or
 - b. scheduled a second interview; or
 - c. allowed the applicant 10 days to complete a required action.
3. The Department is considered responsible for delays in processing applications if it has agreed to accept responsibility for obtaining verification on behalf of the assistance unit, and the delay is due to a delay in getting that verification, provided that the assistance unit continues to cooperate in the verification process.
4. Applicants are not allowed 10 days to complete the application process, but instead must complete the process by the last day of the application processing standard if:
 - a. they failed to appear for both the initial and rescheduled office interview, but complete the interview prior to the last day of the standard processing period; and
 - b. the date the interview is conducted is after the twentieth day of the processing period; and
 - c. except for administrative delays, there is less than 10 days between the date the verification is requested and the standard of promptness.

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Eligibility Process

Type:
PROCEDURES

Chapter:
The Application Process

Program: **AFDC**
 AABD
 MA
 FS

Subject:
Determining Eligibility

- P-1505.40
1. Investigate all factors relating to eligibility or benefit level prior to granting or denying assistance.
 2. Allow ten days for the applicant to provide verification or complete other required actions.
 3. Follow these guidelines in order to avoid unnecessary processing delays and undue client hardship:
 - at the time the interview is conducted, identify all the actions that the applicant must take to establish eligibility, including verification and procedural requirements;
 - make certain that the applicant understands his or her responsibilities;
 - assist the applicant as necessary, as long as he or she cooperates;
 - follow procedures specified in P-1540 in verifying eligibility factors;
 - prioritize the caseload and regularly review the priorities, considering such factors as processing deadlines, applicant hardship, and estimated time frames for obtaining all required documentation;
 - utilize internal sources of information (such as DMV and labor access), and other resources as much as possible in order to avoid excessive requests for verification or processing delays.
 4. Review documents as they are received. Take action within 7 calendar days from the date of receipt.
 5. When some verification is received but it is not sufficient to completely determine eligibility, allow the applicant a 10 day extension to submit more verification.
 6. Also allow a 10 day extension if the applicant has good cause for failing to submit required verification on time.

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Section:
Eligibility Process

Type:
PROCEDURES

Chapter:
The Application Process

Program: **AFDC**
 AABD
 MA
 FS

Subject:
Determining Eligibility

- P-1505.40 7. Except for Food Stamps, continue the above steps 4, 5, and 6 indefinitely, until:
- a. eligibility is established; or
 - b. the applicant fails to submit any additional verification, by the deadline, without good cause.
8. For Food Stamps, continue steps 4, 5, and 6 unless granting an extension will cause the case to exceed the FS standard of promptness.
9. Consider making a follow-up contact to check on the applicant's progress and offer assistance if any of the following conditions exist:
- ° the applicant has expressed difficulty in obtaining verification and has indicated that the information may be provided late; or
 - ° the applicant is having difficulty complying because of age or disability; or
 - ° the missing information is reasonably available through some other means.
10. Take the following actions when contacting the applicant:
- ° inform the applicant of the verification which is outstanding and of the availability of assistance if the applicant is having difficulty obtaining the verification;
 - ° discuss other forms of verification which might be easier for the applicant to obtain;
 - ° allow the applicant an additional 10 days to provide the missing information;
 - ° if no verification is received, determine if there is good cause to grant a ten day extension;
 - ° document the case record, being sure to show the date of any action taken, and the deadlines for response from the applicant.

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The Application Process

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 AABD
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Determining Eligibility

- P-1505.40
11. Provide notification and document the case file if it is determined that the applicant is required to take additional actions that were not requested at the time of the interview in order to complete the application.
 12. When there is enough information and verification to establish eligibility, process the application and grant assistance.
 13. If application was made for more than one program, process each program application independently if this will ensure faster delivery of benefits. Do not wait to process the program applications simultaneously unless FS eligibility is dependent upon the status of the companion cash assistance application.
 14. Process the application and deny assistance under the following circumstances:
 - when enough information has been obtained to determine the assistance unit ineligible; or
 - when the applicant has not submitted any of the required verification, within 30 days of the application date, and does not have good cause for the delay; or
 - when the applicant has not provided any verification by the end of the 10 day period or of a 10 day extension to submit verification and another extension has not been granted, and the applicant does not have good cause for the delay; or
 - when the applicant has failed to submit additional verification during a 10 day extension which was granted for that purpose, without good cause.
 15. For FS applications held pending beyond thirty days because of administrative delays, wait until the sixtieth day following the date of application to deny assistance if the applicant becomes at fault for not completing the application in the second thirty day period. (Cross reference: 1505.40).
 16. Issue the appropriate notice to the assistance unit.

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PROCEDURES

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The Application Process

Program: **AFDC**
 AABD
 MA
 FS

Subject:
Determining Eligibility

- P-1505.40 17. Advise clients that benefits issued through EFT will be available by the third business day after the case is granted.
18. Advise clients who have benefits issued through EBT that:
- their benefits will be in the EBT account by the third business day after the case is granted
 - their EBT cards will be mailed the day after they are issued in EMS and should be received within 2 mailing days after the card is issued
 - clients must call the EBT customer service phone number to select a PIN
 - benefits cannot be accessed until the client has his/her EBT card and selects his/her PIN
19. Document your actions in EMS or the paper file.

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Section:
Eligibility Process**Type:**
PROCEDURES

Chapter:
The Application Process**Program:** **AFDC**
 MA
 FS

Subject:
Fraud Early Detection System (FRED)

P-1505.42 Intake

1. If there is questionable or inconsistent information that cannot be resolved without further investigation, complete the first page of the W-109CF2, "FRED Referral/Response Form".
2. Remember to refer all cases that were previously referred to FRED and denied, regardless of the reason for denial. This information should be available on the EMS narrative.
3. Make sure to have the W-109CF2 signed by your supervisor.
4. When the investigation is complete and you have received page two of the W-109CF2, complete the W-959, "Intake Disposition Response to FRED Investigation". Submit the completed W-959 to your supervisor for signature and route to the FRED Unit.

FRED Investigator

1. Before going into the field, the following should be done:
 - Get the field investigation approved by the FRED supervisor.
 - Read the W109CF2 to determine what verification the Intake Unit is requesting.
 - Check all previous assistance units.
 - Read all case narratives.
 - Using the name inquiry, look up any legally liable relatives (LLR) to determine if they were ever on assistance. Check for date of birth and social security number.
 - Check DMV for the LLR's address.
 - Check labor files for LLR and applicant.
 - Check the Shelter Screen for the landlord's name, address and telephone number.
 - Check the fire marshal's list.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 3-1-00

Transmittal: UP-00-2

P-1505.42 page 2

Section:
Eligibility Process

Type:
PROCEDURES

Chapter:
The Application Process

Program: **AFDC**
 MA
 FS

Subject:
Fraud Early Detection System (FRED)

P-1505.42 FRED Investigator (cont.)

Check the assessor's list for the landlord's name, address, and telephone number.

Try calling the landlord or sending a letter.

If the applicant has just moved from another state, call the previous state.

If the applicant has school aged children call the board of education or school to verify enrollment and attendance. If no school is listed check with the Board of Education to determine what school the child should be attending and contact that school.

2. At the time of the home visit bring the ten day letter with you. If the client is not at home, complete the ten day letter, make a copy and leave the original at the client's home. Make a copy of the letter when back at the office and send it to the Intake supervisor.
3. Set a tickler for the ten days and remind the Intake worker to deny the case if the client has not contacted him or her. If the client contacts you, remember to advise the Intake worker.
4. When the investigation is complete, make a narrative entry in EMS and make a copy to attach to the W-109CF2.
5. Complete the response page on the W-109CF2. Check off the disposition and conclusions. Explain investigation results in detail.
6. Submit the W-109CF2 to the FRED Supervisor for signature.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 10-1-05

Transmittal: UP-05-15

1505.45

Section: Eligibility Process	Type: POLICY
Chapter: The Application Process	Program: AFDC AABD FS
Subject: Reopening Denied Applications	MA

1505.45 A. FS Requirements

1. Provisions

- a. FS applicants who failed to complete the application and were denied on the thirtieth day following the date of the application, are given an additional thirty days to take the required action before requiring them to file a new application.
- b. The denied case is reopened if within the second thirty-day period the applicant takes the required action to complete the application process.
- c. The provision for reopening a denied application applies only to those FS applicants who were denied assistance on the last day of the thirty day processing period because the Department could not take any further action on the application due to the fault of the applicant.

2. Applications

- a. The Department may not require the applicant to file a new application if the case is reopened within the second thirty day period.
- b. A new application is required only if:
 - (1) the case is not reopened in the second thirty day period; or
 - (2) a reopened case is denied a second time.

3. Loss of Benefits

- a. The applicant's failure to complete the application process within the first thirty day period results in a loss of entitlement to benefits for the original month of application.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 4-1-06

Transmittal: UP-06-08

1505.45 page 2

Section:

Eligibility Process

Type:

POLICY

Chapter:

The Application Process

Program:

AFDC

AABD

FS

MA

Subject:

Reopening Denied Applications

1505.45 A. 3. Loss of Benefits (continued)

- b. A reopened case that is found eligible in the second thirty day period is entitled to benefits beginning the date the FS applicant provides the necessary information or takes the necessary action to complete the application process.

4. Processing the Application

- a. The Department processes the reopened application by the end of the second thirty day period.
- b. The applicant must complete the application process by the sixtieth day following the original date of application or the application is denied.
- c. A complete investigation of all material relevant to eligibility and benefit level is conducted. The applicant may be contacted, but is not required to appear for a second office interview if one has already been held.
- d. The rules established in this chapter for determining eligibility apply equally to reopened applications, including;
- (1) The provision to pend the reopened application until the thirtieth day of second processing period if it is incomplete; and
- (2) The provision to continue processing the application for administrative delays beyond the sixtieth day following the original date of application.

B. AABD, MA Requirements

1. The Department reopens the denied application of AABD or MA applicant who:
- a. was denied assistance for failing to meet the disability criteria; and
- b. successfully appeals the SSI decision.
2. The case is reopened retroactive to the original date of application when the Department is notified that SSI has been awarded due to a successful appeal.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-87

Transmittal: UP-87-2

P-1505.45

Section:
Eligibility Process

Type:
PROCEDURES

Chapter:
The Application Process

Program: **AFDC**
 AABD
 MA
 FS

Subject:
Reopening Denied Applications

P-1505.45 Food Stamps

1. If a denied FS application is reopened within sixty days from the original date of application:
 - ° review the incomplete actions which lead to the denial of the original application;
 - ° review all material on the original application for accuracy.
2. If necessary, contact the client in order to review the application material, but do not require a second office interview if one has already been conducted.
3. Process the application and grant or deny assistance.
4. Apply the appropriate "loss of benefits" penalty if assistance is granted. (cross reference: 1560)
5. Document your actions and issue the appropriate notification to the assistance unit.

AABD, MA

1. Reopen the denied application retroactive to the original filing date.
2. Review the application material for accuracy.
3. Contact the applicant if it is necessary to obtain additional information.
4. Process the application and determine eligibility for both the current and retroactive period.
5. Document your actions and issue the appropriate notification to the assistance unit.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 11-1-97

Transmittal: UP-98-12

1505.50

Section:
Eligibility Process

Type:
POLICY

Chapter:
The Application Process

Program:
FS

Subject:
Identification Cards

1505.50 A. Provisions

1. The Department issues specially marked non-photo identification (ID) cards to FS assistance units who are eligible to use their FS for delivered meals, at restaurants or at communal dining facilities.
2. All assistance units eligible for and interested in delivered meal services are issued ID cards marked with the letter "M".
3. All assistance units eligible for and interested in using communal dining facilities are issued ID cards marked with the letters "CD".
4. All assistance units eligible for and interested in using their food stamps at participating restaurants are issued ID cards marked with the letter "R".
5. The ID card is issued in the name of the individual designated as head of the assistance unit.
6. Individuals listed on the ID card must sign the card prior to its use.

B. Issuance of ID Cards

1. ID cards are issued at the time the individual becomes eligible and expresses a desire to use their FS as specified in 1505.50 A.
2. Replacement of ID cards is limited to instances of:
 - a. loss; or
 - b. mutilation or destruction; or
 - c. changes in the head of the assistance unit.
3. Whenever possible, the Department attempts to recover the ID card that is being replaced.

C. Use

The ID card must be presented to the meal delivery service, the restaurant or the communal dining facility.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 11-1-97

Transmittal: UP-98-12

P-1505.50

Section:
Eligibility Processing

Type:
PROCEDURES

Chapter:
The Application Process

Program: FS

Subject:
Issuing Identification Cards

- P-1505.50
1. Issue a W-1304 (non-photo ID card) only if the client is eligible to use FS for delivered meals, at restaurants or at communal dining facilities. (Cross Reference: 1505.55)
 2. If a W-1304 is needed, have the head of the assistance unit sign the Food Stamp I.D. card
 3. If the in-office interview is waived, complete all of the information on the ID, mark it as described in policy and mail it to the client. Include the name of the head of the assistance unit and the AU number.
 4. Do not mail a blank ID card.
 5. Follow the same procedure for replacement of ID cards.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 11-1-97

Transmittal: UP-98-12

1505.55

Section:

Eligibility Process

Type:

POLICY

Chapter:

The Application Process

Program:

**AFDC
AABD
FS**

Subject:

Department Issued Debit Cards

1505.55 A. Provisions

1. Debit cards are issued to all Food Stamp assistance units, all AFDC assistance units except those having their benefits directly deposited into their personal bank accounts, and to those AABD assistance units choosing to receive benefits through the EBT system.
2. The debit card is issued to the head of the assistance unit, protective payee or authorized representative.

B. Issuance of EBT Debit Cards

1. Debit cards are issued at the time the household is eligible to receive benefits.
2. Replacement of debit cards is limited to instances of:
 - a. loss; or
 - b. theft; or
 - c. mutilation or destruction; or
 - d. demagnetization of magnetic stripe; or
 - e. changes in the head of the assistance unit; or
 - f. changes in the authorized representative; or
 - g. changes in the protective payee.
3. EBT debit cards must be replaced within three business days following the day the Department is notified by the household that a new debit card is needed.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 11-22-06

Transmittal: UP-07-14

1505.55 page 2

Section:
Eligibility Process

Type:
POLICY

Chapter:
The Application Process

Program:
**AFDC
AABD
FS**

Subject:
Department Issued Debit Cards

1505.55 C. Issuance of Personal Identification Numbers (PINs)

PINs are selected via telephone to a specified customer service telephone number, which is issued with the EBT cards along with instructions to call the specified number.

D. Use

The Department-issued debit card is used to:

1. purchase eligible food items; and
2. access cash assistance benefits; and
3. pay public housing rent, utility payments or other payments where POS terminals are available to process these types of transactions.

E. Fees

The Assistance Unit is responsible for any fees charged by any banking institution in conjunction with the use of the EBT debit card.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 11-1-97	Transmittal: UP-98-12	P-1505.55
Section: Eligibility Process	Type:	POLICY
Chapter: The Application Process	Program:	AFDC AABD MA
Subject: Replacement of EBT Debit Cards		FS

- P-1505.55 1. Go to KMEN and select "K" to bring you to the "CAID" screen.
- "Mail PIN", "CL NO", "FST NME", and "LST NME" will be prefilled.
 - Data will also be listed for any AREP's on record and for children active on an AFDC case.
 - Select the client for whom the replacement card is being issued by typing a "Y" next to the person's data, type in the appropriate reason code, and hit "enter".
2. Tell the individual that he or she must go to the regional office to pick up the EBT card and to select a PIN.
3. If the person cannot go to the regional office make arrangements to mail the EBT card when it arrives in the regional office.
4. If the person cannot go to the regional office to select a PIN because he or she is elderly or disabled and is homebound, change the prefilled "N" to "Y" in the "MAIL PIN" field on "CAID".
5. To determine if the PIN should be mailed, follow the guidelines used to determine if the office interview is waived for redetermination, pick up of replacement benefits, etc. (Cross Reference: 1505.30, 6505)

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 10-1-89

Transmittal: UP-89-38

1507

Section:

The Eligibility Process

Type:

POLICY

Chapter:

Assessment of Spousal Assets

Program:

MAABD

Subject:

1507 The chapter on assessment of spousal assets discusses the special processing requirements associated with the evaluation of assets of an institutionalized spouse and community spouse.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 3-15-06

Transmittal: UP-06-14

1507.05

Section:

The Eligibility Process

Type:

POLICY

Chapter:

Assessment of Spousal Assets

Program:

MAABD

Subject:

Assessment Process - MCCA Spouses

1507.05 A. Assessment Process

1. The Department provides an assessment of assets:
 - a. at the request of an institutionalized spouse or a community spouse:
 - (1) when one of the spouses begins his or her initial continuous period of institutionalization; and
 - (2) whether or not there is an application for Medicaid; or
 - b. at the time of application for Medicaid whether or not a request is made.
2. The beginning date of a continuous period of institutionalization is:
 - a. for those in medical institutions or long term care facilities, the initial date of admission;
 - b. for those applying for home and community based services (CBS) under a Medicaid waiver, the date that the Department determines the applicant to be in medical need of the services.
3. The assessment is completed using the assets which existed as of the date of the beginning the initial continuous period of institutionalization which started on or after September 30, 1989.
4. The assessment consists of:
 - a. a computation of the total value of all non-excluded available assets owned by either or both spouses; and
 - b. a computation of the spousal share of those assets.
5. The results of the assessment are retained by the Department and used to determine the eligibility at the time of application for assistance as an institutionalized spouse.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 1-7-09**Transmittal: UP-09-04****1507.05 Page 2**

Section:**The Eligibility Process****Type:****POLICY**

Chapter:**Assessment of Spousal Assets****Program:****MAABD**

Subject:**Assessment Process - MCCA Spouses**

1507.05 A. 6. Initial eligibility is determined using an assessment of spousal assets except when:

- a. undue hardship exists (Cross Reference 4025.68); or
- b. the institutionalized spouse has assigned his or her support rights from the community spouse to the department (Cross Reference: 4025.69); or
- c. the institutionalized spouse cannot execute the assignment because of a physical or mental impairment.
(Cross Reference: 4025.69).

B. Requesting the Assessment

- 1. MCCA spouses shall file a completed written request for the assessment on a form prescribed by the Department.
- 2. Telephone contacts or other requests for the assessment not made on the prescribed form are considered inquiries and do not constitute a request.
- 3. The request may be submitted in person or by mail.
- 4. The assessment form shall be signed by the community spouse or the institutionalized spouse or another individual who is qualified to request the assessment on behalf of either MCCA spouse.
- 5. The Department determines the individuals who are qualified to request the assessment on the same basis as it determines the individuals who are qualified to make an application for assistance (Cross Reference 1505.15).

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 3-15-06

Transmittal: UP-06-14

1507.05 Page 3

Section:

The Eligibility Process

Type:

POLICY

Chapter:

Assessment of Spousal Assets

Program:

MAABD

Subject:

Assessment Process - MCCA Spouses

1507.05 C. Notification

1. The Department provides a notification of the results of the assessment to each spouse.
2. The notification contains the following information:
 - a. the result of the assessment; and
 - b. the documents used for the assessment; and
 - c. the amount of the spousal share; and
 - d. the maximum amount of assets which may be retained by the spouses at the time of the results of the assessment which would not adversely affect eligibility; and
 - e. the Department's determination of the assistance unit's current eligibility status in regard to assets; and
 - f. the right of each spouse to request a Fair Hearing (Cross Reference 1570).

D. Fee

1. The Department charges a fee of \$50.00 if the request for the assessment is made at any time other than:
 - a. during the application process; or
 - b. while the assistance unit is currently eligible for Medicaid.
2. Payment of the fee is a pre-requisite for the Department's performance of the assessment.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 10-1-89

Transmittal: UP-92-20

P-1507.05

Section:
The Eligibility Process

Type:
PROCEDURES

Chapter:
Assessment of Spousal Assets - MCCA Spouses

Program:
MAABD

Subject:
When to Complete an Assessment

- P-1507.05
1. Do not complete an assessment if the institutionalized spouse is a recipient of Medicaid when he or she becomes institutionalized.
 2. Determine if a continuous period of institutionalization exists by looking for a period of 30 or more consecutive days during which the institutionalized spouse was subject to any one or any combination of the following:
 - was a resident in a medical facility;
 - was a resident in a LTCF;
 - was determined to be in medical need of CBS services under a Medicaid Waiver.
 3. Determine if the institutionalized spouse began his or her continuous period of institutionalization on or after September 30, 1989.
 4. If the institutionalized spouse started his or her continuous period of institutionalization before September 30, 1989, stop here. The spouses are not MCCA spouses.
 5. If the institutionalized spouse started a continuous period of institutionalization on or after September 30, 1989, instruct the MCCA spouses to complete the assessment in respect to the assets they owned at the time the period of institutionalization began.
 6. If you did not get information or verification of assets do not complete an assessment.
 7. If no assessment was completed prior to the date of application, complete an assessment at the time of application.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 10-1-89

Transmittal: UP-92-20

P-1507.10

Section:
The Eligibility Process

Type:
PROCEDURES

Chapter:
Assessment of Spousal Assets - MCCA Spouses

Program:
MAABD

Subject:
Assessment Process

- P-1507.10
1. Ask the spouse who is requesting the assessment to complete and return the "Request for Assessment of Spousal Assets" form.
 2. Ask for verification of all assets being evaluated.
 3. If the assessment is not being made during a concurrent application process, advise the requesting spouse of the necessity of sending a payment of \$50.00 at the time the request form is returned.
 4. Complete the evaluation of the assessment within 45 days of the receipt of all the required documentation.
 5. Evaluate each asset owned by either or both spouses according to the policy in section 4000 - Treatment of Assets. Be sure to use the rules for MCCA spouses.
 6. If the asset is excluded, document the assessment form regarding the reason for the exclusion. Do not count the value toward the counted assets of the spouse.
 7. If the asset is inaccessible, document the assessment record regarding the reason for inaccessibility. Do not count the asset or require either spouse to pursue the inaccessible asset for the purpose of the assessment.
 8. If the asset is not excluded and is accessible, determine the equity value of the asset by subtracting any encumbrances against the value from the asset's fair market value.
 9. If an asset is held jointly with someone other than a spouse, follow the policy in section 4010 - "Determination of Ownership" to determine the spouse's equity value in the asset.
 10. If the asset is accessible, count the equity value of the asset toward the counted assets of the spouse.
 11. Follow the process in steps 5-10, for each asset owned by either or both spouses.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 10-1-89

Transmittal: UP-92-20

P-1507.10 Page 2

Section:
The Eligibility Process

Type:
PROCEDURES

Chapter:
Assessment of Spousal Assets - MCCA Spouses

Program:
MAABD

Subject:
Assessment Process

- P-1507.10
12. Compute the total value of all counted assets owned by the institutionalized spouse by adding the equity value of all non-excluded accessible assets.
 13. Compute the total value of all counted assets owned by the community spouse by adding the equity value of all non-excluded accessible assets.
 14. Add the amounts computed in steps 12 and 13.
 15. Divide the amount calculated in step 14 by 2 to determine the spousal share for each spouse.
 16. Prepare a notification of results and send a copy to both MCCA spouses.
 17. Retain the assessment form and copies of the notification of results in the case record.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-87	Transmittal: UP-87-2	1510
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Section:	Type:
The Eligibility Process	POLICY

Chapter:	Program:	FS
Categorical Eligibility Requirements		

Subject:

1510 The chapter on categorical eligibility discusses special processing requirements associated with FS assistance units that are or appear to be categorically eligible for the FS program.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 10-1-01	Transmittal: UP-03-31	1510.05
Section: The Eligibility Process	Type: POLICY	
Chapter: Categorical Eligibility Requirement	Program: FS	
Subject: Special Processing Requirements		

1510.05 A. Evaluating Categorical Eligibility

1. Assistance units that are or appear to be categorically eligible for the FS program are identified by the Department at the time of application. (cross reference: 2500)
2. An evaluation of an assistance unit's categorical eligibility is performed prior to denying or discontinuing FS eligibility.

B. Application of Eligibility Process Requirements

Except where otherwise stated, assistance units that are or appear to be categorically eligible are subject to the same eligibility process requirements as all other assistance units that are not categorically eligible.

C. Eligibility Determinations

1. With the exception of expedited service cases, the FS eligibility determination is temporarily delayed on applications with a pending AFDC or AABD application which:
 - a. appear to be categorically eligible; and
 - b. would otherwise be found ineligible for the FS program if eligibility is not determined on a categorical basis.
2. Cases that are entitled to expedited processing are determined within the expedited service processing standards.
3. In no event may processing be delayed beyond the thirty day FS application processing standard.
4. If processing is delayed and the case is not found categorically eligible, assistance is denied on the thirtieth day following the date of application.

D. Notification

A jointly processed assistance unit that is denied FS assistance is told on the notice of denial to inform the Department if it becomes eligible for TFA, including diversion assistance, AABD, GA, SAGA, refugee assistance or SSI.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-87**Transmittal: UP-87-2****P-1510.05**

Section:
Eligibility Process**Type:**
PROCEDURES

Chapter:
Categorical Eligibility Requirements**Program: FS**

Subject:
Handling of Applications

- P-1510.05
1. Evaluate categorical eligibility prior to denying or discontinuing FS assistance.
 2. For application, delay your decision if the case may become categorically eligible. However, do not exceed the thirty day processing requirement.
 3. If the case is found to be categorically eligible and all other eligibility factors are satisfied:
 - provide assistance at the minimum benefit level; or
 - convert the case to suspended status.
 4. Issue appropriate notification if assistance is discontinued or denied.
 5. Reevaluate the case if you become aware of, or requested to review categorical eligibility.
 6. Take appropriate action if the case is later found to be categorically eligible, including action to correct an underpayment.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 10-1-01

Transmittal: UP-03-31

1510.10

Section:

The Eligibility Process

Type:

POLICY

Chapter:

Categorical Eligibility Requirement

Program:

FS

Subject:

Special Processing Requirements

1510.10 A. Provisions

1. Jointly processed FS assistance units are entitled to a reevaluation of their FS eligibility if:
 - a. FS assistance was denied; and
 - b. the assistance unit is later found eligible for TFA, including diversion assistance, AABD, GA, SAGA, refugee assistance or SSI benefits; and
 - c. the unit is otherwise categorically eligible.
2. Eligibility is reevaluated on the basis of:
 - a. the original FS application; and
 - b. any pertinent changes that have occurred since the application was filed.
3. The reevaluation is done at the request of the assistance unit or when the Department otherwise becomes aware of the unit's TFA, including diversion assistance, AABD, GA, SAGA, refugee assistance or SSI eligibility.

B. Processing Requirements

1. The assistance unit is not required to appear for another interview.
2. Information is updated through mail or telephone contact.
3. If any significant changes have occurred, the assistance unit is required to:
 - a. initial the changes on the original application, and
 - b. resign and redate the application.
4. Eligible assistance units are entitled to a corrective payment for any benefits lost as a result of the initial denial.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-87	Transmittal: UP-87-2	1515
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Section: Eligibility Process	Type: POLICY
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Chapter: Expedited Service	Program: FS
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Subject:

1515 Applicants for the FS program that meet a specific set of financial criteria are entitled to have their food stamp applications processed on an expedited basis. This chapter discusses the expedited processing requirements of the FS program.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 4-1-02	Transmittal: UP-02-14	1515.05
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Section: Eligibility Process	Type: POLICY
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Chapter: Expedited Services	Program: FS
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Subject: Identifying Eligible Assistance Units

1515.05 A. Entitlement to Expedited Services

The Department determines FS eligibility on an expedited basis in cases meeting any of the following criteria:

1. The assistance unit's rent or mortgage costs, plus utility costs or the standard utility allowance, exceed its total monthly gross income plus liquid assets.
2. The assistance unit's total monthly gross income is less than \$150, and its total liquid assets do not exceed \$100.
3. The assistance unit is a destitute migrant or seasonal farm worker assistance unit whose total assets do not exceed \$100.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 9-21-96

Transmittal: UP-96-17

1515.05 page 2

Section:

**Eligibility Process
POLICY**

Type:

Chapter:

Expedited Services

Program: FS

Subject:

Identifying Eligible Assistance Units

1515.05 B. Destitute Assistance Units

1. Migrant or Seasonal Farm Workers

- a. For the purpose of determining entitlement to expedited service, the classification of an assistance unit as destitute applies only to migrant or seasonal farm worker assistance units.
- b. FS assistance units that are not migrant or seasonal farm worker assistance units are never classified as destitute for expedited service purpose.
- c. Migrant or seasonal farm worker assistance units which are destitute are entitled to expedited service and to the special income calculation methods applicable to destitute assistance unit. (cross reference: 5015)
- d. The determination of whether an assistance unit is destitute is made:
 - (1) at application when the assistance request is filed; and
 - (2) at redetermination.
- e. Migrant or seasonal farm worker assistance units which are determined destitute at redetermination are entitled to the special method of calculating income in the first month of the new certification period. (cross reference: 5015)

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-88

Transmittal: UP-88-28

1515.05 page 3

Section:

Eligibility Process

Type:

POLICY

Chapter:

Expedited Services

Program:

FS

Subject:

Identifying Eligible Assistance Units

1515.05 C. Destitute Assistance Units (continued)

2. What Constitutes Destitution

a. Income From a Terminated Source

(1) Assistance units are considered to be destitute if:

- (a) their only income for the month of application is from a terminated source; and
- (b) such income is received prior to the date of application.

(2) Income is considered as coming from a terminated source if:

- (a) income which is normally received on a monthly or more frequent basis will not be received again for the balance of the month of application or the following month; or
- (b) income which is normally received less often than monthly will not be received in the month in which the next payment would normally be received.

b. Income From a New Source

(1) Assistance units are considered to be destitute if:

- (a) their only income for the month of application is from a new source; and
- (b) they receive no more than \$25 from the new income source prior to the tenth calendar day after the date of application.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-88

Transmittal: UP-88-28

1515.05 page 4

Section:
Eligibility Process

Type:
POLICY

Chapter:
Expedited Services

Program: FS

Subject:
Identifying Eligible Assistance Units

1515.05 C. 2. b. Income From a New Source (continued)

(2) Income which is normally received on a monthly or more frequent basis is considered as coming from a new source if within thirty days prior to the date of application:

(a) no income is received from that source; or

(b) income of \$25 dollars or less is received from that source.

(3) The receipt of wage advance for travel costs of a new employee are not counted in the determination of whether subsequent payments from the employer are from a new source or whether the assistance unit is destitute.

c. Income From Both a Terminated and New Source

(1) Assistance units who receive both income from a terminated source prior to the date of application, and income from a new source after the date of application, are considered destitute if:

(a) they receive no income from a terminated source for the balance of the month of application; and

(b) they receive no more than \$25 from a new source prior to the tenth calendar day after the date of application.

(2) A migrant farm worker's source of income is considered to be the grower for whom the migrant is working and not the crew chief. A migrant who travels with the same crew chief but moves from one grower to another is considered to have moved from a terminated income source to a new source.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-87**Transmittal: UP-87-2****P-1515.05**

Section:
Eligibility Process**Type:**
PROCEDURES

Chapter:
Expedited Service**Program: FS**

Subject:

- P-1515.05
1. Determine if the applicant is entitled to expedite service:
 - ° at application when the ARF is filed; and
 - ° at redetermination when calculating income for destitute assistance units. (cross reference: 5015).
 2. Confirm that the case had been certified under normal processing standards, or that verification requirements that had been postponed at the last expedited certification have been provided.
 3. Make every attempt to complete the application interview on the day the application is filed.
 4. If the application is not made in person, contact the applicant by phone or mail an interview notice by the next business day.
 5. Conduct a telephone interview if the office interview requirement is waived. Arrange a home visit only in unusual circumstances or when telephone contact is not possible.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 11-1-97

Transmittal: UP-98-12

1515.10

Section:
Eligibility Process

Type:
POLICY

Chapter:
Expedited Service

Program: **FS**

Subject:
Processing Requirements

1515.10 A. Standard of Promptness

1. For assistance units that qualify for expedited service, eligibility is determined no later than the seventh calendar day following the expedited service filing date.
2. The expedited service filing date is the day the signed application is received by the Regional Office having administrative responsibility for the applicant's geographic region of residence, except with prerelease applicants.
3. The expedited service filing date for prerelease applicants is the date of release from the institution.
4. If the assistance unit is eligible, benefits must be deposited into their EBT account by the seventh calendar day following the expedited service filing date.
5. Assistance units that file an application at an office of the SSA or at a Regional Office which does not serve their geographic region must be informed of the potential delay caused by submitting the request to the wrong office.
6. If the Department fails or is unable to identify entitlement to expedited service on the filing date, but subsequently discovers such entitlement, the seven day processing requirement is applied beginning with the day after the discovery date.
7. The standard of promptness has been met if by the seventh calendar day following the expedited service filing date one of the following actions has occurred:
 - a. A notice has been issued if the assistance unit is found ineligible, or because of proration requirements, is not entitled to receive benefits for the month of application; (cross reference: 6020)
 - b. The assistance unit's benefits have been deposited into the unit's EBT account.

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Section:
Eligibility Process

Type:
POLICY

Chapter:
Expedited Service

Program: FS

Subject:
Processing Requirements

1515.10 B. Allowances for Mailing Time in Expedited Service Cases

1. Allowances are made for delays in the expedited service processing standards if:
 - a. application is made by mail rather than in person; and
 - b. the Department must schedule the application interview or obtain signature on the eligibility screening document through mail correspondence; and
 - c. all reasonable efforts are made to contact the applicant by telephone and to determine eligibility within the special processing standard.
2. If a telephone interview is conducted with an applicant who is entitled to a waiver of the office interview, the mailing time required to obtain signature on the application form is discounted in the calculation of the processing time.
3. If the Department must mail a notice to the applicant in order to schedule an in-office interview or a home visit, the time period between the mailing date of the notice and the scheduled appointment or home visit is counted in the calculation of the processing time. However, the Department is not held responsible for any resulting delay, provided that a reasonable effort is made to complete the application process with the promptness standard.
4. The Department has made reasonable effort to contact the applicant and process the application within the expedited service processing standards if:
 - a. the applicant is contacted by phone or mailed an interview or home visit notice within one business day of the date that entitlement to expedited service is discovered; and
 - b. the home visit or interview is conducted at the earliest possible date.
5. The Department is not responsible if the processing standard is exceeded due to the applicant's failure to respond to correspondence in a prompt manner.

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Section:
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Program: FS

Subject:
Processing Requirements

- P-1515.10
1. Follow the same process used in determining initial eligibility on a non-expedited application, except:
 - observe the seven day processing standard;
 - you may postpone verification of anything other than verification of identity;
 - you may postpone work registration for anyone other than the unit member who is applying and who is not otherwise exempt.
 2. Inform the assistance unit that:
 - postponed actions must be completed prior to the next regular or expedited certification; and
 - benefits may be withheld pending the receipt of in-state verification or work registration.
 3. Complete the EDD and inform the applicant of any required actions.
 4. Make the EBT card available by the seventh day.
 5. Arrange for the client to come into the office to select the PIN by the seventh day.
 6. If the case is not certified on an ongoing basis, issue a redetermination notice and EDD at the same time the expedited benefit is provided.
 7. Provide appropriate notices.
 8. Document the case file.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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1515.15

Section:

Eligibility Process

Type:

POLICY

Chapter:

Expedited Service

Program:

FS

Subject:

Procedures for Expediting Service

1515.15 A. Application Interview

1. Interview Requirement

- a. The application interview must be conducted prior to granting aid, unless the applicant is entitled to a waiver.
- b. In order to expedite service the Department makes all reasonable attempts to complete the interview requirement within the expedited service processing standard.
- c. If the assistance unit is entitled to a waiver of the office interview, the Department makes all reasonable attempts to conduct a home visit or telephone interview within the expedited service processing standard.

2. Applications Filed in Person

Whenever possible, individuals making application in person who are identified as eligible for expedited service are interviewed on the same day the assistance request is filed.

3. Mail Applications

- a. Individuals making application by mail who are identified as eligible for expedited service, are contacted by telephone or mailed an interview notice within one working day of the day entitlement to expedited service is discovered.
- b. The Department attempts to schedule the interview in time to allow the application to be processed within the expedited processing standard.

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Date: 12-1-91

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Section:
Eligibility Process

Type:
POLICY

Chapter:
Expedited Service

Program: FS

Subject:
Procedures for Expediting Service

1515.15 B. Postponed Verification

1. In order to expedite the processing of the application, the Department may postpone any mandatory verification factor with the exception of:
 - a. the identity of the individual making the application; and
 - b. the identity of the head of the assistance unit.
2. Verification requirements may be postponed only for the month of application, except that migrant farm worker assistance units are entitled to a postponement of out-of-state verification for the month of application and the following month.
3. All reasonable efforts are made to obtain verification prior to granting assistance.
4. Processing may not be delayed solely because of the lack of verification of any factor other than identity.

C. Declaration of Citizenship or Non-citizen Status

Household members who have not signed a declaration attesting to their citizenship or non-citizen status must be provided benefits if otherwise eligible.

D. Work Registration

1. Work registration must be completed for the person making the application unless:
 - a. the individual is exempt from the work registration requirement; or
 - b. the individual is acting as an authorized representative and is not considered a part of the applicant assistance unit.
2. The mandatory registration of all other assistance unit members may be postponed for the month of application.

E. Completing Postponed Requirements

Verification or work registration requirements that are postponed must be

completed prior to the assistance unit's next expedited or regular certification.

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1515.20

Section:
Eligibility Process

Type:
POLICY

Chapter:
Expedited Service

Program: FS

Subject:
Certification and Entitlement to Benefits

1515.20 A. Completed Applications

1. Assistance units determined eligible without benefit of postponed work registration or verification requirements are certified in accordance with the regular certification procedures for non-expedited cases.
2. Assistance units certified under regular procedures are entitled to receive benefits on an on going basis.

B. Postponed Verification or Work Registration Requirements

1. Eligible assistance units from whom work registration or mandatory verification requirements are postponed are certified:
 - a. for the month of application if application is made prior to the sixteenth day of the calendar month; or
 - b. for the month of application and the following month if application is made after the fifteenth day of the calendar month.
2. A redetermination must be completed if the assistance unit is to be certified on an ongoing basis without an interruption in benefits.
3. The following rules regarding benefit entitlement apply to assistance units that are certified for two months and have had verification or work registration requirements postponed:
 - a. Assistance units, other than migrant farmer assistance units, are entitled to benefits for the month of application only.
 - b. Migrant farmer assistance units are entitled to benefits:
 - (1) for the month of application only if a work registration or instate verification requirement is postponed;

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Section:
Eligibility Process

Type:
POLICY

Chapter:
Expedited Service

Program: FS

Subject:
Certification and Entitlement to Benefits

1515.20 B. 3. b. Postponed Verification or Work Registration Requirement
(continued)

(2) for the month of application and the following month if out-of-state verification is postponed but all instate requirements are completed.

4. The second month's benefits for assistance units certified for two months are issued within five working days of the date the postponed requirement is completed.

C. Notification

Assistance units certified for two months for whom a work registration or verification requirement is postponed must be notified of the following:

1. that the benefits for the second month will not be issued until the postponed requirement has been completed; and
2. if verification results in a change in eligibility or benefit level that action is taken without notice of adverse action.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-87	Transmittal: UP-87-2	1515.25
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Section: Eligibility Process	Type: POLICY
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Chapter: Expedited Service	Program: FS
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Subject: Limitations

- 1515.25 There is no limit to the number of times that an applicant may be entitled to expedited service, provided that:
- A. prior to each expedited certification the assistance unit completes the verification requirements postponed from the last expedited certification; or
 - B. the applicant was certified under normal processing standards since the last expedited certification.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Date: 3-1-10**Transmittal: UP-11-01****1521**

Section:**The Eligibility Process****Type:****POLICY**

Chapter:**Presumptive Eligibility for Pregnant Women****Program:****MA**

Subject:

- 1521 Presumptive eligibility for pregnant women is a method of determining temporary Medicaid eligibility for pregnant women. The determination is made by providers authorized under federal and state law and approved by the Department to make presumptive eligibility determinations. These organizations are called “qualified providers.” Presumptive eligibility determinations made by “qualified providers” are temporary and end when a final determination of eligibility is made by the Department, or on an earlier date as specified in section 1521.10 A.2.

This chapter describes the conditions and methods used in the determination of presumptive eligibility for pregnant women.

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Date: 3-1-10	Transmittal: UP-11-01	1521.05
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Section: The Eligibility Process	Type: POLICY
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Chapter: Presumptive Eligibility for Pregnant Women	Program: MA
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Subject: Identifying Eligible Assistance Units	
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1521.05 A. Cases Entitled to Presumptive Eligibility for Pregnant Women

The Department determines HUSKY eligibility on a presumptive basis for those who qualify for the coverage group of Pregnant Women Under 250% of the Federal Poverty Level (P02). (Cross Reference: 2540.43)

B. Eligibility Determinations

1. The presumptive eligibility determination for pregnant women is made by the qualified provider.
2. In making presumptive eligibility determinations, qualified providers act as agents of the Department and are governed by all Department policies and procedures including, but not limited to, the areas of confidentiality, equal treatment and nondiscrimination.
3. The qualified provider secures a completed application form from the applicant.
4. The qualified provider makes its presumptive eligibility determination that the applicant meets the categorical, technical and income eligibility criteria based on the information reported on the application form.
5. The qualified provider is not required to verify factors of eligibility, but shall forward to the Department a copy of the completed application and any readily available verification documents.
6. The qualified provider's presumptive eligibility determination remains in effect until the ending date of presumptive eligibility specified in subsection A.2. of section 1521.10.

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1521.07

Section:
The Eligibility Process

Type:
POLICY

Chapter:
Presumptive Eligibility for Pregnant Women

Program:
MA

Subject:
Qualified Providers

1521.07 A. Qualified Provider Categories

A qualified provider means any provider that meets the following requirements:

1. eligible to receive payments under an approved State plan; and
2. provides services of the type provided by: (a) outpatient hospitals (see §1905(a)(2)(A) of the Social Security Act); (b) rural health clinics (see §1905(a)(2)(B) of the Social Security Act); or (c) clinics furnished by, or under, the direction of a physician, without regard to whether the clinic itself is administered by a physician (see §1905(a)(9) of the Social Security Act); and
3. has been designated by the Department, in writing, as a qualified provider on the basis of the Department's determination that the provider is capable of making determinations of presumptive eligibility; and
4. (a) receives funds under one of the following:
 1. the Migrant Health Centers, Community Health Centers, or Public Health Service primary care research and demonstration projects (see §329, 330 and 340 of the Public Health Service Act); or
 2. the Maternal and Child Health Services Block Grant Program (see Title V of the Social Security Act); or
 3. the Urban Indian Health Program (see Title V of the Indian Health Care Improvement Act); or(b) participates in a program established under:
 1. the Special Supplemental Food Program for Women, Infants and Children (see §17 of the Child Nutrition Act of 1966); or
 2. the Commodity Supplemental Food Program (see §4(a) of the Agriculture and Consumer Protection Act of 1973); or
 3. the Indian Health Service or a health program or facility operated by a tribe or tribal organization under the Indian Self-Determination Act; or(c) participates in a State perinatal program.

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Section:

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Type:

POLICY

Chapter:

Presumptive Eligibility for Pregnant Women

Program:

MA

Subject:

Qualified Providers

1521.07

B. Standards for Designating a Qualified Provider

1. The Department decides which specific qualified providers are authorized to make presumptive eligibility determinations for pregnant women. The Department is not required to authorize all providers that fall within the foregoing categories to make presumptive eligibility determinations.
2. The Department may limit which providers it invites to participate as a qualified provider based on the Department's capacity to train and monitor qualified providers in the performance of their presumptive eligibility responsibilities.
3. The Department retains the right to determine, at any time, in its discretion, whether a qualified provider will be allowed to continue making presumptive eligibility determinations.
4. A qualified provider shall agree to:
 - a. accurately determine presumptive eligibility;
 - b. process applications in a timely manner; and
 - c. not participate in unfair, discriminatory or unequal treatment of applicants or recipients.
5. The Department may revoke, suspend or deny a qualified provider's authorization to make presumptive eligibility determinations at any time for any reason deemed sufficient by the Department including, but not limited to, its failure to meet the requirements of subsection B.4. of this section.

C. Procedures for Designating a Qualified Provider

1. The Department shall contact providers that are permitted to determine presumptive eligibility as set forth in subsection A. of this section to inquire about their interest in participating as a qualified provider;
2. The Department shall explain the requirements for being designated a qualified provider;
3. The qualified provider must agree to the terms and conditions as set forth in a Statement of Agreement between the qualified provider and the Department and execute the required Statement of Agreement;

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Subject: Qualified Providers

1521.07 C. Procedures for Designating Qualified Providers (continued)

4. The Department can revoke the authority of a provider to make presumptive eligibility determinations at any time, in its discretion.

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Subject: Processing Requirements	
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1521.10 A. Period of Eligibility

1. Beginning Date of Eligibility

The beginning date of presumptive eligibility is the date that the qualified provider determines, on the basis of preliminary information, that the family income of the woman does not exceed the applicable income level of eligibility under the Medicaid State Plan for presumptive eligibility for pregnant women. (Cross Reference: 1521.05 B)

2. Ending Date of Eligibility

Eligibility for presumptive eligibility for pregnant women ends with the earlier of:

- a. the day on which a determination is made with respect to the eligibility of the woman for medical assistance under the State plan;
- b. if a presumptively eligible pregnant woman does not file a completed application for Medicaid, through the Qualified Provider, with the Department by the last day of the month following the month in which she is determined presumptively eligible, her presumptive eligibility ends on the last day of the month following the month the presumptive eligibility determination is made; or
- c. the last day of the month in which the pregnancy ends.

B. Subsequent Periods of Presumptive Eligibility

The Department shall limit the number of times a pregnant women may receive presumptive eligibility to a single period for any given pregnancy.

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Section: The Eligibility Process	Type: POLICY
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Chapter: Presumptive Eligibility for Children	Program: FMA
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Subject:

1523 Presumptive eligibility for children is a method of determining temporary Medicaid eligibility for children under the age of nineteen (19). The determination is made by organizations authorized under Federal and State law and approved by the Department to make presumptive eligibility determinations. These organizations are called "Qualified Entities."

This chapter describes the conditions and methods used in the determination of presumptive eligibility for children.

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1523.01

Section:
The Eligibility Process

Type:
POLICY

Chapter:
Presumptive Eligibility for Children

Program:
FMA

Subject:
Qualified Entities

1523.01 A. Qualified Entity Categories

A qualified entity is an organization that is permitted under federal and State law to determine presumptive eligibility. The types of entities that may be permitted to serve as qualified entities include the following:

1. those eligible to receive payments for medical services provided to children under the State administered Title XIX program;
2. those authorized to determine eligibility of a child to participate in a Head Start program under the Head Start Act (42U.S.C. 9821 et seq.);
3. those authorized to determine eligibility of a child to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990 (42 U.S.C. 9858 et seq.);
4. those authorized to determine eligibility of an infant or child to receive assistance under the special supplemental nutrition program for women, infants, and children (WIC) under section 17 of the Child Nutrition Act of 1966 (42 U.S.C. 1786);
5. elementary and secondary schools;
6. homeless shelters that provide food and shelter under a grant under the Stuart B. McKinney Homeless Assistance Act;
7. child support workers; Medicaid, SCHIP and TANF workers;
8. certain public housing authorities that determine eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437); and
9. any other entity approved by the Secretary of the Department of Health and Human Services at the request of the Department.

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Section:

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Type:

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Chapter:

Presumptive Eligibility for Children

Program:

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Subject:

Qualified Entities

1523.01

B. Standards for Designating a Qualified Entity

1. The Department decides which specific qualified entities are authorized to make presumptive eligibility determinations for children. The Department is not required to authorize all entities that fall within the foregoing categories to make presumptive eligibility determinations.
2. The Department may limit which organizations, entities and persons it invites to participate as a qualified entity based on the Department's capacity to train and monitor qualified entities in the performance of their presumptive eligibility responsibilities.
3. The Department retains the right to determine, at any time, in its discretion, whether a qualified entity will be allowed to continue making presumptive eligibility determinations.
4. A qualified entity shall agree to:
 - a. accurately determine presumptive eligibility;
 - b. process applications in a timely manner; and
 - c. not participate in unfair, discriminatory, or unequal treatment of applicants or recipients.
5. The Department may revoke, suspend, or deny a qualified entity's authorization to make presumptive eligibility determinations at any time for any reason deemed sufficient by the Department including, but not limited to, its failure to meet the requirements of 4 above.

C. Procedures for Designating a Qualified Entity

1. The Department will contact organizations, entities and persons that are permitted to determine presumptive eligibility as set forth in A. above to inquire about their interest in participating as a qualified entity;

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Subject:

Qualified Entities

1523.01 C. Procedures for Designating a Qualified Entity (continued)

2. The Department will explain the requirements for being designated a qualified entity;
3. The qualified entity must agree to the terms and conditions as set forth in a Memorandum of Agreement between the qualified entity and the Department and execute the required Memorandum Agreement;
4. The Department can revoke the authority of an organization, entity or person to make presumptive eligibility determinations at any time, in its discretion.

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Section:

The Eligibility Process

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POLICY

Chapter:

Presumptive Eligibility for Children

Program:

FMA

Subject:

Identifying Eligible Assistance Units

1523.05

A. Cases Entitled to Presumptive Eligibility for Children

Presumptive eligibility for children is determined using the same eligibility requirements as those used for Children Under 185% of the Federal Poverty Level (F13, (F20), (F25) except as found in this chapter. (Cross References: 2540.54, 2540.55, 2540.58)

B. Eligibility Determinations

1. The eligibility determination for presumptive eligibility for children is made by the qualified entity.
2. In making presumptive eligibility determinations, qualified entities act as agents of the Department and are governed by all Department policies and procedures including, but not limited to, the areas of confidentiality, equal treatment, and nondiscrimination.
3. The qualified entity secures a completed application form from the applicant.
4. The qualified entity makes its presumptive eligibility determination that the applicant meets the categorical, technical and income eligibility criteria based on the information reported on the application form.
5. The qualified entity is not required to verify factors of eligibility, but assists the applicant in submitting any readily available verification documents to the department.
6. The qualified entity's presumptive eligibility determination remains in effect until the ending date of eligibility specified at 1523.10 B.2.

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Chapter:
Presumptive Eligibility for Children

Program:
FMA

Subject:
Processing Requirements

1523.10 A. Standard of Promptness

Once all required information is supplied, assistance is authorized by the qualified entity no later than the close of business of the next working day.

B. Period of Eligibility

1. Beginning Date of Eligibility

The beginning date of eligibility is the date that the qualified entity determines presumptive eligibility for Medicaid.

2. Ending Date of Eligibility

- a. If the Department determines that the assistance unit is eligible, the ending date for Presumptive Eligibility is the date the Department makes the determination of ongoing Medicaid eligibility.
- b. If the Department determines that the assistance unit is ineligible, the ending date for Presumptive Eligibility is the last day of the month that the Department makes the determination of ineligibility for Medicaid.
- c. In the event the qualified entity does not submit a completed application form to the department or the submitted application form does not meet the minimal requirements for an application (cross reference 1505.10), the ending date of eligibility is the last day of the month following the month the presumptive eligibility determination is made.

3. Subsequent Periods of Presumptive Eligibility

The Department shall limit the number of times an individual may receive presumptive eligibility to twice in a calendar year.

C. Verification Requirements

The qualified entity considers all factors of eligibility to be verified by the self-declared statements made by the applicant or recipient on the application form that is completed and signed by the applicant or recipient.

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1523.10 page 2

Section:

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Type:

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Presumptive Eligibility for Children

Program:

FMA

Subject:

Processing Requirements

1523.10 D. Additional Requirements for the Qualified Entity

Within five (5) days of making the determination of presumptive eligibility for children, the qualified entity shall do the following:

1. notify the Department that they have granted presumptive eligibility and refer a complete application form and any available verification to the Department for processing; and
2. inform the parent or custodian of the child that in referring the granted presumptive eligibility application to the Department the family has initiated an application for ongoing Medicaid benefits and that follow-up by the family will be necessary to remain Medicaid eligible.

E. Fair Hearing Rights

Applicants for and recipients of presumptive eligibility for children are not entitled to appeal any case action or inaction of presumptive eligibility through a fair hearing or any other administrative appeal.

F. Notice Requirements

Applicants for and recipients of presumptive eligibility for children are not entitled to advance notice of a presumptive eligibility discontinuance or continued benefits based on the filing of a fair hearing request.

G. Managed Care

Recipients of presumptive eligibility for children are not enrolled in managed care. Instead, medical services are provided via fee-for-service.

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Section:
The Eligibility Process

Type:
PROCEDURES

Chapter:
Presumptive Eligibility for Children

Program:
FMA

Subject:
Determining Eligibility for Presumptive Eligibility for Children

P-1523.10 **Qualified Entity Responsibilities**

1. A Qualified Entity (QE) will accept applications and grant Presumptive Eligibility (PE) whenever they have contact with a child under the age of nineteen whose family income is under 185% of the Federal Poverty Level and who is in need of medical care.
2. The QE will either utilize the Automated Eligibility Verification System (AEVS) or contact the DSS Regional Processing Unit (RPU) to determine if the child to be granted PE is currently enrolled in the HUSKY A program.
3. The QE will secure a fully completed and signed W-1HUS – “HUSKY Application and Renewal Form” from the parent or caretaker relative of the child. The child may also apply if living independently or if she or he is familiar enough with the family’s circumstances to accurately complete the application.
4. The QE will submit any available verification of HUSKY eligibility requirements (proof of income, residency, alien status) along with the fully completed and signed W-1HUS at the time of application to the DSS RPU.
5. If at the time of the presumptive eligibility determination there are missing verifications the QE is responsible for giving the applicant a checklist on the form prescribed by the Department requesting that the missing information be provided to the Department within ten (10) days along with a postage paid return envelope to the appropriate DSS RPU (envelope to be provided by the Department).
6. The QE will review and consider all factors of eligibility utilized by DSS as verified by the statements made by the applicant or recipient on the application form along with any available verification.
7. The QE will grant presumptive eligibility to the child no later than the close of business of the next working day if eligibility requirements are met.
8. The QE will refer the applicant to ACS for possible eligibility in the HUSKY B program if eligibility requirements have not been met because the family’s income exceeds the HUSKY A income guideline limit.

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Transmittal: UP-06-03

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Section:
The Eligibility Process

Type:
PROCEDURES

Chapter:
Presumptive Eligibility for Children

Program:
FMA

Subject:
Determining Eligibility for Presumptive Eligibility for Children

P-1523.10 Qualified Entity Responsibilities (continued)

9. The QE will provide the child (and/or the guardian) with a completed form W-538 Medicaid Presumptive Eligibility Certification and Guarantee of Payment so that medical services can be obtained upon granting PE.
10. The QE will transmit via fax, to the appropriate DSS RPU, copies of the W-538, the completed and signed W-1HUS form, any available verifications and the verification checklist used for the determination of presumptive eligibility.
11. The QE will serve as agents of DSS and agree to abide all DSS policies and procedures, including but not limited to, the areas of confidentiality, equal treatment, and nondiscrimination.
12. The QE will maintain the W-538 in a secure location and maintain a log of the issuance of the W-538.
13. The QE will designate liaisons to the Department.

Department of Social Services Responsibilities

The Department of Social Services (DSS) shall, as the state agency responsible for the administration of the HUSKY A program and the designation of organizations as QE's:

1. Ensure that the DSS RPU's, upon their receipt of the QE transmission described in 10. above immediately grant presumptive eligibility for the HUSKY A program on the DSS Eligibility Management System (EMS) so that the child can immediately access medical services.
2. Issue a DSS Medicaid CONNECT card for the eligible child.
3. Notify the QE of the presumptive eligibility grant.
4. Process the W-1HUS "HUSKY Application and Renewal Form" for a final determination of HUSKY A eligibility utilizing the regular application process.

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Section:

The Eligibility Process

Type:

PROCEDURES

Chapter:

Presumptive Eligibility for Children

Program:

FMA

Subject:

Determining Eligibility for Presumptive Eligibility for Children

P-1523.10 Department of Social Services Responsibilities (continued)

5. Refer the W-1HUS "HUSKY Application and Renewal Form" to ACS for a determination of HUSKY B eligibility, if the family's income is determined to be greater than the HUSKY A income guideline limit.
6. Designate liaisons to the QE for each of the DSS RPU's.
7. Notify the QE of any changes thereto and shall allow the QE a reasonable period of time, not to exceed five (5) business days, to comply with such changes.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Date: 7-1-87	Transmittal: UP-87-2	1525
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Section: Eligibility Process	Type:	POLICY
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Chapter: Authorized Representatives	Program:	AFDC AABD FS MA
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Subject:

1525 Under certain conditions an assistance unit may designate an authorized representative to act on the unit's behalf in dealings with the Department. In the Public Assistance programs, authorized representatives serve limited functions during the application process. However, in the FS program their role is extended into many aspects of the eligibility process.

 This chapter discusses the provisions for the use of authorized representatives and the duties which they may perform.

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Date: 11-1-97	Transmittal: UP-98-12	1525.05
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Section: Eligibility Process	Type:	POLICY
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Chapter: Authorized Representatives	Program:	AFDC AABD FS
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Subject: General Requirements		MA
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- 1525.05 A. An assistance unit may be represented in various aspects of the eligibility process by a responsible individual who has been given prior authorization to act as the assistance unit's representative.
- B. An authorized representative is qualified to perform specific functions which vary and are limited by the requirements of each specific program category.
- C. An authorized representative must be designated in writing by one of the following individuals:
1. in the AFDC program, by the caretaker relative of the dependent child;
2. in the AABD and MA programs, by the applicant, or if the applicant is a child, incompetent or incapacitated, by the parent, custodian, or court appointed fiduciary;
3. in the Food Stamp program, by the head of the assistance unit, spouse or other responsible member of the assistance unit.
- D. An assistance unit is permitted to have one authorized representative at a given time, except in the Food Stamp program where separate representatives may be designated to perform the individual functions of making application and purchasing food with an EBT debit card.
- E. There is no limit to the number of assistance units that an authorized representative may represent.
- F. In the FS program, confirmation of the authorized representative status is obtained periodically at redetermination or whenever questionable.
- G. The appointment of an authorized representative does not relieve the assistance unit of any responsibilities. Both the assistance unit and the representative may be held responsible for assistance improperly obtained through action by the authorized representative.
- H. An assistance unit may withdraw its authorization at any time through a written statement.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Date: 11-1-97

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P-1525.05

Section:
Eligibility Process

Type:
PROCEDURES

Chapter:
Authorized Representatives

Program: **AFDC**
 AABD
 FS
 MA

Subject:
General Requirements

- P-1525.05 1. Always review the following information when dealing with an authorized representative:
- age and identity;
 - employment status;
 - whether or not the individual has been given authorization.
2. Inform the cash assistance units that only one authorized representative is allowed at a time.
3. Require FS assistance units to designate the capacity in which they wish the representative to serve, i.e. making application or purchasing foods.
4. Inform the assistance unit that only one person can be designated to serve in any category at one time.
5. Inform the assistance unit that the person designated as the shopper will receive his/her own EBT card which will allow access to the assistance unit's EBT food benefit account.
6. Designate this person as the authorized shopper on EMS by coding him/her as "S1".
7. Designate the person authorized to do the application as F1, F2, or F3.
8. Inform the assistance unit that it is responsible for actions performed by the authorized representative on its behalf.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Date: 2-1-97	Transmittal: 97-1	1525.10
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Section: Eligibility Process	Type: POLICY
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Chapter: Authorized Representatives	Program: AFDC AABD MA FS
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Subject: Who Can Be An Authorized Representative	
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1525.10 A. All Programs

1. In order to be an authorized representative a person must be a responsible individual who is:
 - a. eighteen years of age or older; and
 - b. sufficiently familiar with circumstances of the assistance unit.
2. Employees of the Department involved in the eligibility process or issuance of benefits may not act as authorized representatives without the specific written approval of an agency administrative official.

B. FS

Retailers that are authorized to accept food stamp benefits may not act as authorized representatives without specific written approval of an agency administrative official.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-87

Transmittal: UP-87-2

P-1525.10

Section:
Eligibility Process

Type:
PROCEDURES

Chapter:
Authorized Representatives

Program: **AFDC**
 AABD
 FS
 MA

Subject:
Application Procedures

- P-1525.10
1. Allow the representative to file the assistance request after confirming the individual's qualifications.
 2. If the representative does not present written authorization from the assistance unit, allow the application to be filed, but hold the ARF as a pending inquiry until you are able to confirm the legitimacy of the request.
 3. For AFDC, AABD or MA application, generally do not complete an interview, but instead obtain as much information as required to directly involve the applicant and continue processing. If the applicant is incompetent or incapacitated, gather as much information as possible from the representative.
 4. You may complete the entire process with the authorized representative if application is made for FS. Take into consideration the expedited service and combined interview requirements prior to scheduling or completing the interview.
 5. Have the authorized representative sign any documents prepared by them.

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Date: 04-01-03	Transmittal: UP-03-03	1525.15
Section: Eligibility Process	Type:	POLICY
Chapter: Authorized Representatives	Program:	AFDC AABD FS MA
Subject: Responsibilities		

1525.15 A. Role of the Authorized Representative

1. AFDC, AABD, MA

- a. In the AFDC, AABD and MA programs, the authorized representative's primary role is to allow the applicant to file an application without delay in an emergency when no other person is able to do so.
- b. The authorized representative may:
 - (1) file the application; and
 - (2) represent the assistance unit at an interview if one is conducted at the time the assistance request is filed.

2. FS

- a. The role of the authorized representative in the Food Stamp program may involve the following duties:
 - (1) filing the application and preparing other application and work registration materials;
 - (2) representing the assistance unit at interviews and other contacts with the Department, including interim contacts and redeterminations;
 - (3) using an EBT debit card to purchase eligible food items; and
 - (4) signing agency documents on behalf of the assistance unit.
- b. Eligible food items may be purchased as long as the representative is in possession of an EBT debit card issued in the name of the authorized representative.

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Date: 11-22-06

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Section:

Eligibility Process

Type:

POLICY

Chapter:

Authorized Representatives

Program:

FS

Subject:

Responsibilities

1525.15 B. Emergency Authorized Representative (FS)

1. In an emergency, if neither the person in whose name the EBT card has been issued nor the authorized representative is able to do the shopping, an emergency authorized representative may be designated to do the shopping.
2. For the purposes of this section, the emergency authorized representative shall be:
 - a. a responsible assistance unit member of any age designated orally or in writing by the head of the assistance unit and whose name appears on the specially issued debit card; or
 - b. a responsible adult designated in writing by the head of the assistance unit and whose name appears on the specially issued debit card.
3. An emergency EBT card is issued for and mailed to that authorized representative.

C. Institutions as Authorized Representatives

1. All Programs
 - a. Residents of institutions may apply for assistance and be certified on their own behalf, or through the use of an authorized representative who may be an individual of the applicant's choice or an employee designated by the institution for this purpose. In the Food Stamp program, for residents of drug and alcohol treatment centers, the authorized representative must be an employee designated by the institution.
 - b. In order for the institution to represent an applicant, the individual must be a current resident of the institution.
 - c. In cases of incompetence or incapacity, the institution may act responsibly on behalf of the resident without prior authorization. (Cross Reference 1505)

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Section:

Eligibility Process

Type:

POLICY

Chapter:

Authorized Representatives

Program: FS

Subject:

Responsibilities

1525.15 C. 2. Specific Food Stamp Provisions

- a. Residents of drug or alcoholic treatment centers shall apply and be certified for program participation through the use of an authorized representative who shall be an employee of the institution designated by the institution for this purpose.
- b. Blind or disabled residents of group living arrangements are permitted the option of applying on their own behalf or through the use of an authorized representative of the applicant's choice.
- c. Institutions that act in the capacity of authorized representative on behalf of a resident, are responsible for reporting relevant changes in circumstances which affect eligibility or benefit level.
- d. The above provision does not relieve the assistance unit of the responsibility of reporting relevant changes which are not known to the institution.
- e. Institutions acting in the capacity of authorized representative are liable for any overpayments, losses or misuse of food stamp benefits incurred on behalf of the residents.

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Date: 11-1-97**Transmittal: UP-98-12****P-1525.15**

Section:
Eligibility Process**Type:**
PROCEDURES

Chapter:
Authorized Representatives**Program:** **AFDC**
 AABD
 FS
 MA

Subject:
Disqualification of the FS Head of Household

- P-1525.15 1. When the head of household is disqualified from participating in the FS Program due to an intentional program violation:
- inform the assistance unit of the requirements relating to the disqualified member's future representation of the unit;
 - determine if the unit contains another adult who can replace the disqualified member.
2. Allow the disqualified member to participate in the decision.
3. If another adult member is designated the new unit head:
- have the new head of household sign the application form
 - change the case name (Cross Reference: P-6535.07)
 - issue a new EBT card in the name of the new head of household (Cross Reference: P-6535.07)
4. If the unit contains no other adult who can function as the unit head, ask the disqualified member if an authorized representative can be appointed.
5. If the disqualified member indicates that a representative is not available or willing to act in that capacity allow the disqualified member to continue to represent the assistance unit.
6. If a representative is available:
- advise the unit that the representative is expected to appear for interviews and represent the unit during other in-office contacts with the Department;
 - take steps to issue a new EBT card in the name of the authorized representative.
7. If the assistance unit later informs the Department that the representative is no longer available or willing to act in such a capacity, allow the disqualified member to resume the duties of representing the assistant unit and deactivate the authorized representative's EBT card.

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Date: 11-1-97

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1525.20

Section:
Eligibility Process

Type:
POLICY

Chapter:
Authorized Representatives

Program: FS

Subject:
Disqualification

1525.20 A. Non-institutional Cases

1. An individual is disqualified from participation in the eligibility process as an authorized representative if the Department obtains evidence that the individual:
 - a. has knowingly misrepresented the circumstances of the assistance unit and provided false information to the Department; or
 - b. has made improper use of an EBT debit card.
2. The period of disqualification shall be for twelve months beginning with the month following the month of discovery of the misrepresentation or the misuse of an EBT debit card.

B. Institutions

1. If an institution has its status as authorized representative suspended by the Food and Nutrition Service (FNS), the Department disqualifies the institution from participating in the eligibility process upon notification from FNS.
2. The period of disqualification shall be for the period imposed by FNS.
3. The Department informs FNS of any violation committed by an authorized institution acting on behalf of a resident as an authorized representative.

C. Individuals Disqualified for an Intentional Program Violation

1. Individuals disqualified from the FS program because of an intentional program violation may not serve as authorized representatives for any assistance unit other than the one from which they are excluded for the longer of the following periods:
 - a. the period of overpayment disqualification; or
 - b. twelve months beginning with the first month of the overpayment disqualification period.

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Date: 04-1-03

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Section:

Eligibility Process

Type:

POLICY

Chapter:

Authorized Representatives

Program:

FS

Subject:

Disqualification

1525.20 C. Individuals Disqualified for an Intentional Program Violation (continued)

2. Individuals disqualified from the FS program because of an intentional program violation may not serve as authorized representative for the assistance unit from which they are excluded during the fraud disqualification period, except when:
 - a. the individual is the only adult able to act as head of the assistance unit; and
 - b. no other adult is able to serve as the authorized representative for the assistance unit.
3. The Department determines separately whether the disqualified individual is permitted to:
 - a. make application; and
 - b. obtain and use an EBT debit card as the authorized representative.
4. The individual's authorization is limited during the fraud disqualification period to those duties which no other adult representative is able to perform.

D. Notification

The Department notifies the affected assistance unit and the authorized representative at least thirty days prior to the date the authorized representative is disqualified.

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Date: 7-1-87	Transmittal: UP-87-2	1525.25
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Section: Eligibility Process	Type:	POLICY
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Chapter: Authorized Representatives	Program:	AFDC AABD FS MA
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Subject: Agency Requirements

1525.25 A. Identification

The Department does not take action based on information provided by an authorized representative until the authorized representative provides verification of his or her identity.

B. Review of Certification Materials

Whenever possible, the Department requires the head of the assistance unit, caretaker relative, custodian or court appointed fiduciary to review the actions of the authorized representative.

C. Home Visits and Collateral Contacts

The Department conducts home visits, makes collateral contacts or uses other means at its disposal to confirm actions of an authorized representative if the appropriateness of the action is questionable or requires further exploration.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Date: 7-1-97

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1525.30

Section:
Eligibility Process

Type:
POLICY

Chapter:
Authorized Representatives

Program: AFDC
AABD
FS
MA

Subject:
Signature on Documents

1525.30 A. AFDC, AABD

1. Appointment of an authorized representative in the cash assistance programs does not relieve the applicant, or where appropriate his caretaker relative, custodian or court appointed fiduciary, from the responsibility of signing any and all documents used or related to the determination of eligibility for assistance which require a signature.
2. The authorized representatives are required to sign documents prepared by them or in their presence on behalf of the applicant. However, the application is not complete until the signature of the applicant, caretaker relative, custodian or court appointed fiduciary is obtained.

B. MA

In the Medicaid program, any and all documents related to determining eligibility and requiring a signature must be signed under penalty of perjury, by one of the following:

1. the applicant or recipient; or
2. the applicant or recipient's authorized representative; or
3. a person acting responsibly on behalf of an applicant or recipient who is incompetent or incapacitated.

C. FS

1. In the FS program the authorized representative is permitted to sign any and all documents related to determining eligibility and requiring a signature on behalf of the assistance unit provided that the individual is acting with proper authority.
2. The Department may request the signature of the head of the assistance unit or spouse on appropriate documents, but does not require this signature as a condition of eligibility, or delay assistance beyond normal processing standards while obtaining the signature.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-87**Transmittal: UP-87-2****1530**

Section:**Eligibility Process****Type:****POLICY**

Chapter:**Certification****Program:****AFDC
AABD
FS**

Subject:

1530 The eligibility of an assistance unit is certified by the Department for a particular period of time. The certification period may be of a specific length, or continuous over an indefinite period depending on the program category. This chapter discusses certification periods and their application to the eligibility process.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 7-1-87	Transmittal: UP-87-2	1530.05
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Section: Eligibility Process	Type:		POLICY
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Chapter: Certification	Program:		AFDC AABD
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Subject: General Requirements			FS MA
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1530.05 A. AFDC, AABD, MA

1. AFDC, AABD and MA assistance units are certified for an indefinite period of time beginning with the initial month of eligibility.
2. The assistance unit's certification continues until such time that the unit is found ineligible through a periodic review or other eligibility evaluation.

B. Certification of FS Assistance Units

1. Assistance units that are determined eligible for the FS program are assigned certification periods of definite length at the time of application and redetermination.
2. Eligibility for the FS program automatically terminates at the end of the certification period unless:
 - a. the assistance unit is recertified through the redetermination process; or
 - b. the certification period is extended by the Department.
3. Under no circumstances is eligibility continued upon expiration of the certification period unless the assistance unit is recertified.

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Date: 9-21-96

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P-1530.05

Section:
Eligibility Process

Type:
PROCEDURES

Chapter:
Certification Periods

Program:
FS

Subject:
General Requirements

- P-1530.05
1. Review the case circumstances and determine the length of the certification period:
 - whenever assistance is granted;
 - whenever a redetermination is conducted.
 2. Consider such factors as:
 - mandatory extensions of shorter certification periods;
 - combined PA/FS redetermination schedules;
 - two to three months certification for households that cannot reasonably predict future circumstances or are highly error prone;
 - up to three months for households with reasonably predictable circumstances;
 - up to six months for households if there is little likelihood of change in income or household;
 - the twelve month maximum length for all other households, such as assistance units whose primary source of income is annualized self-employment or assistance units comprised entirely of unemployable persons, **except** those in which all adult members are elderly or disabled;
 - the twenty-four month maximum length for all households in which all adult members are elderly or disabled.
 3. In cases of multiple program involvement, adjust the certification period so that it coincides with the redetermination schedule of the companion PA case whenever possible.
 4. If it is advisable to review FS eligibility more frequently than cash or medical assistance eligibility, try to establish a certification period with a common basis to the PA redetermination schedule.

For example, if a household AFDC redetermination is scheduled at 6 month intervals and FS is to be reviewed more frequently, establish a three month certification period so every other redetermination will coincide between the two programs.
 5. Issue notification.

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Date: 9-21-96

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1530.10

Section:
Eligibility Process

Type:
POLICY

Chapter:
Certification

Program:
FS

Subject:
Food Stamp Certification Periods

1530.10 A. Beginning and Ending Dates

1. Certification periods conform to calendar months.
2. The certification period:
 - a. begins with the initial month of eligibility, regardless of when the determination is made; and
 - b. runs continuously without interruption; and
 - c. ends on the last calendar day of the final month of the assigned certification period.

B. Length of the Certification Period

1. Assistance units are assigned the longest certification period possible based on the predictability of the household circumstances.
2. Certification periods may be up to 24 months if all adult household members are elderly or disabled. However, contact must be made with each certified household every 12 months.
3. Except for households described in B.2. an assigned certification period may not exceed twelve months. A new eligibility determination must be made every twelve months, at a minimum.
4. The Department may vary the certification period on a case to case basis or establish general standards which vary according to such factors as:
 - (1) the likelihood of a change in the household's circumstances;
 - (2) case history;
 - (3) administrative needs;
 - (4) error prone profiles.
5. Waiver of the office interview requirement does not affect the length of the certification period.

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Section:
Eligibility Process

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Chapter:
Certification

Program:
FS

Subject:
Food Stamp Certification Periods

1530.10 C. One Month Extension Requirement

1. Certification periods of three months or less are extended by one month if the eligibility determination is completed after the fifteenth day of the month of application, unless:
 - a. the household circumstances do not warrant the extension; or
 - b. the case is an expedited service case with postponed verification.
2. Certification periods of three months or less are automatically extended by one month if:
 - a. the eligibility determination is completed in the month following the month of application; and
 - b. the assistance unit is entitled to retroactive benefits for a prior month; and
 - c. household circumstances warrant the extension.

D. Cash Assistance Applicants/Recipients

1. FS assistance units in which all members are applicants or recipients of AFDC, or AABD are, to the extent possible, assigned certification periods which coincide with the PA redetermination schedule.
2. The certification period is not coordinated with the PA redetermination schedule if assistance unit circumstances do not warrant such coordination.

E. Changes In the Certification Period

1. The Department may change the length of an already assigned certification period if:
 - a. changes in assistance unit circumstances warrant the change; and
 - b. the change is made in sufficient time to provide a notice of expiration in a timely manner if the certification period is shortened (Cross Reference: 1545).
2. In no event does a change in the certification period cause the assistance unit to be certified for more than twelve months without completing a new

eligibility determination.

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Date: 7-1-87

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1530.15

Section:

Eligibility Process

Type:

POLICY

Chapter:

Certification

Program:

AFDC

AABD

FS

MA

Subject:

Notification

- 1530.15 A. Assistance units are provided with a written notice of eligibility at the time assistance is granted, and upon completion of a redetermination.
- B. The notice of eligibility contains, at a minimum, the following information where appropriate to the particular assistance unit and assistance program:
1. dates of assistance;
 2. explanation of benefits, including the amount of retroactive and on-going benefits;
 3. variations in benefit level based on anticipated changes at the time of certification;
 4. length of the FS certification period;
 5. notice of right to a fair hearing;
 6. availability of legal services;
 7. agency telephone number and whenever possible the name of the person to contact;
 8. for FS assistance units the need to reapply at the end of the certification period;
 9. the next scheduled month of redetermination;
 10. other information as determined necessary by the Department.
- C. Assistance units certified on an expedited basis with postponed verification are informed of the need to provide the verification and to reapply.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-87	Transmittal: UP-87-2	1535
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Section:	Type:	
Eligibility Process		POLICY

Chapter:	Program:	
Cases With a Zero Benefit Level		AFDC AABD FS

Subject:

1535 Due to the method of computing benefits (Cross Reference: 6000), an assistance unit may not be eligible to receive a benefit even when all other eligibility criteria are met. This chapter discusses special processing requirements that are established in such cases.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-87	Transmittal: UP-87-2	1535.05
Section: Eligibility Process	Type:	POLICY
Chapter: Cases With a Zero Benefit Level	Program:	AFDC AABD FS
Subject: Processing Requirements		

1535.05 A. All Programs

1. The Department takes one of the following actions if due to the method of computing benefits an otherwise eligible assistance unit is determined to have a non-prorated benefit level of zero (Cross Reference: 6000):
 - a. certifies the assistance unit but suspends participation; or
 - b. denies or discontinues assistance on the basis that income exceeds the need level.
2. Zero benefit assistance units that are certified as eligible are subject to the same requirements that are established for cases which are entitled to a benefit.
3. Certification is not affected if the zero benefit level results from proration of the monthly benefit in an initial month of eligibility.

B. Specific Treatment

1. AFDC

- a. AFDC assistance units that are not entitled to a monthly benefit, but are otherwise eligible, are suspended from participation.
- b. The Department certifies eligibility but does not provide benefits as long as the assistance unit's benefit level remains below the minimum required to issue benefits. (cross reference: 6000)

2. AABD

AABD assistance units with a zero benefit level are discontinued or denied assistance.

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Transmittal: UP-87-2

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Section:
Eligibility Process

Type:
POLICY

Chapter:
Cases With a Zero Benefit Level

Program:
FS

Subject:
Processing Requirements

1535.05 C. FS Cases

1. One and Two Person Assistance Units

FS assistance units containing one or two members that have a computed benefit level of zero are eligible for a minimum benefit and are subject to normal certification procedures if they are otherwise eligible.

2. Assistance Units with Three or More Members

a. Categorically Eligible Cases

Assistance units containing three or more members that have a zero benefit level, but are otherwise categorically eligible are:

- (1) certified according to regular certification procedures; and
- (2) suspended from participation.

b. Cases Not Categorically Eligible

Assistance units containing three or more members that have a zero benefit level and are not categorically eligible are discontinued or denied assistance.

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Date: 7-1-87**Transmittal: UP-87-2****P-1535.05**

Section:
Eligibility Process**Type:**
PROCEDURES

Chapter:
Cases With a Zero Benefit Level**Program:** **AFDC**
 AABD
 FS

Subject:
Processing Requirements

- P-1535.05 1. If the assistance unit is not entitled to benefits but is otherwise eligible for the program, determine if it is appropriate to:
- deny or discontinue assistance; or
 - certify and suspend participation
2. For FS assistance units, first determine if the unit is categorically eligible.
 3. Deny or discontinue assistance for AABD units, and FS units that are not categorically eligible.
 4. Certify and suspend participation for AFDC all cases and FS cases that are categorically eligible.
 5. Adhere to the ten day conversion requirements if a suspended case subsequently becomes eligible for benefits.
 6. Remember to prorate FS benefits in the conversion month.
 7. Issue appropriate notice to the unit.

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Section: Eligibility Process	Type: POLICY
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Chapter: Cases With a Zero Benefit Level	Program: AFDC FS
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Subject: Changes to Issuance Status	
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1535.10 A. Conversion

1. The Department converts assistance units from a suspended to an issuance status without requiring an additional office interview.
2. Benefits are issued within:
 - a. ten days of the date the change is reported if verification is not required; or
 - b. ten days of the date the assistance unit provides required verification; or
3. Assistance units are eligible for conversion to issuance status at any time that a reported change makes the unit eligible for benefits.

B. Entitlement to Benefits

1. AFDC assistance units and FS monthly reporting assistance units that are converted to issuance status are entitled to benefits for the entire month of conversion.
2. Benefits for all FS non-monthly reporting assistance units are prorated for the month of conversion beginning with the date of the reported change.

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Chapter: Cases With a Zero Benefit Level	Program: AFDC FS
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Subject: Notification

1535.15 Assistance units that are suspended from participation are notified of the following:

- A. notification that the case is certified but participation is suspended;
- B. notification of reporting requirements;
- C. notification that changes in circumstances may affect the suspended status;
- D. notification of rights and responsibilities.

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Section: The Eligibility Process	Type: POLICY
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Chapter: General Principles of Verification	Program: AFDC AABD FS MA
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1540 Information which is provided to the Department for the purpose of determining eligibility or calculating benefits may require verification.

 This chapter describes the methods used for verification, who bears the responsibility for verification, and when information must be verified.

 The specific verification requirements pertaining to each eligibility factor can be found in the last chapter of the section which addresses the eligibility factor.

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Section: The Eligibility Process	Type: POLICY
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Chapter: General Principles of Verification	Program: AFDC AABD MA SNAP
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Subject: Requirements and Penalties

1540.05 A. Standard of Proof

A statement made by an applicant or a recipient is considered by the Department to be verified when the available evidence indicates that it is more likely to be true than not.

 B. Verification of Citizenship and Identity-Special Rule for MA

Except for those individuals listed in section 1599.05 F. 8. and section 3099.04 N., claims of U.S. citizenship from individuals applying for or receiving MA, as well as statements from these individuals about their identities, shall be verified by only certain documents or databases as described in 42 USC 1396b(x) and 42 USC 1396a(ee) or by regulations subsequently promulgated by the Secretary of Health and Human Services. For purposes of this requirement, individuals who claim U.S. citizenship includes those individuals with a status as a national of the United States as defined by section 101(a)(22) of the Immigration and Nationality Act (8 U.S.C. 1101(a)(22)) including both citizens of the United States and non-citizen nationals of the United States. Except for the documents listed in section 3099.04 B., the same document cannot be used to verify both U.S. citizenship and identity. All documents shall be either originals or copies certified by the issuing agency.

 C. When Verification is Required

1. The Department requires verification of information:
 - a. when specifically required by federal or State law or regulations; and
 - b. when the Department considers it necessary to corroborate an assistance unit's statements pertaining to an essential factor of eligibility.
2. The Department does not require applicants or recipients to provide documentary evidence to verify the nonexistence of any factor, including the following:
 - a. lack of income; or
 - b. lack of bank accounts or other assets; or
 - c. absence of one parent from the home.

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Subject: Requirements and Penalties	

1540.05 | D. Consequences for Failure to Provide Verification

The penalty for failure to provide required verification depends upon the nature of the factor or circumstance for which verification is required:

1. If the eligibility of the assistance unit depends directly upon a factor or circumstance for which verification is required, failure to provide verification results in ineligibility for the assistance unit. Factors on which unit eligibility depends directly include, but are not limited to:
 - a. income amounts;
 - b. asset amounts.
2. If the eligibility of an individual assistance unit member depends directly upon a factor or circumstance for which verification is required, failure to provide verification results in ineligibility for that individual member. Factors on which individual assistance unit member eligibility depends directly include, but are not limited to, the following:
 - a. citizenship;
 - b. cooperation with the Employment Services program;
 - c. non-citizen status.
3. If the eligibility of the assistance unit does not depend directly on a factor or circumstance for which verification is required, but the benefit level could be affected by it, failure to provide verification results in non-consideration of the factor or circumstance. Factors like this include, but are not limited to:
 - a. income deduction amounts;
 - b. self-support plan deduction amounts;
 - c. special need items;
 - d. medical costs used in spend-down cases.

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1540.05 | D. Consequences for Failure to Provide Verification (continued)

4. Ineligibility of the assistance unit may result indirectly from failure to provide verification of a factor or circumstance described in section 1540.05 D.3. if the non-consideration of the factor or circumstance leads to ineligibility for the unit. Situations like this include, but are not limited to:
 - a. non-consideration of an unverified income deduction causes the applied income to exceed the need standard;
 - b. non-consideration of an unverified special need item lowers the total amount of needs to below the applied income level;
 - c. non-consideration of unverified medical expenses causes excess income not to be offset in a spend-down process.

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Section:
The Eligibility Process**Type:**
PROCEDURES

Chapter:
General Principles of Verification**Program: AFDC**
AABD
MA
FS

Subject:
Determining When Verification is Required

- P-1540.05
1. Determine which statements require verification. Remember that rules on what to verify are found in verification chapters located at the end of a section.
 2. Do not require verification of statements under the following conditions:
 - ° when neither eligibility nor benefit level are affected; or
 - ° when the information has already been verified, as indicated on EMS or in the case record, unless there is reason to believe circumstances may have changed.
 3. Do not require documentary verification of a client's statement of the nonexistence of some factor except in the investigation of a possible transfer of assets.
 4. Do not use the procedure in 3, above, to prevent verification of the date a client last worked or last was paid.

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Date: 11-15-90**Transmittal: UP-90-26****1540.10**

Section:**The Eligibility Process****Type:****POLICY**

Chapter:**General Principles of Verification****Program: AFDC****AABD****FS****MA**

Subject:**Unit and Agency Responsibilities**

- 1540.10 The verification of information pertinent to an eligibility determination or a calculation of benefits is provided by the assistance unit or obtained through the direct efforts of the Department.
- A. The assistance unit bears the primary responsibility for providing evidence to corroborate its declarations.
 - B. The assistance unit may submit any evidence which it feels will support the information provided by the unit.
 - C. The Department obtains verification on behalf of the assistance unit when the following conditions exist:
 - 1. the Department has the internal capability of obtaining the verification needed through such means as case files, microfiche records, or direct access to other official records; or
 - 2. the Department has the capability to obtain the verification needed, and the assistance unit has done the following:
 - a. made a reasonable effort to obtain the verification on its own; and
 - b. been unable to obtain the verification needed; and
 - c. requested the Department's help in obtaining the verification; and
 - d. continued to cooperate in obtaining the verification.
 - 3. when the evidence necessary can only be obtained by payment of a fee, and the Department is able to obtain the evidence.
 - D. The Department considers all evidence submitted by the assistance unit or received from other sources.

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Section:
The Eligibility Process

Type:
PROCEDURES

Chapter:
General Principles of Verification

Program: **AFDC**
 AABD
 MA
Subject: **FS**
 Methods of Verification

- P-1540.10
1. Work with the client to determine whether the client or the Department will obtain verification for each factor which needs to be verified, and the best method for obtaining the verification.
 2. For each factor which needs to be verified, explore the client's ability to obtain necessary verification, considering the following:
 - Documents the client already has in his or her possession;
 - Documents which the client can readily obtain;
 - Documents which are less readily available, but which can be obtained without extreme efforts;
 - readily available alternate forms of verification;
 - Possible barriers to obtaining verification, including language, illiteracy, lack of transportation, or the inability to pay a required fee;
 - any unusual or extenuating circumstances.
 3. Consider the Department responsible for obtaining verification in the following circumstances:
 - When the factor has already been satisfactorily verified as indicated in active or closed case files;
 - when verification is readily available through contact with General Assistance offices, Connecticut Labor Department, Department of Motor Vehicles, Social Security Administration or other agencies;
 - when the client cannot obtain the verification without paying a fee and the Department has a means of obtaining verification without paying a fee, by such means as bank tracers.
 4. Use the Application Verification List (W-1348) and other forms, as appropriate, to document the decision on what methods of verification will be used.

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Section:
The Eligibility Process

Type:
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Chapter:
General Principles of Verification

Program: **AFDC**
 AABD
 MA
 FS

Subject:
Methods of Verification

P-1540.10 (continued)

5. Assist the client in obtaining verification when appropriate using methods such as the following:
 - advising the client of alternate forms of verification;
 - advising the client on how to go about obtaining verification;
 - Writing letters on behalf of any client who has difficulty with written expression, if requested to do so;
 - referring the client to other agencies, which may be able to assist by offering guidance or by paying a fee on the client's behalf.
6. If the client tries to obtain verification but has difficulty, reevaluate the situation and reconsider the options to find the best approach. Document changes in the verification process by revising the W-1348 or by clearly noting the changed requirements and deadlines in the case record.
7. In addition to other forms of verification, use IEVS to obtain verification about income and SAVE to obtain verification about citizenship and non-citizen status.
8. Provide a dated receipt whenever verification is left with the receptionist and whenever a receipt is requested by the assistance unit.

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Chapter: General Principles of Verification	Program:	AFDC AABD MA
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Subject: Methods of Verification		FS
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1540.15 A. Choice of Method

The information provided by the assistance unit is verified through a cooperative effort between the Department and the members of the unit:

1. The Department determines the adequacy and appropriateness of the method selected.
2. The method of verification which is chosen depends upon the nature of the information being verified and the feasibility of other available methods.

B. Documentary Evidence

1. Documents are the primary sources of verification whenever such evidence can be acquired.
2. The Department accepts any document which it feels clearly establishes the veracity of the unit's declarations without restricting the evidence to any one particular type of document.

C. Collateral Contacts

1. In the absence of available documentary evidence, the Department verifies information through contacts with persons who are not members of the assistance unit.
2. Verification through collateral contacts consists of obtaining oral or written affirmations of the unit's statements from persons who are capable of providing first-hand testimony.
3. The persons who serve as the sources of verification are selected by:
 - a. the Department; or
 - b. the assistance unit subject to the Department's approval of the persons as acceptable sources of verification.

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Section:
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Type:
POLICY

Chapter:
General Principles of Verification

Program:
**AFDC
AABD
MA
FS**

Subject:
Methods of Verification

1540.15 D. Home Visits

Home visits are made to facilitate verification when:

1. the Department regards it as necessary to determine eligibility or calculate benefits; and
2. the unit agrees to being interviewed at home.

E. IEVS

In addition to other methods of verification, the Department also uses the Federally-mandated Income Eligibility Verification System (IEVS) to obtain and utilize information on income.

1. IEVS is used in regard to the income of the following persons:
 - a. applicants for and recipients of assistance under all programs;
 - b. former members of FS units who received benefits for at least one month within the quarter;
 - c. other persons who:
 - (1) are not applying for or receiving assistance; and
 - (2) have income or assets that are counted in determining the unit's eligibility or in calculating the unit's benefits; and
 - (3) have their Social Security number on file with the Department or voluntarily furnish it at the request of the Department.
2. All information obtained through IEVS is verified whenever the information is not being obtained from its primary source.

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Section:

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Type:

POLICY

Chapter:

General Principles of Verification

Program:

**AFDC
AABD
MA
FS**

Subject:

Methods of Verification

1540.15 E. IEVS (continued)

3. All verified IEVS information is used for the following purposes:
 - a. to determine eligibility;
 - b. to calculate benefits;
 - c. to detect overpayment and to calculate the amount;
 - d. to investigate violations of program regulations and to support resulting prosecutions.
4. IEVS obtains and utilizes information from the following sources:
 - a. Social Security Administration;
 - b. Department of Labor;
 - c. Internal Revenue Service;
 - d. State Wage Information Collection Agencies (SWICA).
5. Members of the assistance unit and deemors who are subject to the IEVS process are provided with written notification of IEVS:
 - a. at the time of application for assistance;
 - b. when eligibility is redetermined;
 - c. when an adult member is being added to the needs group.

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Chapter: General Principles of Verification	Program: AFDC AABD MA
Subject: Methods of Verification	FS

1540.15 F. SAVE

The Department uses the Federally-mandated Systematic Alien Verification for Entitlement (SAVE) to obtain information from the Immigration and Naturalization Service regarding the status of all individuals who are not citizens, except those ineligible non-citizens applying for emergency medical treatment.

1. The status of individuals who are subject to SAVE is verified:
 - a. at the time of application; or
 - b. when eligibility is being redetermined; or
 - c. when a temporary status is expiring; or
 - d. when a request is made to add a new member to the assistance unit.
2. Non-citizens with permanent status will be subject to the SAVE process only one time.
3. In addition to the initial process non-citizens with temporary or conditional status will be subject to SAVE:
 - a. when their temporary status expires; and
 - b. until permanent status is granted by INS.
4. Information from SAVE is obtained through two processes:
 - a. Primary verification - a direct access to INS files;
 - b. Secondary verification - a manual procedure in addition to or in lieu of primary verification.

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Type:

POLICY

Chapter:

General Principles of Verification

Program:

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Subject:

Methods of Verification

FS

1540.15 G. Affidavits

1. Affidavits are accepted for review by the Department:
 - a. in addition to any documentary evidence or verification through collateral contacts or home visits; or
 - b. when documentary proof is required, and the assistance unit cannot provide it after good faith efforts; or
 - c. when submitted as proof of the nonexistence of an eligibility factor.
2. When an affidavit is reviewed by the Department, it is evaluated along with all other evidence relative to the eligibility factor.
3. The Department uses all the available evidence, including the affidavit, to determine whether it is more likely than not that the eligibility factor has been established.

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Section:
Eligibility Process

Type:
PROCEDURES

Chapter:
General Principles of Verification

Program: **AFDC**
 AABD
 MA
 FS

Subject:
Evaluating the Evidence

P-1540.15 Evaluating the Evidence

1. Consider all evidence submitted by the client or received from other sources.
2. Evaluate each piece of evidence to decide how credible it is.
3. Consider the following factors in evaluating documentary evidence:
 - ° is the evidence an official document of an agency or an organization?
 - ° does the person or organization supplying the document have direct knowledge of the relevant facts?
 - ° does the document show current information?
 - ° is the person who supplied the document a disinterested third party, who will not directly benefit by the client's eligibility?
 - ° is the person who supplied the document an objective source of information, who would have no reason to want the client to be eligible?
 - ° is the document consistent with other information from the same source?
 - ° if the information on the document is questionable or unclear, is the supplier accessible for follow-up questioning?
4. Consider official documents to be more credible than unofficial documents.
5. Consider documentary evidence to be more credible than oral statements.
6. Consider affidavits more credible than informal oral or written statements.
7. Consider statements from disinterested people to be more credible than statements from people who might directly benefit from the client's eligibility, such as family members, friends, landlords.
8. Consider statements from objective sources to be more credible than statements from people who have a personal relationship with the client.

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Type:
PROCEDURES

Chapter:
The Application Process

Program: **AFDC**
 AABD
 MA
 FS

Subject:
Evaluating the Evidence

- P-1540.15 9. After evaluating each piece of evidence for credibility, evaluate the total of all the evidence which is relevant to the particular factor of eligibility.
10. Consider that the client's statement has been verified if evaluation of the evidence leads to the conclusion that the statement is more likely to be true than not.
11. If there is evidence available to support the client's statement which is considered substantially credible and no evidence is available to the contrary, consider the factor verified.
12. If the only evidence available is not considered credible, do not consider the factor verified. If this is the case, require more verification before eligibility can be established.
13. If some of the available evidence support the client's statements and some refutes the same statements, consider the credibility of evidence on each side to determine whether the statement is more likely to be true than not.
14. If the statement is more likely to be true than not, the statement is considered verified, even if some evidence refutes the statement.
15. If the statement is less likely to be true than not, consider the statement not to be verified, even if some evidence supports the statement.
16. If the statement seems equally likely to be true and not true, consider the statement not to be verified.
17. Only consider quantity of evidence of a factor if the evidence being considered is equally credible.
18. Remember that a single piece of highly credible evidence such as an official document from an objective source, can carry more weight than numerous less credible pieces of evidence, such as oral statements from friends and family members.

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Type:
PROCEDURES

Chapter:
General Principles of Verification

Program: **AFDC**
 AABD
 MA
 FS

Subject:
Verification through IEVS

- P-1540.20 1. Provide an explanatory notification of the IEVS process to all affected persons:
- at the time of application;
 - when eligibility is redetermined;
 - when adding a member to the needs groups.
2. Solicit and record all the Social Security numbers of all members of the needs group, and any other persons who are subject to the IEVS process.
3. Use all the Social Security numbers furnished without verifying them beforehand.
4. Request information about Unemployment Compensation Benefits from the Department of Labor:
- at the time of application;
 - for each of the three months subsequent to the month of application;
 - in each month UCB are received;
 - only at the time of application for institutionalized recipients.
5. Request information about wages from the Department of Labor:
- at the time of application;
 - quarterly for all recipients;
 - quarterly for former FS assistance unit members if they received FS benefits at least one month in the quarter;
 - at the time of application and annually thereafter for institutionalized individuals.
6. Request information about RSDI benefits, net self-employment income, wages and retirement income from the Social Security Administration through the BENDEX system:

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PROCEDURES

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General Principles of Verification

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Subject:
Verification through IEVS

P-1540.20 6. (continued)

- at the time of application;
 - whenever the income of an assistance unit member or a deemor changes.
7. Request information about unearned income from the Internal Revenue Service at the time of application and annually thereafter.
 8. Request information on income as necessary through the State Wage Information Collection Agencies (SWICA) and agencies which administer UCB programs.
 9. Do not delay the disposition of the case pending receipt of IEVS information unless it constitutes the sole source of adequate verification and current eligibility cannot be determined without it.
 10. Take action on all information obtained through IEVS:
 - at the time of initially granting assistance if the information has already been received;
 - within 30 calendar days of receipt of the information when the unit is a recipient of assistance unless, required verification cannot be obtained because of a third party.
 11. Verify all data received when the agency supplying the data is not the primary source of the benefits in question.
 12. Compare the data obtained through IEVS to information which the Department has already obtained from other sources and resolve any discrepancies which may exist.
 13. Continue to process IEVS data even when a recipient fails to take part in the redetermination of eligibility or when discontinuance is pending.
 14. When a recipient fails to comply with the 10-day limit for submitting requested verification, send a notice of proposed adverse action as compliance with the mandated 30-day limit for processing IEVS data unless the delay is caused by a third party.

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Chapter:

Verification through IEVS

Program:

AFDC

AABD

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Subject:

Using the Methods of Verification

FS

P-1540.20 15. When data is obtained from IRS computer files:

- ° do not transcribe the information into the Department's case file or in any other manner which would compromise the individual's right to confidential treatment of the data;
- ° incorporate any verification obtained into the Department's records;
- ° destroy any data erroneously received about any person who is not part of the assistance unit or who is a deemor.

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Section:
The Eligibility Process**Type:**
PROCEDURES

Chapter:
General Principles of Verification**Program:** **AFDC**
 AABD
 MA
 FS

Subject:
Determining the Appropriate Action

- P-1540.25
1. Determine the appropriate penalty if the assistance unit fails to provide any verification, or to provide acceptable verification within the established deadlines, unless an extension has been granted.
 2. If the assistance unit's eligibility depends upon the unverified factor, deny or discontinue assistance for one of the following reasons, whichever is appropriate:
 - ° for failure to verify eligibility if the assistance unit did not provide any verification of a required factor; or
 - ° for failure to establish eligibility if verification was provided for a required factor, but such verification was determine to be insufficient.
 3. If the unverified factor or circumstance does not directly cause ineligibility but may potentially affect the benefit level, do not give consideration to it when determining eligibility and calculating the benefit.
 4. If not considering a factor results in ineligibility for the assistance unit, deny or discontinue assistance.
 5. If not considering a factor does not result in ineligibility, but results in a lower benefit amount, authorize the appropriate benefit amount.
 6. If not considering a factor results in fewer assistance unit members being eligible, authorize assistance for the eligible members.
 7. Do not deny assistance or withhold benefits to the assistance unit for failure to verify a factor if the Department has accepted the responsibility of obtaining verification.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 7-1-87	Transmittal: UP-87-2	1545
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Section: Eligibility Process	Type:	POLICY
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Chapter: The Redetermination Process	Program:	AFDC AABD MA FS
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Subject:		
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1545 The eligibility of an assistance unit is periodically redetermined by the Department. During the redetermination, all factors relating to eligibility and benefit level are subject to review. This chapter discusses the requirements of the redetermination process, its purpose, and how the Department conducts a redetermination of eligibility.

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Section: Eligibility Process	Type:	POLICY
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Chapter: The Redetermination Process	Program:	AFDC AABD MA FS
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Subject: General Requirements
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1545.05 A. Provisions

1. Eligibility is redetermined:
 - a. regularly on a scheduled basis; and
 - b. as required on an unscheduled basis because of known, questionable or anticipated changes in assistance unit circumstances.
2. A redetermination constitutes:
 - a. a complete review of AFDC, AABD or MA certification;
 - b. a reapplication for the FS program.
3. In general, eligibility is redetermined through the same methods by which eligibility is initially determined at the time of application.

B. Purpose

1. The purpose of the redetermination is to review and, for FS assistance units, to recertify all circumstances relating to:
 - a. need;
 - b. eligibility;
 - c. benefit level.
2. A review of recipient-agency responsibilities is also conducted.
3. Circumstances subject to change, or which are unclear or questionable are investigated and verified.
4. Assistance is discontinued if eligibility is not reestablished.

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UNIFORM POLICY MANUAL**

Date: 7-1-87

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1545.05 page 2

Section:
Eligibility Process

Type:
POLICY

Chapter:
The Redetermination Process

Program:
**AFDC
AABD
MA
FS**

Subject:
General Requirements

1545.05 C. Prompt Action

1. The redetermination process is designed to allow continuous participation without interruption in eligibility or in the issuance of benefits.
2. In order to assure continuous participation the Department takes prompt action on all redeterminations.
3. Prompt action is taken to effect any interim actions necessitated by changes in circumstances that are discovered during the redetermination process.
4. Interim actions are processed in accordance with the interim change rules. (Cross Reference: 1555)

D. Notification

Assistance units are timely notified of all actions taken by the Department, including:

1. notification that a redetermination is to be conducted;
2. notification of adverse action where appropriate; (Cross Reference: 1570)
3. notification of the result of the redetermination;
4. notice of recertification for FS assistance units.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 4-1-90

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P-1545.05

Section:
Eligibility Process

Type:
PROCEDURES

Chapter:
The Redetermination Process

**Program: AFDC
AABD
FS
MA**

Subject:
Determining the Length of the Redetermination Period

- P-1545.05 1. Establish the length of the standard redetermination period for each assistance unit:
- when assistance is granted; and
 - subsequent to each scheduled redetermination.
2. Use the following table as a general guide in determining the standard length of the redetermination period:

<u>Assistance Unit Type</u>	<u>Standard Redetermination Period</u>
Monthly Reporting	12 months
MA Non-Spend-Down	12 months
AABD (Earned Income)	6 months
AABD (Unearned Income)	12 months
Stable FS Elderly Disabled	12 months
MA Spend-Down	6 months
On-going AFDC	6 months
Stable FS	6 months
Newly Awarded AFDC (Non MR Cases)	3 months
Unstable FS	3 months
Very Unstable FS	1-2 months
FS Expedited/Verification Postponed	1-2 months

3. Vary the length of the redetermination period on a case-by-case basis according to error prone profiles, case history or other individual characteristics.
4. For initial AFDC reviews, schedule the redetermination 3 months following the month assistance is granted.
5. For FS assistance units, follow the certification rules established in chapter 1530 of this section, including the rules for extending the certification period for units certified to one or two months.
6. Whenever possible, try to synchronize the redetermination schedules of assistance units receiving assistance from multiple programs.
7. Issue notice of the review schedule to the unit when assistance is granted and at subsequent redeterminations.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Date: 7-1-87	Transmittal: UP-87-2	1545.10
Section: Eligibility Process	Type:	POLICY
Chapter: The Redetermination Process	Program:	AFDC AABD MA FS
Subject: Redetermination Periods		

1545.10 A. Defining the Redetermination Period

1. General Provisions

- a. Redetermination periods correspond to calendar months, and for FS assistance units are equivalent to certification periods.
- b. The redetermination period is defined in the same manner for all programs except for the first month of the period at initial application for MA assistance units.
- c. The assistance unit becomes due for redetermination in the final month of the redetermination period.
- d. The final month of the redetermination period is considered to be the redetermination month, even if the review is conducted in the prior month.

2. First Month in the Redetermination Period

a. Initial Application

- (1) The first month of the redetermination period is the first month, beginning with or after the month of application, that:
 - (a) an assistance unit, other than an MA spend-down assistance unit is eligible for benefits;
 - (b) an MA spend-down assistance unit meets all eligibility requirements, except that applied income exceeds the MNIL.

b. Subsequent to Initial Application (All Programs)

The month following the redetermination month is the first month of the new redetermination period for an active case.

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Section:
Eligibility Process

Type:
POLICY

Chapter:
The Redetermination Process

Program: **AFDC**
 AABD
 MA
 FS

Subject:
Redetermination Periods

1545.10 B. Maximum Intervals

1. The following standards are established as maximum intervals for conducting regularly scheduled redeterminations:
 - a. for AFDC non-monthly reporting cases and AFDC cases that do not have low error-prone profiles, at least as often as every six months;
 - b. for AFDC monthly reporting cases and AFDC cases with low error-prone profiles, at least as often as every twelve months;
 - c. for AABD cases with earnings, at least as often as every six months;
 - d. for AABD without earnings and MA assistance units, at least as often as every twelve months;
 - e. for FS assistance units, at least as often as every twelve months.
2. Unscheduled redeterminations may be conducted whenever circumstances warrant the review, provided that the assistance unit is given adequate notice.

C. General Guidelines

1. Assistance units are generally assigned the longest review period possible.
2. The redetermination cycle may be varied for specific cases or target groups on the basis of such factors as error-prone profiles or individual case history.

D. Specific Program Requirements

1. MA Spend-down Cases

- a. Medically needy spend-down cases must be redetermined at least as often as every six months.
- b. The six month redetermination cycle corresponds to the six month excess income spend-down period. (Cross reference: 5500)

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Date: 12-5-08

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Section:
Eligibility Process

Type:
POLICY

Chapter:
The Redetermination Process

Program: AFDC
AABD
MA
FS

Subject:
Redetermination Periods

1545.10 D. Specific Program Requirements (continued)

2. MA and AABD cases are redetermined no later than three months after the grant date when:
 - a. the individual applies no later than thirty days after being released from a correctional or mental disease facility; and
 - b. was granted cash or medical assistance without a new application (Cross-reference 1505.10 A.3); and
 - c. the previous redetermination period has expired or will expire not later than three months following the month assistance is granted.
3. FS Assistance Units
 - a. The redetermination cycle for FS assistance units corresponds to the length of the certification period.
 - b. The assistance unit's eligibility must be redetermined by the end of the last month of the certification period if eligibility is to continue without interruption.

E. Redetermination Cycles Which Coincide

1. MA Assistance Units Receiving Cash Assistance

The medical eligibility of cash assistance recipients is redetermined on the same periodic schedule as the corresponding cash program.

2. FS Assistance Units Receiving Public Assistance

- a. FS assistance units are redetermined on the same periodic schedule as the corresponding PA program if:
 - (1) at least one member of the FS assistance unit is a PA recipient; and
 - (2) circumstances warrant redetermination cycles of equal length.
- b. Redetermination periods of different length may be assigned if circumstances do not warrant a combined FS and PA redetermination.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 3-1-93

Transmittal: UP-93-5

P-1545.10

Section:
Eligibility Process

Type:
PROCEDURES

Chapter:
The Redetermination Process

Program: **AFDC**
 AABD
 MA
 FS

Subject:
Issuing the Redetermination Notice

- P-1545.10
1. Issue notice of the redetermination at the appropriate time.
 2. Include an interview appointment schedule, if necessary.
 3. If the notice is automated, review the preliminary system schedule and make any necessary adjustments by the EDP cut-off date.
 4. For manually issued notices:
 - ° arrange an appointment schedule for your redetermination caseload;
 - ° issue the redetermination notice along with an EDD to the assistance unit.
 5. Take necessary steps to contact, schedule home visits or provide special materials to handicapped individuals who are entitled to the use of auxiliary aids. (Cross Reference: 1000)
 6. Whenever possible issue a joint redetermination notice, or attempt to coordinate the interview schedule if:
 - ° some or all of the assistance unit members receive assistance from multiple programs; and
 - ° the redetermination month for different programs coincides.
 7. For NMR AFDC and related FS cases, make sure that the "Next Redet" indicator on the MISC screen shows the same appropriate code (either "M" for mail-in or "O" for office) with respect to both the AFDC and the FS unit.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Date: 11-1-01

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1545.11

Section:

The Eligibility Process

Type:

POLICY

Chapter:

The Redetermination Process

Program:

FMA

Subject:

Redetermination Periods - TFA Related Assistance Units

- 1545.11 | A. Except as stated below, TFA related Medicaid assistance units which also receive TFA benefits are redetermined on the same periodic schedule that pertains to the TFA assistant unit. (cross reference: 8520.10)
- | B. TFA related Medicaid assistance units which also receive TFA benefits are not subject to the six (6) month counter review. (cross reference: 8520.10)
- | C. TFA related Medicaid assistance units which also receive TFA benefits are subject to the six (6) month calendar review, the twelve (12) month redetermination and the exit interview. (cross reference: 8520.10)
- | D. TFA Extended Medical Assistance is reviewed after twelve months of eligibility as described at 2540.09.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 7-1-87	Transmittal: UP-87-2	1545.15
Section: Eligibility Process	Type:	POLICY
Chapter: The Redetermination Process	Program:	AFDC AABD MA
Subject: Redetermination Notices		FS

1545.15 A. Notification Requirements

1. The Department is required to provide assistance units with timely notification of the scheduled redetermination.
2. FS assistance unit must also be provided with timely notification if a redetermination is to be conducted at an earlier date as the result of a change in the certification period. (Cross Reference :1530).

B. Issuance Requirements

1. AFDC, AABD, MA Cases

- a. Prior to implementation of the EMS system, notice of the redetermination must be issued to AFDC, AABD, or MA assistance units within the following limits;
 - (1) no earlier than forty-five days prior to the first day of the redetermination month; and
 - (2) no later than the last day of the month preceding the redetermination month.
- b. Upon implementation of the EMS system, notice of the redetermination must be issued no earlier than the first day, or later than the last day of the month preceding the redetermination month.

2. FS Cases

FS assistance units must be provided with timely notification of the scheduled redetermination in accordance with the following time standards:

- a. The notice is issued at the time of certification to assistance units that are:
 - (1) certified for one month; or
 - (2) certified for two months in the second month of the certification period; or

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Section:
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Type:
POLICY

Chapter:
The Redetermination Process

Program:
**AFDC
AABD
MA
FS**

Subject:
Redetermination Notices

1545.15 B. 2. a. FS Cases (continued)

- (3) certified for two months prior to the sixteenth day of first month of the certification period;
- b. The notice is issued at the time the AFDC or AABD notice is issued to assistance units that:
 - (1) are comprised entirely of AFDC or AABD recipients; and
 - (2) have a redetermination schedule that coincides with that of the cash assistance program;
- c. The notice is issued to assistance units that do not fall into categories a. or b. above no earlier than the first day, or later than the last day of the month preceding the redetermination month.

C. Joint Notices

The Department may issue separate redetermination notice if a joint review is to be conducted for recipients of cash assistance and food stamps.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 11-1-93**Transmittal: UP-93-38****P-1545.15**

Section:
Eligibility Process**Type:**
PROCEDURES

Chapter:
The Redetermination Process**Program:** **AFDC**
 FS

Subject:
Interviewing and Interview Waivers

P-1545.15 Interviewing

1. Conduct the interview in the same manner as at the time of application.
2. Complete all applicable sections of the EDD and obtain the signature of the client. If an interpreter is used also have the interpreter sign the redetermination forms.
3. Review all factors affecting eligibility and benefit level.
4. Ask the unit to provide any required verification.
5. Offer assistance if it will be difficult for the unit to provide verification by the deadline for submitting the verification.
6. Advise the unit of any additional assistance that may be available.
7. Make appropriate referrals, including work registration or HealthTrack.
8. For all cash and Medicaid assistance units with children under the age of twenty-one, discuss the importance of regular age appropriate well-child care; including immunizations and blood level testing. Encourage these assistance units to take advantage of the following services which the HealthTrack staff can provide:
 - helping to schedule regular medical, dental, vision and hearing appointments
 - helping to find a doctor, dentist or other medical provider convenient for the family
 - arranging medical transportation, if necessary
 - help with eliminating barriers (i.e. child care) which prevents families from receiving medical care
 - providing health education information, including the benefits of preventive health care, the importance of age appropriate immunizations and the periodicity schedule for well-child care.
 - explaining the benefits and availability of the WIC program and other community services of interest

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Section:
Eligibility Process

Type:
PROCEDURES

Chapter:
The Redetermination Process

Program: **AFDC**
FS

Subject:
Interviewing and Interview Waivers

P-1545.15 8. (continued)

- providing information on the availability of local immunization clinics, which provide vaccines free of charge.
 - reminding the client when a child is due for his or her next appointment
 - providing health education information, including WIC and other valuable services
9. If an interview is not specifically required, make a telephone contact and review the EDD whenever possible.
10. Explore any other issues that require further investigation or clarification.

Interview Waivers

1. If a waiver of the office interview requirement is requested, review the conditions and determine if the waiver should be allowed.
2. If the waiver is granted, decide if a home visit or telephone interview should be conducted.
3. Generally consider a telephone interview to be sufficient, except when a home visit is necessary.
 - meet the annual face-to-face redetermination requirements.
 - accommodate limitations of handicapped individuals;
 - assure the accuracy of the eligibility or benefit level determination.
4. Document the reason for granting or denying the request for a waiver of the office interview in the case record or in the EMS narrative.

Unscheduled Appearances

1. Generally, follow application process procedures if an assistance unit appears for the interview at a time other than the scheduled appointment time. (cross reference: P-1505)
2. Try to provide enough open time in your appointment schedule to allow for delays and interruptions.

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Section:
Eligibility Process

Type:
PROCEDURES

Chapter:
The Redetermination Process

Program: AFDC
FS

Subject:
Interviewing and Interview Waivers

P-1545.15 (continued)

3. Make a reasonable attempt to accommodate people who do not appear on schedule.
4. If a new appointment date must be set, try to complete the interview no later than the fifteenth day of the redetermination month. As a general rule, schedule the appointment after the fifteenth only at the client's request.

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Date: 05-10-10

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1545.20

Section: Eligibility Process	Type: POLICY
Chapter: The Redetermination Process	Program: AFDC AABD MA SNAP
Subject: Redetermination Interviews	

1545.20 A. Provisions

1. Except for the following rules, the redetermination interview requirements are the same as the requirements established for the application process. (cross reference: 1505)
2. In-office interviews are required for AFDC assistance units at least once every twelve months, but not for SNAP, AABD and MA assistance units.

B. Face-to-Face Redetermination Requirements

1. AFDC assistance units must be redetermined face-to-face at least once every twelve months through an office interview or home visit.
2. Non-Monthly Reporting AFDC assistance units, either with or without related SNAP benefits, which are redetermined every six months may be redetermined by mail at alternate redeterminations.
3. The requirement covers periods of continuous activity beginning with the initial date of eligibility of the particular assistance unit.

C. Combined Interview Requirement

1. The rule requiring combined application interviews also applies at the time of redetermination to SNAP assistance units that:
 - a. are composed entirely of AFDC recipients; and
 - b. have the AFDC redetermination scheduled in the same month as the SNAP redetermination.
2. Since office interviews are not required for AABD assistance units, the combined interview requirement does not specifically apply. However, the Department attempts to complete a combined interview for AABD assistance units that:
 - a. appear for an in-office SNAP redetermination interview;
 - b. have also received notice of their AABD redetermination; and
 - c. desire assistance in completing the AABD redetermination.

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Section:

Eligibility Process

Type:

POLICY

Chapter:

The Redetermination Process

Program:

**AFDC
SNAP**

Subject:

Redetermination Interviews

1545.20 D. Scheduling Interviews

1. Assistance units are notified of scheduled interview appointments at the time the notice of redetermination is issued.
2. Initial appointments are scheduled:
 - a. no earlier than five business days after the mailing date of the redetermination notice; and
 - b. no later than the fifteenth day of the redetermination month.
3. The assistance unit is responsible for requesting a new appointment if the original appointment is missed or cannot be kept.

E. Waiver of the Office Interview

1. The rules for waiving the office interview for the SNAP are the same at redetermination as at the time of application. (Cross Reference 1505.30)
2. If an AFDC assistance unit has good cause not to attend the office interview, the Department:
 - a. reschedules the interview for as late as the twentieth day of the month following the redetermination month; or
 - b. conducts a home visit or telephone interview as required in this chapter; and
 - c. continues cash assistance payments beyond the redetermination month unless the assistance unit refuses to cooperate or is otherwise found ineligible.
3. For AFDC, a home visit rather than telephone interview is conducted if the face to face redetermination requirement:
 - a. has not been met within the past twelve months; and
 - b. will not be met by the next scheduled redetermination if the current office interview is waived.

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Section:
Eligibility Process

Type:
POLICY

Chapter:
The Redetermination Process

Program: **AFDC**
 AABD
 MA

Subject:
Redetermination Interviews

SNAP

1545.20 F. Unscheduled Appointments

1. The Department is not required to interview assistance units on the same day they appear at the office if:
 - a. the assistance unit comes into the office at a time other than the scheduled appointment time; and
 - b. a new appointment can be scheduled by the fifteenth day of the redetermination month.
2. A reasonable attempt is made to complete the interview on the same day. However, if adequate time remains in the redetermination month a new appointment may be scheduled.
3. Assistance units that have not yet filed their redetermination document must be allowed to submit the document prior to leaving the office if the interview is postponed.

G. Rescheduled Appointments

1. The Department reschedules appointments at the request of the assistance unit.
2. Unless otherwise requested by the assistance unit, the new appointment is rescheduled by the fifteenth day of the redetermination month in order to:
 - a. allow ten days for the assistance unit to provide required verification or complete other required actions; and
 - b. provide the Department with sufficient time to process the redetermination.

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Eligibility Process

Type:
PROCEDURES

Chapter:
The Redetermine Process

Program: **AFDC**
 AABD
 MA
 FS

Subject:
Completing the Redetermination Form

- P-1545.20
1. Review and assist the client with completing the EDD during the redetermination interview.
 2. If a face-to-face interview is not required, attempt to contact the unit by telephone in order to review the EDD and acquire all necessary information.
 3. Treat the EDD in the same manner as a new application, except that circumstances which have been previously confirmed, and are unchanged, need not be verified unless otherwise questionable.
 4. Obtain signatures from the appropriate individuals. For FS assistance units require signature of the authorized representative or an adult member of the assistance unit.
 5. Document your findings.

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Section: Eligibility Process	Type: POLICY
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Chapter: The Redetermination Process	Program: AFDC AABD FS
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Subject: Redetermination Form
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- 1545.25 A. Assistance units are required to complete a redetermination form at each redetermination.
- B. The redetermination form may be:
1. the same form used at the time of application; or
2. a form designed specifically for the redetermination process.
- C. The Department provides each assistance unit with a redetermination form at the same time unit is issued its notice of redetermination.
- D. Assistance units that do not complete the redetermination form within the time limits specified in this chapter may be subject to discontinuance or an interruption in benefits.
- E. The redetermination form must be signed by someone qualified to complete the redetermination on behalf of the assistance unit.

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Section:
Eligibility Process

Type:
PROCEDURES

Chapter:
The Redetermination Process

Program: **AFDC**
 AABD
 MA
Subject: **FS**
 Redetermining Eligibility

- P-1545.25
1. Investigate all factors relating to eligibility or benefit level prior to completing the redetermination.
 2. Allow sufficient time for the assistance unit to complete any required actions.
 3. Provide notice and document the case file if the assistance unit is requested to take additional actions that were not required at the time of the interview.
 4. If there is multiple program involvement, process each case separately according to the individual program standards.
 5. Evaluate categorical eligibility for the MA or FS programs where appropriate.
 6. Use discretion in determining when to evaluate incomplete cases. For example, you may consider allowing more than ten days to provide verification, instead of taking action on the eleventh day after the verification was requested.
 7. Take into consideration such factors as:
 - the amount of time left in the standard processing period;
 - the possibility of internal mail delivery delays;
 - if the client has expressed difficulty in obtaining verification and that the information may be provided late;
 - is the client having difficulty complying because of age or disability.
 8. Observe the timeliness requirements established for:
 - filing the EDD;
 - completing the interview;
 - providing verification.

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PROCEDURES

Chapter:
The Redetermination Process

Program: **AFDC**
 AABD
 MA
 FS

Subject:
Redetermining Eligibility

- P-1545.25 9. Take whatever action is necessary to continue or discontinue eligibility, or where appropriate, to delay processing for good cause factors or administrative delays.
10. Issue appropriate notice to the assistance unit.
11. Document your actions in the case file.

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Section: Eligibility Process	Type:	POLICY
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Chapter: The Redetermination Process	Program:	AFDC AABD MA
<hr/>		
Subject: Qualified Individuals		FS

- 1545.30 A. Except for the following modifications, the rules regarding individuals qualified to complete the redetermination are the same as those established for making application. (Cross Reference: 1505).
- B. The AFDC,AABD or MA redetermination must be completed by the appropriate individual listed below.
1. the AABD or MA recipient;
2. the caretaker relative;
3. the spouse;
4. a court appointed fiduciary, or a responsible adult acting on behalf of a person who is incompetent or incapacitated.
- C. An authorized representative or other person not listed in B. above is not considered qualified to complete the AFDC,AABD, or MA redetermination on behalf of the assistance unit.
- D. The FS redetermination must be completed by:
1. the designated head of the assistance unit; or
2. the designated authorized representative; or
3. a responsible member of the assistance unit.
- E. For FS assistance units, the redetermination form must be signed by the head of the unit, an adult assistance unit member, or by the authorized representative.

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Section:
Eligibility Process**Type:**
PROCEDURES

Chapter:
The Redetermination Process**Program:**
FS

Subject:
Processing Incomplete FS Cases

- P-1545.30
1. Process the incomplete case after the appropriate client time limit for taking action has expired, i.e., the fifteenth day of the redetermination month or 10 days, whichever is later.
 2. Do not act prior to the fifteenth day, unless:
 - an interim change is necessary;
 - the unit withdraws from the program;
 - the unit refuses to cooperate.
 3. Except at your own discretion, do not issue additional notices to the FS unit prior to taking action:
 - unless an interim change is planned.
 4. Wait as long as possible to discontinue cases that are potentially categorically eligible if the cash assistance redetermination is incomplete.
 5. Issue the appropriate certification or discontinue notice after the case is processed.
 6. Do not continue eligibility if the certification period expires and the case has not been found eligible.

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Chapter: The Redetermination Process	Program:	AFDC AABD MA
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Subject: Timeliness Required		FS

1545.35 A. Uninterrupted Benefits (FS)

1. Assistance units are provided benefits without interruption by the first normal issuance date following the redetermination month if they timely complete the required actions of the redetermination process.
2. The following actions must be timely completed in order to receive uninterrupted benefits:
 - a. The redetermination form must be filed and completed; and
 - b. The office interview must be completed, unless exempt from the requirement; and
 - c. Required verification of factors that are conditions of eligibility must be provided.

B. Timely Filing of the Redetermination Form (All Programs)

1. An assistance unit must submit the redetermination form by the following date in order to be considered timely filed.
 - a. FS non-monthly reporting assistance units that are certified for one or two months and issued the redetermination notice at the time of certification must file by the fifteenth day after the date the redetermination notice is issued;
 - b. All other PA and FS non-monthly reporting assistance units must file by the fifteenth day of the redetermination month;
 - c. Monthly reporting assistance units must file by the day of the redetermination month that the monthly report form is normally due.
2. The assistance unit is considered to have timely filed if by the filing deadline the redetermination form is:
 - a. delivered in person or by mail to the appropriate district office, or for SSI assistance units being redetermined for food stamps, to an SSA office; and

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UNIFORM POLICY MANUAL**

Date: 7-1-87

Transmittal: UP-87-2

1545.35 page 2

Section:
Eligibility Process

Type:
POLICY

Chapter:
The Redetermination Process

Program:
**AFDC
AABD
MA
FS**

Subject:
Timeliness Required

1545.35 B. 2. Timely Filing of the Redetermination Form (All Programs)(continued)

- b. complete to the extent that a legible name and address appear on the form; and
- c. signed by the applicant or other qualified individual.

C. Interviews (AFDC, FS)

An assistance unit has timely completed the interview requirement if it appears for any interview by the later of the following dates:

- 1. the date scheduled by the Department; or
- 2. the deadline for filing the redetermination form.

D. Verification (All Programs)

Required verification has been timely submitted if it is provided to the appropriate district office by the later of the following dates:

- 1. the deadline for filing the redetermination form; or
- 2. ten days following the date the verification is initially requested by the Department.

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Date: 4-1-95

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P-1545.35

Section:
Eligibility Process

Type:
PROCEDURES

Chapter:
The Redetermination Process

Program: **AFDC**
 AABD
 MA

Subject:
Processing Incomplete AFDC, AABD or MA Cases

P-1545.35 Missed AFDC Interviews

Take the following actions when an AFDC assistance unit fails to complete the redetermination interview:

1. Issue an adverse action notice the day after the scheduled appointment date.
2. Inform the unit that assistance will be discontinued on the last day of the redetermination month if the interview is not completed by the fifteenth day of the redetermination month.
3. If the unit has notified you of good cause, schedule a second appointment at your discretion.
4. Do not take steps to hold benefits at this time.
5. If the unit has not completed the interview or had one scheduled by the fifteenth day of the redetermination month EMS will:
 - ° issue a second adverse notice on the sixteenth affirming the proposed discontinuance action; and
 - ° not issue the scheduled benefit payment for the month following the redetermination month; and
 - ° discontinue medical assistance.
6. If the unit completes the interview in the month following the redetermination month:
 - ° treat the case as a late redetermination if good cause is established;
 - ° treat the case as an initial application if good cause is not established.
7. Process cases treated as late redetermination within 5 days of the date the redetermination requirements are completed.

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Date: 4-1-95

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Eligibility Process

Type:
PROCEDURES

Chapter:
The Redetermination Process

Program: **AFDC**
 AABD
 MA

Subject:
Processing Incomplete AFDC, AABD or MA Cases

P-1545.35 Missed AFDC Interviews (continued)

8. For assistance units appearing by the tenth day of the month, consider good cause to exist as long as:
 - the unit completes the interview; and
 - has not expressly refused to comply with the redetermination requirements.
9. For assistance units appearing between the tenth day and the last day of the month following the redetermination month, consider good cause to exist only if the unit demonstrates that a specific set of circumstances outside of its control delayed compliance.
10. Complete the redetermination if good cause is established.
11. If the unit is eligible:
 - release any held benefits; or
 - reinstate assistance retroactive to the first day of the month if the case was discontinued and the held benefits voided.
12. If good cause is not established require a reapplication through the normal intake process.

All Other Incomplete Cases

1. In cases of missing verification, contact the unit at your discretion. There is no notice requirement, provided that:
 - the unit had been properly informed when the EDD was reviewed of any required verification; or
 - no interim action is required.
2. Issue an adverse action notice on the fifteenth day of the redetermination month if benefits are to be reduced or terminated because of the incomplete redetermination.
3. Process the case after the fifteenth day if verification was not mandatory and no reduction in benefits will occur.

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Date: 4-1-95

Transmittal: UP-95-5

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Section:
Eligibility Process

Type:
PROCEDURES

Chapter:
The Redetermination Process

Program: **AFDC**
 AABD
 MA

Subject:
Processing Incomplete AFDC, AABD or MA Cases

P-1545.35 All Other Incomplete Cases (continued)

4. Take action to reduce or discontinue assistance if the adverse action period expires, unless:
 - the unit complies;
 - a fair hearing is requested and benefits are continued pending the hearing;
 - good cause is established.
5. If the unit takes any of the above actions, continue to process the case to completion within five days of the date the redetermination requirements are completed.
6. If the unit complies in the month following the redetermination month, but does not establish good cause:
 - treat a discontinued case as a new application from the date the EDD was filed;
 - treat verification provided by an eligible assistance unit as an interim change.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-87

Transmittal: UP-87-2

1545.40

Section: Eligibility Process	Type: POLICY
Chapter: The Redetermination Process	Program: AFDC AABD MA
Subject: Processing Redeterminations	FS

1545.40 A. Processing Requirements

1. Agency Action

- a. Eligibility is redetermined by the end of the current redetermination period in all cases where sufficient information exists to reach a decision.
- b. Continued eligibility is either approved or denied, and the assistance unit notified of the Department's determination.
- c. Eligible assistance units are entitled to receive benefits by the normal issuance date in the first month of the new redetermination period, provided that they meet all other program or monthly reporting requirements.

2. Discontinuance

Unless otherwise stated, assistance is discontinued on the last day of the redetermination month if eligibility is not reestablished through the redetermination process.

3. Immediate Action

- a. Immediate action is taken in the following situation:
 - (1) when a change is discovered that can be affected as in interim action prior to the end of the redetermination period; and
 - (2) when an assistance unit refuses to cooperate with an eligibility requirement.
- b. The rules concerning advance notice requirements in the FS program apply to adverse changes that are treated as interim actions prior to the end of the certification period.

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Section:
Eligibility Process

Type:
POLICY

Chapter:
The Redetermination Process

Program: AFDC
AABD
MA
FS

Subject:
Processing Redeterminations

1545.40 A. 4. Medical Assistance Eligibility (continued)

When cash assistance is to be discontinued for an ineligible AFDC or AABD assistance unit, the Department:

- a. explores eligibility for medical assistance; and
- b. takes immediate action to continue medical coverage to eligible assistance units.

B. Continuing Eligibility on Incomplete Cases

1. AFDC, AABD, MA

- a. If eligibility has not been reestablished by the end of the redetermination period, the Department continues to provide assistance under the following conditions if it appears that the assistance unit will remain eligible:
 - (1) when the agency is responsible for not completing the redetermination; or
 - (2) when the assistance unit fails to act timely but completes the redetermination form and any required interview by the last day of the redetermination month; or
 - (3) when the assistance unit demonstrates good cause for failing to complete the redetermination process.
- b. If eligibility is continued, the assistance unit must complete the redetermination process by the end of the month following the redetermination month, unless circumstances beyond the units control continue to delay the process.
- c. Eligibility may be continued, and the redetermination held pending, as long as:
 - (1) circumstances beyond the control of the assistance unit delay completion of the redetermination process; and

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Section:
Eligibility Process

Type:
POLICY

Chapter:
The Redetermination Process

Program:
**AFDC
AABD
MA
FS**

Subject:
Processing Redeterminations

1545.40 B. 1. c. Continuing Eligibility on Incomplete cases (continued)

(2) the assistance unit appears to be eligible for assistance.

d. Good cause may include, but is not limited to the following hardships.

(1) illness;

(2) severe weather;

(3) death in the immediate family;

(4) other circumstances beyond the control of the assistance unit.

2. FS

a. Eligibility for the FS program is discontinued at the end of the redetermination period in all situations where the redetermination is incomplete and the assistance unit has not been recertified.

b. Discontinuance is automatic, regardless of the reason for the incomplete redetermination.

c. Good cause is not a consideration in the FS program.

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Date: 02-13-01	Transmittal: UP-01-04	1545.45
Section: Eligibility Process	Type:	POLICY
Chapter: The Redetermination Process	Program:	AFDC AABD MA
Subject: Special Processing Requirements		FS

1545.45 A. Specific Requirements (AFDC, AABD, MA)

The following provisions apply to AFDC, AABD or MA assistance units whose eligibility was discontinued at the end of the redetermination period because they failed to complete the redetermination process.

1. Untimely Filing

- a. Redetermination forms filed in the month following the redetermination month are treated as initial applications if good cause is not established for the untimely filing.
- b. If good cause is established:
 - (1) the case is processed as a late redetermination; and
 - (2) eligibility is redetermined within five working days of the date the assistance unit completes all required actions.

2. Untimely Interviews or Submission of Verification

Assistance units that file a redetermination form by the end of the redetermination month, but fail to complete the interview or submit required verification until the following month, are:

- a. processed as an initial application within forty-five days of the filing date if good cause is not established;
- b. processed within five business days of the date the assistance unit completes all redetermination requirements if good cause is established.

| B. Specific FS Requirements

1. Administrative Delays

- a. The Department cannot cause an interruption of benefits if due to an administrative delay the only information missing from the redetermination is verification of non-citizen status.

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Section:
Eligibility Process

Type:
POLICY

Chapter:
The Redetermination Process

Program: FS

Subject:
Special Processing Requirements

1545.45 | B. 1. Administrative Delays (continued)

- b. The Department takes immediate action to provide eligible assistance units with an opportunity to participate if due to an administrative delay benefits are interrupted.
- c. If an interruption in benefits is due to the minimum waiting period for providing required verification, the Department provides an opportunity to participate within five business days of the date of receipt of the verification, if the verification is received timely.

2. Untimely Filing

- a. Redetermination forms that are untimely filed are treated as initial applications and are subject to the processing requirements established for the application process. (Cross reference: 1505)
- b. If the assistance unit files untimely, but prior to the end of the redetermination month, a reasonable attempt is made to complete a redetermination before the certification period expires.
- c. If the certification period expires, the application is processed within thirty calendar days of the filing date.

3. Untimely Interviews or Submitted Verification

- a. Assistance units that timely file a redetermination form, but complete the interview or submit required verification in an untimely manner, are provided an opportunity to participate within thirty calendar days of the date the redetermination form was filed, if benefits were interrupted.
- b. If benefits were not interrupted, the redetermination is processed in time to provide benefits by the normal issuance date in the first month of the new certification period.
- c. An opportunity to participate is provided within five business days of the date of receipt of required verification if the Department is unable to comply with the thirty day standard because of the waiting period for providing required verification.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-88	Transmittal: UP-88-44	1550
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Section:	Type:
The Eligibility Process	POLICY

Chapter:	Program:
Monthly Reporting	AFDC AABD FS

Subject:

1550 Certain designated AFDC, AABD, and FS assistance units are required to report their circumstances to the Department each month. This chapter describes the units who are required to be monthly reporters, how they must meet the requirements, and how the Department processes the reports.

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Date: 7-1-88	Transmittal: UP-88-44	1550.01
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Section:	Type:
The Eligibility Process	POLICY

Chapter:	Program:	AFDC
Monthly Reporting		AABD
		MA

Subject:	FS
Implementation	

1550.01 The material contained in this chapter pertains to a one-month monthly reporting system and is effective upon implementation of EMS in each district.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-90	Transmittal: UP-90-11	1550.05
Section: The Eligibility Processw	Type: POLICY	
Chapter: Monthly Reporting	Program: AFDC	
Subject: Units Required to Report Monthly		

1550.05 Units required to submit monthly reports are designated on the basis of the ability of the monthly reporting process to enhance the accuracy of the determination of eligibility and amount of assistance.

A. AFDC

AFDC units required to submit monthly reports are those which:

1. have earned income; or
2. received a final earned income payment, other than a one time earned income payment such as EITC, lump sum vacation or severance pay, within the past two calendar months; or
3. receive, or are expecting to receive benefits from Unemployment Compensation or Worker's Compensation; or
4. have income deemed to them from deemors who:
 - a. have earned income; or
 - b. have received a final earned income payment, other than a one time earned income payment such as EITC, lump sum vacation or severance pay, within the past two calendar months.

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Date: 4-1-90

Transmittal: UP-90-11

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Section:
The Eligibility Processw

Type:
POLOCY

Chapter:
Monthly Reporting

Program:
AFDC

Subject:
Units Required to Report Monthly

1550.05 B. FS

1. Food Stamp units which are required to report monthly, subject to the restrictions below, are those which:
 - a. have members who are part of an AFDC unit which reports monthly; or
 - b. have earned income unless the only earnings on the case are from AABD recipients; or
 - c. receive a final income payment, other than a one time earned income payment such as an EITC, lump sum vacation or severance payment, within the past two calendar months unless the only final income payments are from AABD recipients; or
 - d. receive or are expecting to receive benefits from Unemployment Compensation of Worker's Compensation unless the only ones receiving or expected to receive such benefits are AABD recipients; or
 - e. have income deemed to them from deemors, who are not AABD recipients, who:
 - (1) have earned income; or
 - (2) have received a final earned income payment, other than a one time earned income payment such as an EITC, lump sum vacation or severance payment, within two calendar months.
2. Food Stamp assistance units are not required to report monthly if they:
 - a. consist of migrant workers; or
 - b. consist entirely of adult members who are elderly or disabled and who have no earned income; or
 - c. consist entirely of members who are all homeless individuals.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-89**Transmittal: UP-89-20****P-1550.05**

Section:
The Eligibility Process**Type:**
PROCEDURES

Chapter:
Monthly Reporting**Program:** **AFDC**
 AABD

Subject:
Units Required to Report Monthly

- P-1550.05
1. At the time of application for assistance, determine if any member of the assistance unit meets the criteria for being required to report monthly.
 2. If the unit is to be required to report monthly:
 - ° describe the requirement to report monthly;
 - ° provide the unit with a copy of the pamphlet describing the Monthly Reporting System;
 - ° enter the appropriate data into EMS.
 3. Do not require submission of a MRF during the period when the case is pending.
 4. Until EMS is operative, make sure that a MRF is issued by CLEM or manually, whichever is appropriate, for the month in which a W-52 is completed to grant assistance.
 5. If a unit was not included in the Monthly Reporting system at the time of application, determine if a unit should be reporting monthly whenever changes are found in the unit's circumstances.

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Date: 7-1-89	Transmittal: UP-89-20	1550.10
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Section: The Eligibility Process	Type: POLICY
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Chapter: Monthly Reporting	Program: AFDC AABD
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Subject: Reporting Requirements	
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1550.10 A. Basic Reporting Requirements

The month in which assistance is granted is the first budget month for which a Monthly Report Form is required. In each month in which the assistance unit is subject to the requirements of the Monthly Reporting system, the unit must submit a reporting form to the Department which:

1. contains all of the requested information; and
2. includes all required information; and
3. is received by the Department on a timely basis. (Cross Reference: 1555)

B. Completeness

The Department considers the Monthly Reporting form to be complete when:

1. all questions requiring completion are answered; and
2. "yes" answers are adequately explained; and
3. income verification is provided; and
4. it is signed by a responsible member of the assistance unit or, in the case of a Food Stamp unit, an authorized representative.

C. Timeliness

1. The Department considers the Monthly Reporting form to have been received on a timely basis when a completed report is received by the Department on or before the due date.
2. The Department uses the date stamped on the reporting form indicating receipt to determine if the timeliness requirement has been met.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 3-1-90**Transmittal: UP-90-2****P-1550.10**

Section:
The Eligibility Process**Type:**
PROCEDURES

Chapter:
Monthly Reporting**Program:** **AFDC**
 AABD

Subject:
Reporting Requirements - Completeness

- P-1550.10
1. When a monthly report form is received from an assistance unit, review all sections for completeness.
 2. Only require completion of those questions necessary to determine eligibility. Do not delay processing of case or consider monthly report form incomplete if missing answers are irrelevant for purposes of determining eligibility.
 3. Determine if all questions requiring completion are answered appropriately.
 4. Be sure all responses requiring explanation have been adequately completed.
 5. Check to see if all necessary verification has been included with the report form.
 6. Be sure the form has been dated and signed by a member of the assistance unit or authorized representative.
 7. Enter the appropriate data into EMS:
 - ° update all information in EMS according to what's provided on the report form;
 - ° indicate incompleteness, if such is the case.
 8. Modify the amount of benefits to be issued in the payment month based on changes reported.
 9. Determine if the eligibility of the unit is affected by any changes reported or anticipated and take appropriate actions.

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Date: 7-1-88	Transmittal: UP-88-44	1550.15
Section: The Eligibility Process	Type:	POLICY
Chapter: Monthly Reporting	Program:	AFDC AABD
Subject: Processing Monthly Reports		

1550.15 A. Incomplete Reporting Forms

The Department notifies units which submit incomplete reporting forms that:

1. they have submitted an incomplete form; and
2. they must provide additional designated information; and
3. the Department must receive the completed form by a designated date to avoid a termination of benefits.

B. Late Reporting Forms

1. The Department notifies units which do not return report forms in a timely manner that:
 - a. the reporting form is late; and
 - b. benefits will be terminated if a form is not received by the end of the reporting month; and
 - c. if the form is returned without good cause for being late, gross earned income will be used in determining eligibility and calculating benefits for AFDC.
2. The Department considers good cause circumstances to include, but not necessarily be limited to, the following:
 - a. hospitalization or documented serious illness of the recipient or a member of the recipient's immediate family;
 - b. incarceration;
 - c. death of an immediate family member;
 - d. agency error;
 - e. lost or stolen mail which is duly reported to the postal authority;
 - f. loss resulting from a catastrophic event such as fire, flood, or natural disaster.

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Section:
The Eligibility Process

Type:
POLICY

Chapter:
Monthly Reporting

Program: **AFDC**
 AABD

Subject:
Processing Monthly Reports

1550.15 B. Late Reporting Forms (continued)

3. When an assistance unit establishes good cause for a late reporting form, the Department:
 - a. determines eligibility and calculates benefits for AFDC using the appropriate disregards and deductions;
 - b. reinstates any discontinued benefits, if the unit remains eligible.
4. No eligibility exists in the payment month when no monthly reporting form is received by the end of the month in which it is due.

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Date: 7-1-88**Transmittal: UP-88-44****P-1550.15**

Section:
The Eligibility Process**Type:**
PROCEDURES

Chapter:
Monthly Reporting**Program:** **AFDC**
 AABD

Subject:
Reporting Requirements - Timeliness

- P-1550.15
1. When a monthly report form is received from an assistance unit:
 - ° check the due date on the front page of the form;
 - ° check the date of receipt stamped on the form.
 2. Consider the report form to have been received in a timely manner if the date of receipt stamped on the form is the due date or an earlier date.
 3. Consider the report form to have been received late if the date of receipt is later than the due date.
 4. When the form has been submitted late by an AFDC unit, use gross income to determine AFDC eligibility and to calculate AFDC benefits unless good cause is established.
 5. Use all appropriate deductions and disregards in determining eligibility and calculating benefits for the AABD and FS programs regardless of whether the form is returned late or not.
 6. Reinstate any discontinued benefits if the unit remains eligible.

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1555

Section:

Eligibility Process

Type:

POLICY

Chapter:

Interim Activity

Program:

AFDC

AABD

MA

Subject:

FS

1555 Interim activity relates to changes that occur between the time of application and redetermination, or between Fair Hearings, which may affect the eligibility or benefit level of assistance units. The chapter discusses the reporting of changes and actions that are taken in response to interim changes.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Date: 5-1-94	Transmittal: UP-94-5	1555.05
Section: Eligibility Process	Type:	POLICY
Chapter: Interim Activity	Program:	AFDC AABD FS MA
Subject: Reporting Changes		

1555.05 A. Timely Reporting

1. Assistance units, with the exception of FS monthly reporting assistance units, are required to report changes to the Department within ten calendar days of the date of the change.
2. A Food Stamp assistance unit is required to report the following changes using a monthly reporting form:
 - a. program changes;
 - b. a change of \$25 in the total medical expenses incurred during the month;
 - c. a change of \$25 that was not anticipated in the estimate of medical expenses provided for the certification period.
3. The ten day reporting requirement applies equally to changes occurring:
 - a. after the application interview but prior to certification; and
 - b. subsequent to certification.
4. AFDC and AABD assistance units must also meet other requirements for considering basic and special needs. (Cross Reference: 4500)

B. Timely Verification

1. Assistance units, with the exception of FS assistance units, are required to provide verifications within ten calendar days of the date of the Department's request.
2. A Food Stamp assistance unit, who qualifies for an excess medical deduction, has the option of verifying the expense monthly or only verifying an increase in total medical expenses of \$25 that was not anticipated for the certification period.

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1555.05 page 2

Section:
Eligibility Process

Type:
POLICY

Chapter:
Interim Activity

Program: **AFDC**
AABD
FS
MA

Subject:
Reporting Changes

1555.05 B. 3. A Food Stamp assistance unit who qualifies for the child support deduction is required to report changes greater than \$50 in the amount of legally obligated child support actually paid when the changes were not anticipated in the certification period.

4. Monthly reporting assistance units must comply with the monthly reporting requirements.

5. The Department offers assistance if it would be difficult for the unit to provide verification in a timely manner.

C. Failure to Take Timely Action

Failure to report or verify changes in a timely manner may cause:

1. ineligibility if eligibility is contingent upon verification of the circumstance;

2. non-consideration of the circumstance in determining eligibility or benefit level either for a current or retroactive period.

D. How Changes are Reported

1. Changes in circumstances may be reported in person, in writing or by telephone.

2. For AFDC or MA assistance units requesting the addition to the unit of a non-mandatory member, the request must be made in writing.

E. Combined Reporting Requirement

1. Assistance units receiving aid from the Department in more than one program area are not required to report changes separately for each program.

2. If the assistance units case maintenance responsibilities are assigned to different case workers, the unit is considered to have properly reported if the change is timely reported to any one of the case workers.

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Date: 5-1-94	Transmittal: UP-95-28	1555.05 page 3
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Section: Eligibility Process	Type: POLICY
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Chapter: Interim Activity	Program: AFDC AABD FS
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Subject: Reporting Changes	MA
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1555.05 F. Reporting Date

An assistance unit is considered to have reported a change on the day that any office of the Department receives notification of the change.

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Date: 7-1-87

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P-1555.05

Section:
Eligibility Process

Type:
PROCEDURES

Chapter:
Interim Activity

Program: **AFDC**
 AABD
 MA
 FS

Subject:
Recording Information

- P-1555.05
1. Document changes that are reported or discovered by you which may affect eligibility, benefits or the accuracy of the Department's records.
 2. Include in the documentation such information as:
 - the date and nature of the report;
 - how or through what means the information was discovered;
 - individual or case identification;
 - an address or phone number for follow-up contact.
 3. If a change is reported or discovered by the wrong office, unit or unit worker:
 - forward any written change information to the appropriate area within 1 business day of the date of receipt.
 - assist persons contacting the Department directly with reaching the appropriate office, unit or unit worker.
 4. Document the change yourself if you are not reasonably sure that the information has been recorded, or if you are unsuccessful in directing the person to the appropriate area.

Failure to record change information may lead to client hardship, a benefit error, or to a false accusation of intentional program violation.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-87	Transmittal: UP-87-2	1555.10
Section: Eligibility Process	Type:	POLICY
Chapter: Interim Activity	Program:	AFDC AABD MA
Subject: Good Cause		FS

1555.10 A. Basic Provisions

1. Under certain conditions, good cause may be established if an assistance unit fails to timely report or verify changes in circumstances and the delay is found to be reasonable.
2. If good cause is established, the unit may be given additional time to complete required actions without loss of entitlement to benefits for a current or retroactive period.
3. In good cause situations, the Department may delay taking action, but reserves the right to take corrective action to prevent possible benefit errors.

B. AFDC, AABD, MA Requirements

1. PA assistance units may establish good cause for:
 - a. failing to report timely; or
 - b. failing to provide required verification timely.
2. Good cause may include, but is not limited to:
 - a. illness;
 - b. severe weather;
 - c. death in the immediate family;
 - d. other circumstances beyond the unit's control.

C. FS

1. FS assistance units are considered to have good cause for failing to provide required verification in a timely manner if:
 - a. the verification is difficult to obtain; and
 - b. the unit requests assistance in obtaining the verification prior to the last day of the timeliness deadline; and
 - c. the Department agrees to provide assistance.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-87

Transmittal: UP-87-2

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Section:

Eligibility Process

Type:

POLICY

Chapter:

Interim Activity

Program:

AFDC

AABD

MA

Subject:

Good Cause

FS

1555.10 C. FS (continued)

2. There are no provisions for establishing good cause if a FS assistance unit fails to timely report a change in circumstances.

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Date: 7-1-87

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Interim Activity

Program: **AFDC**
 AABD
 MA

Subject:
Taking Timely Action

FS

P-1555.10

- 1. Complete any required actions within a reasonable period of time from the date you become aware of the change in circumstances.**
- 2. Try to take actions affecting eligibility or benefits in time to prevent a benefit error from occurring or continuing.**
- 3. Take into consideration any limitations imposed on you by rules pertaining to the date that a change in circumstance may be considered in the determination of eligibility or benefit level.**

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-87	Transmittal: UP-87-2	1555.15
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Section: Eligibility Process	Type:	POLICY
<hr/>		
Chapter: Interim Activity	Program:	AFDC AABD MA FS
<hr/>		
Subject: What Must Be Reported		

- 1555.15 A. In general, assistance units are required to report timely all changes which may affect eligibility or benefit level.
- B. Changes affecting eligibility or benefit level include, but are not limited to the following:
1. changes in the source of income;
 2. changes in the amount of income or resources, regardless of whether or not the income is countable;
 3. changes in the status of excluded income or resources which may become countable;
 4. the acquisition of licensed motor vehicles;
 5. changes in household or assistance unit composition;
 6. changes in address and resulting shelter cost changes;
 7. changes in the amount of deductible expenses;
 8. changes relating to any other categorical, technical or procedural eligibility requirement;
 9. changes in the status of an authorized representative;
 10. changes in basic or special needs.
- C. Assistance units are not required to report changes in the amount of assistance which is provided by the Department.

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Section:
Eligibility Process

Type:
PROCEDURES

Chapter:
Interim Activity

Program: **AFDC**
 AABD
 MA
Subject: **FS**
 Processing Changes

- P-1555.15
1. Obtain any information that you require to accurately assess and determine the effect of the change on case circumstances.
 2. Evaluate the areas of potential involvement. For example, consider how the change impacts on:
 - the assistance unit;
 - other related assistance units;
 - other programs if the assistance unit receives aid from multiple programs.
 3. Whenever possible, make an assessment of whether or not the change was reported timely. This information is important in determining if a benefit error has occurred and the period of time that you will need to request verification for.
 4. Notify the assistance unit of any actions it is required to perform and document your request. Also inform the unit of any time limits for compliance.
 5. Once you have obtained sufficient information, take the appropriate steps to determine the effect on eligibility or benefit level.
 6. Where appropriate, allow an assistance that has not taken timely action to establish good cause.
 7. Consider all pertinent eligibility factors and financial information. Perform any required financial computations.
 8. Perform a medically needy eligibility determination if the assistance unit is to lose its categorical eligibility for the MA program.
 9. Take steps to effect the appropriate changes in case circumstances.

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Section:
Eligibility Process

Type:
PROCEDURES

Chapter:
Interim Activity

Program: **AFDC**
 AABD
 MA
 FS

Subject:
Processing Changes

- P-1555.15 10. If an adverse action notice is required, issue one to the unit.
11. Review the data and determine if an overpayment has occurred or if the assistance unit is due a corrective payment.
12. Take the appropriate action if a benefit error has occurred.
13. Document your findings and actions in the case file.
14. Issue appropriate notice to the assistance unit.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 7-1-87	Transmittal: UP-87-2	1555.20
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Section: Eligibility Process	Type:	POLICY
<hr/>		
Chapter: Interim Activity	Program:	AFDC AABD MA
<hr/>		
Subject: Change Report Form		FS

1555.20 A. EMS Dependency

1. Prior to implementation of the EMS system, change report forms are utilized only in the FS program.
2. Subsequent to EMS implementation, the change report form is used uniformly for all assistance programs.

B. Providing Forms to Recipients

1. Assistance units are provided with change report forms in order to facilitate the reporting of interim changes.
2. Change report forms are issued at the following times:
 - a. at the time of application when assistance is granted; and
 - b. at the time of redetermination if eligibility is continued; and
 - c. subsequent to the receipt of a change report form from an assistance unit.
3. Self-addressed envelopes with prepaid postage are issued along with change report forms.

C. Contents of the Form

1. At a minimum, the change report form includes the following:
 - a. space to indicate the nature of the change and whether the changed circumstances are expected to continue beyond the report month; and
 - b. assistance unit reporting requirements; and
 - c. a reminder that FS assistance units are entitled to claim actual utility expenses; and
 - d. penalties associated with the failure to report changes.
2. The change report form may also include any other relevant information as deemed necessary by the Department.

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Date: 7-1-87**Transmittal: UP-87-2****P-1555.20**

Section:
Eligibility Process**Type:**
PROCEDURES

Chapter:
Interim Activity**Program:** **AFDC**
 AABD
 MA
 FS

Subject:
Determining the Effective Date

- P-1555.20
1. Review the policy that relates to when a change in circumstance is taken into consideration in the determination of eligibility or benefit level.
 2. Use the appropriate prospective or retrospective budgeting method to determine the date a change should begin to affect the case circumstances.
 3. Consider any good cause factors that have been established by the assistance unit.
 4. Take action to effect the necessary change in the on-going award at the earliest possible date.
 5. Take action to establish an overpayment or to issue a corrective payment if timely action was not taken by the assistance unit or by the Department.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 2-1-97	Transmittal: UP-97-1	1555.25
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Section: Eligibility Process	Type:		POLICY
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Chapter: Interim Activity	Program:		AFDC AABD MA
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Subject: Notification			FS
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- 1555.25 A. Assistance units incurring a change in circumstances are notified of actions taken by the Department which affect eligibility or benefit level.
- B. Assistance units are provided with notice of adverse action when a change in assistance unit circumstances results in ineligibility or reduced benefits, except when such notice is not required. (Cross Reference: 1570)
- C. The Department notifies assistance units of programmatic changes which result in mass modification of all or a portion of the general caseload. (Cross Reference: 1570)
- D. The Department notifies assistance units prior to expunging inactive EBT accounts.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-87	Transmittal: UP-87-2	1555.30
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Section: Eligibility Process	Type:	POLICY
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Chapter: Interim Activity	Program:	AFDC AABD MA
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Subject: Processing Changes		FS
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1555.30 A. Agency Action

1. The Department acts promptly to determine the effect on eligibility or benefit level whenever changes become known to the Department.
2. Prior to taking corrective action the Department:
 - a. determines the accuracy of the information upon which it is acting; and
 - b. may require verification of any reported information which is questionable.

B. Agency Timeliness Requirements

1. Mass Changes

Programmatic changes that require a mass modification of all or a portion of the case load are acted upon within the time constraints imposed by state or federal law.

2. Individual Case Changes

- a. The Department takes corrective action within a reasonable period of time from the date it becomes aware of the change.
- b. Whenever possible, the Department attempts to effect necessary actions within thirty calendar days after receiving notification of the change in circumstances.
- c. If an adverse action notice is required, such notice is issued within ten calendar days after acquiring sufficient information to support the proposed action.

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Date: 7-1-87	Transmittal: UP-87-2	1555.35
Section: Eligibility Process	Type:	POLICY
Chapter: Interim Activity	Program:	AFDC AABD MA
Subject: Effective Date of Change		FS

1555.35 A. General Provisions

1. Changes in circumstances are taken into consideration in determining eligibility or benefit level in accordance with rules of this subject and the appropriate prospective or retrospective budgeting method. (cross reference: 6000)
2. Specific requirements for the inclusion or deletion of assistance unit members are established in the chapter of this section dealing with beginning and ending dates. (cross reference: 1560-1565)

B. Changes Resulting in Decreased Benefits

1. AFDC, AABD, MA Adverse Changes

Changes that cause a decrease in benefits or ineligibility are taken into consideration in the month the change occurred, regardless of when the change is reported.

2. FS Adverse Changes

- a. Changes that cause ineligibility or a decrease in benefits are taken into consideration:
 - (1) no earlier than the month following the month of the change; and
 - (2) no later than the month following the month in which the notice of adverse action would expire if the change had been timely reported.
- b. The change may be taken into consideration in the same month that the adverse action notice expires as long as the notice expires:
 - (1) after the month in which the change occurred; and
 - (2) before the regularly scheduled issuance date of the unit's monthly benefits.

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Section:
Eligibility Process

Type:
POLICY

Chapter:
Interim Activity

Program:
**AFDC
AABD
MA
FS**

Subject:
Effective Date of Change

1555.35 C. Changes Resulting in Increased Benefits

1. AFDC, AABD, MA Changes

- a. Changes resulting in increased benefits are considered in the month the change occurs, provided that:
 - (1) the change is reported and verified in a timely manner; or
 - (2) good cause is established if the change was not timely reported or verified.
- b. Changes either reported or verified in an untimely manner are considered beginning with the following months if good cause is not established:
 - (1) the reporting month if verification is provided timely; or
 - (2) the month of verification if the verification is not provided in a timely manner.
- c. Changes in basic or special needs reported later than the month following the month that the need is incurred are not considered in the total need determination.

2. FS Changes

- a. Changes resulting in increased FS benefits are considered in the month following the month of the change, provided that:
 - (1) the change is reported and verified in a timely manner.
 - (2) good cause is established if the change is not timely verified.

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Section:
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Type:
POLICY

Chapter:
Interim Activity

Program: **AFDC**
 AABD
 MA
 FS

Subject:
Effective Date of Change

1555.35 C. 2. FS Changes (continued)

b. Changes that are either reported or verified in an untimely manner are considered beginning with:

- (1) the month following the month the change is reported if verification is provided timely; or
- (2) the month following the month of verification if the verification is not provided in a timely manner and good cause is not established.

3. Retroactive Consideration

Assistance units are not entitled to a retroactive consideration of changed circumstances if they fail without good cause, to report or provide verification timely.

D. FS Assistance Units Receiving Cash Assistance

- 1. Increases in FS benefits caused by a reduction in the amount of AFDC or AABD cash assistance are not made effective prior to the expiration of the PA notice of adverse action.
- 2. If the PA action is appealed, no action is taken to increase the FS benefits.
- 3. If the PA action is not appealed, the effective date is determined in the same manner as in paragraph B.2. above, except that the effective date of increase is calculated from the date the notice of adverse action expires.
- 4. The Department issues a FS Recertification notice informing the assistance unit that it must reapply if:
 - a. the Department does not have sufficient information to determine the affect of the PA change on FS eligibility; and
 - b. the unit does not appeal the PA action.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 7-1-87	Transmittal: UP-87-2	1560
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Section: The Eligibility Process	Type:	POLICY
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Chapter: Beginning Dates of Assistance	Program:	AFDC AABD MA FS
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Subject:		
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1560 This chapter contains the policy for determining the beginning date of assistance after eligibility has been established, both for initial benefits and when there is an addition to an active assistance unit. This policy provides the basis for setting the effective date of benefits.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

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1560.05

Section:
The Eligibility Process

Type:
POLICY

Chapter:
Beginning Dates of Assistance

Program: **AFDC**
 AABD

Subject:
Financial Assistance Beginning Dates

- 1560.05 A. With the exception of residents of long term care facilities who are applying for AABD benefits, the beginning date of assistance in the AFDC and AABD programs is the date the Department receives a signed application, or the date all eligibility factors are met, whichever is later, as follows:
1. The date the application is received is used as the beginning date of assistance when:
 - a. financial eligibility exists for the month of application; and
 - b. all categorical and technical eligibility requirements are met as of that date; and
 - c. procedural requirements are complied with as required during the application process.
 2. The date all eligibility factors are met is used as the beginning date of assistance when:
 - a. the assistance unit has excess assets at the time of application, but the amount is reduced to within eligibility standard levels during the application process in accordance with policy; or
 - b. a categorical or technical eligibility requirement is met at a later date during the application process.
 3. The first day of the month following application is used as the beginning date of assistance when:
 - a. income eligibility does not exist in the month of application; and
 - b. income eligibility does exist in the month following application; and
 - c. all other eligibility requirements are met.
- B. The beginning date of financial assistance for residents of long term care facilities requesting AABD benefits is the first of the month in which all of the following conditions are met:
1. the individual is eligible for Medicaid; and
 2. has been found eligible to receive SSI benefits; and
 3. meets all other eligibility factors.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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P-1560.05

Section:
The Eligibility Process

Type:
PROCEDURES

Chapter:
Beginning Dates of Assistance

Program: **AFDC**
 AABD
 FS
 MA

Subject:
Determining the Beginning Date of Assistance

P-1560.05 All Programs

1. Complete the eligibility process and establish that all eligibility requirements are met for the assistance unit.
2. Decide whether eligibility factors were met as of the date of the application or whether eligibility was not established until a later date.
3. Consider the date of application to be the date all eligibility factors are met, if verification submitted after the application date proves that all factors were clear on the application date.
4. Follow the rules in policy for setting the specific date based on steps 1, 2, and 3.

Medicaid

1. Determine eligibility for each of the 3 months prior to application separately.
2. Consider eligibility factors only for a retroactive month in which there were medical services which are payable under Medicaid.
3. In spend-down cases, see 5520 Income Eligibility Procedures to determine the earliest date of eligibility.

Food Stamps

1. Determine if the assistance unit is a migrant/seasonal farmworker assistance unit that participated in the Food Stamp program within 30 days prior to application.
2. If yes, go to steps 3 and 4.
If no, go to steps 5 and 6.
3. If the application is processed within 30 days, use the first day of the month of application as the beginning date of assistance.
4. If the application is processed beyond 30 days:
 - If due to agency delay, use the first day of the month of application as the beginning date of assistance.
 - If due to assistance unit delay, use the first day of the month in which eligibility is established.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Section:

The Eligibility Process

Type:

PROCEDURES

Chapter:

Beginning Dates of Assistance

Program:

AFDC

AABD

FS

MA

Subject:

Determining the Beginning Date of Assistance

P-1560.05 Food Stamps

5. If the application is processed within 30 days, use the date of application as the beginning date of assistance.
6. If the application is processed beyond 30 days:
 - If due to agency delay, use the date of application as the beginning date of assistance.
 - If due to assistance unit delay, use the first day of the month in which eligibility is established.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 1-1-89	Transmittal: UP-89-9	1560.10
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Section: The Eligibility Process	Type: POLICY
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Chapter: Beginning Dates of Assistance	Program: MA
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Subject: Medicaid Beginning Dates of Assistance
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1560.10 The beginning date of assistance for Medicaid may be one of the following:

- A. the first day of the first, second or third month immediately preceding the month in which the Department receives a signed application when all non-procedural eligibility requirements are met and covered medical services are received at any time during that particular month; or
- B. the first day of the month of application when all non-procedural eligibility requirements are met during that month; or
- C. the actual date in a spenddown period when all non-procedural eligibility requirements are met. For the determination of income eligibility in spend-down, refer to Income Eligibility Section 5520; or
- D. the first of the calendar month following the month in which an individual is determined eligible when granted assistance as a Qualified Medicare Beneficiary (Cross Reference: 2540.94). The month of eligibility determination is considered to be the month that the Department receives all information and verification necessary to reach a decision regarding eligibility.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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P-1560.10

Section:
The Eligibility Process

Type:
PROCEDURES

Chapter:
Beginning Dates of Assistance

Program: **AFDC**
 AABD
 MA
 FS

Subject:
Adding a Member to the Assistance Unit

P-1560.10 AFDC, FMA

1. Determine if the new member is a mandatory member of the assistance unit (see 2005.10).
2. Find out when the new member arrived in the household.
3. Decide whether or not the arrival was reported within 10 days. If not, decide if there was good cause (see 1555.10).
4. Accept a completed W416 as notification for both programs of the addition of a newborn to an active assistance unit in which the newborn is a mandatory member.
5. Refer parents of all newborns and other children under the age of twenty-one to Health Track. Discuss the importance of regular age appropriate well-child care, including immunizations and blood lead testing. Encourage these parents to take advantage of the following services which HealthTrack can provide:
 - helping to schedule regular medical, dental, vision and hearing appointments
 - helping to find a doctor, dentist or other medical provider convenient for them and their family
 - arranging medical transportation, if necessary
 - help with eliminating barriers (i.e. child care) which prevents families from receiving medical care
 - providing health education information, including the benefits of preventive health care, the importance of age appropriate immunizations and the periodicity schedule for well-child care.
 - explaining the benefits and availability of the WIC program and other community services of interest
 - providing information on the availability of local immunization clinics, which provide vaccines free of charge.
 - reminding the client when a child is due for his or her next appointment

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Section:
The Eligibility Process

Type:
PROCEDURES

Chapter:
Beginning Dates of Assistance

Program: **AFDC**
 FMA
 FS

Subject:
Adding a Member to the Assistance Unit

P-1560.10 (continued)

6. Use the date the form was signed to determine whether the notice was within 10 days.
7. If the notice was not signed within 10 days of the child's birth, determine whether good cause exists (see 1555.10).
8. Confirm that either an individual whose presence is reported or one whose presence is not reported meets categorical, financial and technical requirements on the beginning date of assistance;
9. Presume that an individual who reported timely will be cooperative with procedural requirements;
10. Do not add an individual who did not report timely, however, until cooperation with procedural requirements is demonstrated by such things as keeping appointments with WIN, Support or Resources, and producing a Social Security number.

FS

1. Determine eligibility of the assistance unit including the additional member.
2. Set the beginning date of assistance based on whether assistance increases or decreases as a result of the eligibility determination.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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1560.15

Section:
The Eligibility Process

Type:
POLICY

Chapter:
Beginning Dates of Assistance

Program: FS

Subject:
Food Stamp Beginning Dates

1560.15 A. Full Cooperation

1. For assistance units which fully cooperate in providing eligibility information, the beginning date of Food Stamp assistance is the date the Department receives a signed application, or the first day of a subsequent month in which all eligibility factors are met, if eligibility does not exist in the month of application, except for prerelease applicants.
2. For prerelease applicants who fully cooperate in providing information, the beginning date of Food Stamp assistance is the date of release from the institution, or the first day of a subsequent month in which all eligibility factors are met, if eligibility does not exist in the month of application.

B. Lack of Cooperation

For an assistance unit which causes a delay in processing due to a lack of cooperation in providing eligibility information the beginning date of Food Stamp assistance is:

1. the date the Department receives a signed application when all information required for a decision to grant is submitted within 30 days following the date of application; or
2. the date the FS applicant provides the necessary information or takes the necessary action to complete the application process, when all eligibility information is submitted in the second thirty day period.

C. Migrant and Seasonal Farmworkers Who Reapply Within 30 Days of Termination of Benefits

For migrant or seasonal farmworker assistance units which participated in the Food Stamp program within 30 days prior to application, the beginning date of Food Stamp assistance is the first day of the month in which the Department receives a signed application, or the first day of a subsequent month in which all eligibility factors are met, if eligibility does not exist in the month of application.

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Section:

The Eligibility Process

Type:

POLICY

Chapter:

Beginning Dates of Assistance

Program:

FS

Subject:

Food Stamp Beginning Dates

1560.15 D. Assistance Units Other Than Migrant and Seasonal Farmworkers That Apply Within One Month of Discontinuance

For Food Stamp assistance units that participated in the program within one month prior to application, the beginning date of Food Stamp assistance is the date the Department receives a signed application, or the first day of a subsequent month in which all eligibility factors are met, if eligibility does not exist in the month of application.

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UNIFORM POLICY MANUAL**

Date: 7-1-87	Transmittal: UP-87-2	1560.20
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Section: The Eligibility Process	Type: POLICY
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Chapter: Beginning Dates of Assistance	Program: AFDC FMA
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Subject: Additions to the Assistance Unit	
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1560.20 A. Mandatory Inclusions in the Assistance Unit

1. Presence of Member Reported

For a new member whose addition to the household is reported within 10 days of the individual's arrival, the beginning date of assistance for mandatory inclusion in the unit is:

- a. the date of the report, if:
 - (1) all categorical, financial and technical requirements are met on that date; and
 - (2) all procedural eligibility requirements are complied with by the dates set by the Department; or
- b. whichever of the following dates occurs later:
 - (1) the date on which all categorical, financial and technical requirements are met if eligibility does not exist on the date of the report; or
 - (2) the date on which procedural eligibility requirements are complied with if this date occurs after the time limit set by the Department.

2. Presence of Member Not Reported

For a new member whose presence is not reported within 10 days of arrival in the household, the beginning date of assistance for the new member is the date that all eligibility requirements are met, including procedural.

B. Non-Mandatory Additions to the Assistance Unit

For a new member who is a non-mandatory addition to the assistance unit, the beginning date of assistance is one of the following dates, whichever occurs later:

- 1. the date a written request for the individual is received; or
- 2. the date all categorical, financial and technical requirements are met and all procedural eligibility requirements are complied with as required by the Department.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Section: The Eligibility Process	Type: POLICY
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Chapter: Beginning Dates of Assistance	Program: MA FS
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Subject: Additions to the Assistance Unit	
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1560.20 C. Medicaid - Newborns

For a newborn child who qualifies automatically by living with its mother who receives Medicaid, the beginning date of FMA is the child's date of birth.

D. Food Stamps

After eligibility is determined the beginning date of assistance for adding a member to the assistance unit depends on whether benefits increase or decrease.

1. If the addition increases benefits, the beginning date of assistance is the first of the month following the month the change is reported.
2. If the addition decreases benefits, the beginning date of assistance is:
 - a. the first of the month following the month the change occurs when the advance notice of action ten-day period expires before the last day of the cycle in the month of change; or,
 - b. the first of the second month following the month the change occurs when the advance notice of action ten-day period expires after the last day of the cycle in the month of change.

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UNIFORM POLICY MANUAL**

Date: 7-1-87	Transmittal: UP-87-2	1565
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Section: The Eligibility Process	Type:		POLICY
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Chapter: Ending Date of Assistance	Program:		AFDC AABD MA FS
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Subject:	
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1565 The policy on Ending Dates of Assistance provides the basis for the discontinuance date. In addition, overpayments and entitlement to lost benefits are determined using this policy.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-87	Transmittal: UP-87-2	1565.05
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Section: The Eligibility Process	Type: POLICY
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Chapter: Ending Dates of Assistance	Program: AFDC AABD MA
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Subject: Basic Provisions	FS
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1565.05 A. AFDC, AABD, MA

When eligibility has been determined to no longer exist, the last day for which the assistance unit is entitled to the benefits of the program is:

1. the last day of the month preceding the month in which ineligibility is caused by:
 - a. excess income or excess assets - AFDC, AABD, MA;
 - b. striking - AFDC only; or
2. the last day of the month in which a nonfinancial eligibility factor causes ineligibility, provided that eligibility had existed on the first of the month. This includes death of a recipient.

B. FS

1. When Food Stamp eligibility no longer exists, the ending date of entitlement to benefits is:
 - a. the last day of the last month of the certification period, when ineligibility is determined based on a recertification; or
 - b. the end of the month in which ineligibility is established when no advance notice is required.
2. When a change occurs which causes ineligibility, the ending date of entitlement to benefits is:
 - a. for a change which is correctly reported:
 - (1) the last day of the month of the change if the advance notice period expires before the last day of the cycle of that month; or
 - (2) the last day of the month following the month of the change if the advance notice period expires after the last day of the cycle of the month of change.
 - b. for a change which is not correctly reported, the end of the first month action could have been taken if the change had been correctly reported.

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Section:
The Eligibility Process

Type:
PROCEDURES

Chapter:
Ending Dates of Assistance

Program: **AFDC**
 AABD
 MA
Subject: **FS**

Determining the Ending Date of Assistance

P-1565.05 AFDC, AABD, MA

1. Determine the ending date of assistance on the basis of the reason for ineligibility.
2. Note that the ending date is always the end of a month.
3. Use these rules in computing overpayments (see 7000 Benefit Error).
4. Remember that excess income and asset cases which require a retroactive ending date will generate overpayments.
5. Do not confuse "ending date of assistance" which refers to eligibility for benefits with "discontinuance date" which is the date action is taken.

FS

Use policy regarding certification periods, time standards, notification and continuation of benefits from this Section and 7000 Benefit Error in conjunction with this policy.

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P-1570.30

Section:
The Eligibility Process

Type:
PROCEDURES

Chapter:
Fair Hearings

Program: MAABD

Subject:
Adjustment of CSPA

- P-1570.30
1. Determine the reason for the Fair Hearing request.
 2. If the Fair Hearing is being requested because the requester considers the computation of the CSPA to be incorrect, go to P-1570.25 - "Calculation of CSPA."
 3. If the Fair Hearing is being requested because the requester feels that the community spouse's income from all sources including income from the CSPA is insufficient to meet the MMNA, go to step 4.
 4. Obtain a Fair Hearing Summary with:
 - a copy of the request for the assessment
 - a copy of the notification of the result of the assessment
 - a copy of any documentation used for the assessment
 - verification of the community spouse's monthly needs
 - verification of the community spouse's gross monthly income.
 5. Calculate the MMNA for the community spouse following the procedures in P-5035.10 - "MMNA."
 6. If it is claimed that the community spouse (CS) has exceptional circumstances resulting in significant financial duress, evaluate the claim and adjust the MMNA, if appropriate, by following the procedures in P- 1570.26.
 7. Determine whether the CS' own income, including income generated from his or her present CSPA, plus income that may be diverted from the institutionalized spouse, is sufficient to meet the CS' MMNA (using the MMNA from step 5 or 6, as appropriate).
 8. If the income from step 7 is sufficient to meet the CS' MMNA, stop here. Do not adjust the CSPA.

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Type:
PROCEDURES

Chapter:
Fair Hearings

Program: MAABD

Subject:
Adjustment of CSPA

- P-1570.30 9. If the income from step 7 is not sufficient, compare the income currently being generated by the CS' assets (the CSPA amount) to what **would** be generated if the assets were producing income at a rate equal to the current average rate of return generated by a 12 month CD. To determine the return generated by a 12 month CD, average the three highest yields on 12 month CDs for banks with a physical presence in Connecticut. This figure can be obtained by referring to a reliable internet website, such as depositaccounts.com. If depositaccounts.com no longer exists or no longer provides information about banks with a physical presence in Connecticut, you may use a different website to obtain information about the rate of return on a 12 month CD for banks with a physical presence in Connecticut. Document the source of your information in the case notes. For spouses who live in another state, the yield determination should be based on the average of the three highest yields in banks with a physical presence in the state where the spouse resides. Again, if you cannot obtain this information using depositaccounts.com, you may use a different website and document the source of your information in the case notes.
- Compute the income generated based on the higher of the two figures described in step 9 above.
 - If the CS' assets, producing income at the appropriate rate described above, when added to the CS' other income, would be sufficient to meet the CS' MMNA, stop here. Do not adjust the CSPA.
 - If the income would not be sufficient, continue to step 10.
10. If you determine that the CSPA should be increased, compute the amount of assets, based on the current average rate of return on a 12 month CD, needed to generate sufficient income to raise the community spouse's income to the MMNA. This the adjusted CSPA.

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Chapter: Fair Hearings		Program:		AFDC AABD MA FS
Subject:				

1570 | The Department provides an appeal in the form of a Fair Hearing.

In this chapter, the Department's Fair Hearing policies and procedures are described in detail, as well as those related to the issuance of proper notification of adverse actions. Among the subjects contained in this chapter are:

- General Provisions
- Notice of Action
- Resolution of Dispute Prior to Fair Hearing
- Eligibility Pending Fair Hearing
- Hearing Procedures
- Appeals

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Section:

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Type:

POLICY

Chapter:

Fair Hearings

Program:

**AFDC
AABD
MA
FS**

Subject:

General Provisions

1570.05 A. Purpose

The purpose of the Fair Hearing process is to allow the requester of the Fair Hearing to present his or her case to an impartial hearing officer if the requester claims that the Department has either acted erroneously or has failed to take a necessary action within a reasonable period of time.

B. Right to a Fair Hearing

Subject to the conditions described in this chapter, the requester has the right to a Fair Hearing if:

1. the Department denies the assistance unit's application for benefits; or
2. the Department does not take action on the assistance unit's application within the time limits specified in Section 1500; or
3. the requester feels that the Department has either failed to take a required action or has taken an erroneous action. Such actions include:
 - a. suspending, reducing, discontinuing, or terminating benefits; or
 - b. imposing conditions upon eligibility; or
 - c. issuing benefits in a manner other than directly to the assistance unit; or
 - d. taking any other action affecting the receipt of benefits, such as computing the amount of benefits.

C. Denial or Dismissal of Request for a Fair Hearing

The Department denies or dismisses a request for a Fair Hearing if:

1. the request for the Fair Hearing is not made within the time limits described in this section; or
2. the requester or his or her representative withdraws the request in writing; or

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1570.05 C. Denial or Dismissal of Request for a Fair Hearing (continued)

3. the requestor or his or her representative fails to appear at the scheduled hearing without good cause; or
4. the sole issue is one of state or federal law requiring automatic benefit adjustment for a class of recipients. In such cases, the requester has a right to a hearing only if the issue is that the Department has misapplied the law or that the Department has made an error in computation.

D. Who Can Request a Fair Hearing

1. Any member of the assistance unit, as well as the unit's authorized representative, or conservator of a unit member, has the right to request a Fair Hearing.
2. In the Medicaid program, the following persons have the right to request a Fair Hearing on behalf of a deceased unit member:
 - a. spouse;
 - b. child or parent;
 - c. executor, administrator or conservator;
 - d. any other person who, during the deceased's lifetime, assumed personal financial liability for the deceased's medical debts which would be covered under Medicaid.
3. Others who may be aggrieved by a Department action, and have a right to a Fair Hearing, are those persons from whom the Department is attempting to recover income or assets, as described in Section 7500.
4. In the Medicaid program, a community spouse, as well as the community spouse's authorized representative, or conservator of a community spouse, has the right to request a Fair Hearing regarding:
 - a. the assessment of spousal assets (Cross Reference 1507.05); and
 - b. the determination of the Community Spouse Disregard (CSD) (Cross Reference 4022.05); and

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1570.05 D. 4. Who Can Request a Fair Hearing (continued)

- c. the determination of deemed assets (cross reference 4025.65); and
- d. the determination of the Community Spouse Allowance (CSA) (Cross reference 5035.30); and
- e. the determination of the Community Family Allowance (CFA) (cross reference 5035.35).

E. Party to a Hearing Requested by Another

- 1. The Fair Hearing official may grant status as a party to a hearing requested by another. To be granted this status, a person must meet the following conditions:
 - a. he or she is directly affected by the action taken by the Department;
 - b. he or she is a person who can request a hearing on his or her own behalf, as listed in D, above;
 - c. he or she submits a written request to the Department at least five days prior to the scheduled hearing;
 - d. he or she has sent a copy of the request to the person who originally requested the hearing and to any other person who is a party to the hearing;
 - e. the request states facts that demonstrate that the requestor's legal rights, duties or privileges are directly affected by the Department's action.
- 2. The Fair Hearing official may waive the five day deadline for requesting party status if there is good cause.

F. Intervenor

- 1. The Fair Hearing official may grant status as an intervenor. To be granted this status, a person must meet the following conditions:

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1570.05 F. 1. Intervenor (continued)

- a. he or she must submit a written request to the Department at least five days prior to the scheduled hearing;
- b. he or she must send a copy of the request to the person who requested the hearing and to all other persons who are parties to the hearing;
- c. he or she must state facts that demonstrate that his or her participation in the hearing is in the interest of justice and will not impair the orderly conduct of the hearing;
- d. he or she must designate the issues in which he or she has an interest.

2. The Fair Hearing official may waive the five day deadline for requesting intervenor status if there is good cause.

G. Informing the Assistance Unit

1. The Department issues and publicizes all Fair Hearing policies and procedures appearing in this section.
2. At the time of application and at the time of any action affecting the assistance unit's benefits, the Department informs the requester, in writing, of the following:
 - a. the requester's right to a Fair Hearing; and
 - b. the method by which the requester obtains a Fair Hearing; and
 - c. that the requester may be self-representative, may use legal counsel, a relative, friend, or other spokesperson; and

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1570.05 G. 2. Informing the Assistance Unit (continued)

- d. the address of the local Legal Aid office, if there is free legal representation available.

H. Time Limits for Requesting a Fair Hearing

1. The request for a Fair Hearing must be made within a specified period of time from the date that the Department mails a notice of action.
 - a. For all programs except Food Stamps, this period is 60 days.
 - b. For the Food Stamp program, this period is 90 days.
2. Subject to the conditions described in this chapter, the requester has 10 days from the date the Department mails a notice of action to request a Fair Hearing in order to prevent termination or reduction of benefits before the Fair Hearing decision is rendered.
3. If the dispute involves a delay in action on an application, the assistance unit has the right to request a Fair Hearing as of the date the action becomes overdue, as described in this section.
4. If the dispute involves a delay or refusal to make a change, the requester has the right to request a Fair Hearing as of the date the change should have been made, as described in this section.
5. The requester's right to a Fair Hearing on the issue of delays extends for a period not to exceed 12 months from the date of application or date of requested change.
6. In the Food Stamp program, the assistance unit may request a Fair Hearing to dispute its current level of benefits at any time within a certification period.

I. Request for a Hearing

1. The request for a Fair Hearing must be in writing for all programs except the Food Stamp program. In the Food Stamp program, the request for a Fair Hearing may be written or oral.
2. The Department does not limit or interfere with the requester's freedom to submit a request for a Fair Hearing.

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1570.05 I Request for a Hearing (continued)

3. The Department helps the requester in submitting a Fair Hearing request if the requester is having difficulty in doing so. If the requester is Spanish-speaking, the Department explains the hearing procedures to him or her in Spanish.

J. Impartiality of Fair Hearing Official

The official conducting the Fair Hearing is an employee of the Department who is authorized by the Commissioner and:

1. has no personal stake or involvement in the case; and
2. was not directly involved in the initial determination of the action which is being contested; and
3. was not the immediate supervisor of the eligibility worker who took the action.

K. Group Hearings

1. The Department conducts a group hearing in response to a series of individual requests under the following conditions:
 - a. the sole issue involved is one of federal or state law or of Departmental policy; and
 - b. the request is made for a group hearing; or
 - c. the Department feels that a group hearing is appropriate and the requesters agree.
2. The policies and procedures concerning Fair Hearings, as outlined in this chapter, are the same for group hearings.
3. Each requester involved in a group hearing has the right to present his or her own case or be represented by his or her representative.

L. Resolution of the Fair Hearing Issue - Time Limits

1. The Department takes prompt, definitive, and final action in resolving the dispute. Final action includes the following:

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- 1570.05 L. 1. Resolution of the Fair Hearing Issue-Time limits (continued)
- a. issuance of the Fair Hearing decision; and
 - b. notifying the requester of the decision; and
 - c. making any changes in the assistance unit's case as mandated by the Fair Hearing decision; and
 - d. notifying the requester of the changes.
2. The Department issues the Fair Hearing decision within a specified period of time. This period starts with the date the Department receives the request for a Fair Hearing.
- a. for all programs except Food Stamps, the time period is 90 days;
 - b. for the Food Stamp program, the time period is 60 days.
3. When a request for an extension is made by the person who requested the Fair Hearing, the time limit for resolving the dispute is extended if the Fair Hearing is postponed. The extension period equals the number of days the Fair Hearing is postponed.
- M. Issues Affecting More Than One Program
1. If the Fair Hearing issue affects the assistance unit's eligibility for both financial and medical assistance, a single decision serves to resolve the eligibility question for both programs.
 2. If the Fair Hearing issue affects Food Stamp eligibility and eligibility under another program, one decision resolves the Food Stamp eligibility question and a separate decision resolves the eligibility question for the other program.
 3. If the Fair Hearing issue involves eligibility for both Food Stamps and another program, the Department follows the guidelines concerning Fair Hearing time limits governing the other program, as described in this chapter.

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Fair Hearings

Program: **AFDC**
 AABD
 MA
 FS

Subject:
Notifying the Assistance Unit

- P-1570.05
1. At the time of application and at redeterminations, inform the assistance unit that it has the right to a Fair Hearing if it is dissatisfied with a Departmental action, a delay in processing an application or in making a change, or a failure to take a required action.
 2. When required by policy, send a notice at least 10 days prior to discontinuing, terminating, suspending, or reducing benefits, and prior to changing the form of payment.
 3. When the assistance unit consists of an institutionalized spouse, inform both the institutionalized spouse and the community spouse that either spouse has the right to a Fair Hearing if he or she is dissatisfied with a Departmental action concerning:
 - the assessment of spousal assets (cross reference 1507.05);
 - the determination of the Community Spouse Disregard (CSD) (Cross Reference 4022.05);
 - the determination of deemed assets (Cross Reference 4025.65);
 - the determination of the Community Spouse Allowance (CSA) (Cross Reference 5035.30);
 - the determination of the Community Family Allowance (CFA) (Cross Reference 5035.35).
 4. State on the notice:
 - the reason for the Department's intended action;
 - in the case of discontinuance due to receipt of a lump sum, the beginning and ending dates of the period of ineligibility;

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 AABD
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Subject:
Notifying the Assistance Unit

P-1570.05 4. State on the notice: (continued)

- in situations where ineligibility is expected to last for no more than three calendar months, the earliest date on which the unit is expected to be eligible again and the necessity of applying at that time;
 - in cases where an assessment of assets is completed and there is no concurrent application for assistance, inform the MCCA spouses that they have the right to a Fair Hearing upon application for Medicaid;
 - the policy citation (section, chapter, subject) supporting this action;
 - the unit's right to a Fair Hearing to contest the action;
 - the method of requesting a Fair Hearing;
 - the time limit for requesting a Fair Hearing;
 - that the requester may be self-represented, may have legal representation, or have anyone he or she wishes to act as a representative;
 - the address of the local Legal Aid Office, if there is free legal help available;
 - that benefits will be continued if the request for a Fair Hearing is made within 10 days from the date the notice is mailed;
 - that the unit will be subject to recoupment action if its benefits are continued and the Fair Hearing decision upholds the Department.
5. When denying an application, send the assistance unit a notice which provides all the information described in step 4. Except for the last two items concerning continuation of benefits and recoupment, which are not appropriate.

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1570.10

Section:
The Eligibility Process

Type:
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Chapter:
Fair Hearings

Program: AFDC
AABD
SNAP
MA

Subject:
Notice of Action

1570.10 A. Notice Requirements

Except in situations described below, the Department mails or gives adequate notice at least ten days prior to the date of the intended action if the Department intends to:

1. discontinue, terminate, suspend or reduce benefits; or
2. change the manner or form of payment for programs.

B. Exceptions to Timely Notice Requirements

1. AFDC, AABD, MA, SNAP

The Department mails an adequate notice no later than the date of the action if the action is based on any of the following circumstances:

- a. the Department has factual information that all members of the assistance unit have died; or
- b. the Department receives a clear, written statement signed by the assistance unit stating that:
 - (1) the unit no longer wishes to receive benefits; or
 - (2) the unit is giving the Department information which requires that the Department terminate or reduce benefits, and that the unit understands that this must be the result of supplying that information; or
- c. the assistance unit is required to submit monthly reports and the unit either:
 - (1) furnishes information which requires that the Department reduce or discontinue benefits; or
 - (2) fails to complete a timely monthly report without good cause; or
- d. the affected individual has been admitted to or committed to an institution, and the individual is not eligible for assistance while living there; or

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AABD
SNAP
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Notice of Action

1570.10 B. 1. Exceptions to Timely Notice Requirements (continued)

- e. the assistance unit's whereabouts are unknown and the post office returns departmental mail directed to the unit indicating no forwarding address; or
- f. the Department verifies that the assistance unit has been granted benefits under the same program in another state.

2. AFDC

In the AFDC program, the Department sends an adequate notice no later than the date of the action, under the following situations, as well as under those described in paragraph 1:

- a. the Department has factual information that an assistance unit member has died, or that the AFDC payee has died and there is no relative available to serve as new payee; or
- b. the assistance unit member has been placed in a long term care facility and no longer qualifies for assistance; or
- c. an AFDC child is removed from the home as a result of a judicial determination, or voluntarily placed in foster care by his or her caretaker relative or legal guardian; or
- d. the Department grants the assistance unit a special allowance for a specific period of time and informs the unit in writing at the time of grant that the allowance automatically terminates when the specific period ends; or
- e. the Department determines that the AFDC payee has mismanaged the unit's finances and that the Department should issue a restricted method of payment (Cross Reference 6505).

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Fair Hearings

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AABD

SNAP

MA

Subject:

Notice of Action

1570.10 | B. Exceptions to Timely Notice Requirements (continued)

3. AABD

In the AABD program, the Department sends an adequate notice no later than the date of the action, under the following situations, as well as under those described in paragraph 1:

- a. the Department grants the assistance unit a special allowance for a specific period of time and informs the unit in writing at the time of grant that the allowance automatically terminates when the specific period ends; or
- b. the Department determines that the AABD payee has mismanaged the unit's finances and that the Department should issue a restricted method of payment (Cross Reference 6505).

4. MA

In the Medicaid program, the Department sends adequate notice no later than the date of the action, under the following situations, as well as under those described in paragraph 1:

- a. the Department has factual information that a member of the assistance unit has died; or
- b. the unit member's physician prescribes a change in the unit member's level of care; or
- c. the Department authorizes the assistance unit to receive assistance for a specific period of time and informs the unit in writing at the time of authorization that assistance automatically terminates when the specific period ends.

5. SNAP

- a. In the Supplemental Nutrition Assistance Program, the Department does not mail individual notices to assistance units when the Department initiates a mass change affecting a class of recipients. The Department does publicize the mass change, however, by mailing a general notice to the affected class.

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POLICY

Chapter:

Fair Hearings

Program:

**AFDC
AABD
SNAP
MA**

Subject:

Notice of Action

1570.10 B. Exceptions to Timely Notice Requirements (continued)

- b. In the Supplemental Nutrition Assistance Stamp program, the Department does not send individual notices to assistance units regarding a reduction or termination of benefits if:
 - (1) the assistance unit has been receiving an increased allotment as a corrective payment, and the Department notifies the unit in writing, at the time of the increase, that such increase will terminate after a specific period of time; or
 - (2) the assistance unit's allotment varies from month to month within the certification period to reflect changes anticipated at the time of certification, and the Department so notifies the assistance unit at the time of certification; or
 - (3) the assistance unit applies for Public Assistance as well as SNAP benefits and has been receiving SNAP benefits pending approval of the Public Assistance grant, and the Department notifies the unit at the time of certification that SNAP benefits will be reduced upon approval of the Public Assistance grant; or
 - (4) an overpaid assistance unit fails to make repayment and the Department recoups the overpayment by benefit reduction (Cross Reference: Section 7000); or
 - (5) the assistance unit consists of someone who is a resident of a drug or alcoholic treatment center or group living arrangement if the facility either loses its certification or has its status as an authorized representative suspended because of disqualification by the Food and Nutrition Service (Cross Reference: Section 1505); or
 - (6) the assistance unit's benefits are being reduced or terminated as a result of an intentional program violation.

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PROCEDURES

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Fair Hearings

Program: **AFDC**
 TFA
 AABD

Subject:
Procedures Prior to the Hearing - All Issues Except Emergency Housing

MA
SNAP

- P-1570.10
1. If you receive a written request for a Fair Hearing, stamp the date of receipt and forward the hearing request (including the envelope) to the Office of Legal Counsel, Regulations and Administrative Hearings (OLCRAH) in Central Office. You may fax the request or send it by intra or interoffice mail. Keep a copy of the request for the case record. If the requester did not include a name or address or client identification number, note that information on a separate piece of paper and provide that with the documents you send to OLCRAH.
 2. If you receive an oral request for a Fair Hearing:
 - ° For all programs except SNAP, inform the requester that he or she must file the request in writing to the OLCRAH in Central Office. Requests may be mailed or faxed to:

Department of Social Services
Office of Legal Counsel, Regulations and Administrative Hearings
25 Sigourney Street
Hartford, CT 06106

FAX 860-424-5729
 - ° For issues involving SNAP, inform the assistance unit that he or she may request a hearing by calling the Office of Legal Counsel, Regulations and Administrative Hearings at 1-800-462-0134 or 860-424-5760; he or she may also mail or fax his or her request to the above address or fax number.
 3. If the requester asks, assist the requester in submitting the Fair Hearing request to OLCRAH.
 4. When you learn that a Fair Hearing has been requested, determine the issue being contested.
 5. If the request for a Fair Hearing is received by OLCRAH or the regional office within 10 days from the mailing of a notice of adverse action, as described in policy at [1570.20](#), continue benefits at their present level and do not take the adverse action prior to the Fair Hearing decision unless directed by the Hearing Officer. For Medicaid, if the recipient requests a hearing before the date of the action, the agency may not terminate or reduce benefits. The exception to this rule is for programs where the client was notified ahead of time that there was an expiration date to the benefits, i.e. spenddown cases (S99/F99/G99), and the extended medical benefits program (F03). For the TFA program, refer to Section [8525.10B](#).

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 06-01-10

Transmittal: UP-10-12

P-1570.10 page 2

Section:
The Eligibility Process

Type:
PROCEDURES

Chapter:
Fair Hearings

Program: AFDC
TFA
AABD
MA
SNAP

Subject:
Procedures Prior to the Hearing - All Issues Except Emergency Housing

- P-1570.10
6. Review the case record with your supervisor to determine whether the Department has acted correctly and in a timely manner.
 7. If the Department has erred, contact the requester and resolve the dispute in favor of the requester, if appropriate. If the requester agrees that the issue is resolved, ask him or her to send OLCRAH a written withdrawal. Let OLCRAH know that the requester has indicated that the matter has been resolved.
 8. Ask the requester if he or she wishes to withdraw his or her request for a Fair Hearing if the issue is resolved in favor of the requester. Inform the requester that the withdrawal must be in writing. Assist with the withdrawal if so requested. If the requester tells you that he or she will not attend the hearing or will withdraw the hearing, let the Hearing Officer know as soon as possible.
 9. If you receive a written withdrawal of a Fair Hearing request, make a copy for the case record and fax the withdrawal to the Fair Hearing Unit. If you are unable to fax the withdrawal, please call the Hearing Officer as soon as possible. If you receive an oral withdrawal of a hearing, please call the Hearing Officer as soon as possible.
 10. If the request for a Fair Hearing is not withdrawn, prepare a written case summary for the Hearing Officer. The summary should include:
 - A brief statement of the case situation;
 - All relevant facts pertaining to the issue being contested;
 - The policy citation upon which the Department's decision is based;
 - Your name and telephone number; and
 - Copies of relevant exhibits, e.g. documents, notices from the department, EMS screens.
 11. Submit the summary to your supervisor and have it reviewed by the Operations Manager for approval.
 12. The requester, his or her legal representative and the Hearing Officer should receive a copy of the hearing summary and exhibits so that it is received at least five working days prior to the scheduled hearing date.
 13. Allow the assistance unit and its legal representative to examine the case record at a reasonable time prior to the Fair Hearing date, if so requested, as described in Section 1020.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 06-01-10

Transmittal: UP-10-12

P-1570.10 page 3

Section:
The Eligibility Process

Type:
PROCEDURES

Chapter:
Fair Hearings

Program: **AFDC**
 TFA
 AABD
 MA
 SNAP

Subject:
Procedures Prior to the Hearing - All Issues Except Emergency Housing

P-1570.10	14. For Spanish-speaking assistance units, arrange to have a Spanish interpreter available to attend the hearing.
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**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-87	Transmittal: UP-87-1	2000
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Section:	Type:		
Assistance Unit Composition			POLICY

Chapter:	Program:		
			AFDC
			AABD
			MA
Subject:			FS

2000 This section describes which individuals or groups of individuals in each designated program are members of an assistance unit. Certain individuals who live together in the same household must be members of the same assistance unit. Others may qualify individually as an assistance unit.

Requirements regarding assistance unit composition vary considerably from program to program. Each program is therefore discussed separately in this section. For all programs, however, an individual must meet all of the program eligibility requirements in order to be included in an assistance unit.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88	Transmittal: UP-88-7	2000.01
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Section: Assistance Unit Composition	Type:	POLICY
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Chapter:	Program:	AFDC AABD MA FS
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Subject: Definitions

2000.01 Adoptive Sibling

An adoptive sibling is a brother or sister related through adoption.

Assistance Unit

The assistance unit consists of one or more individuals who apply for or receive assistance together under one of the Department's programs.

Boarder

A boarder is an individual who pays a stipulated sum to others for lodging and meals.

Foster Child

A foster child is one not necessarily related through legal or blood ties for whom parental care and nurturing is provided apart from the child's natural family.

Half-sibling

A half-sibling is a brother or sister related through only one parent.

Household

Household is used to designate all of the individuals who are living together in one dwelling unit.

Maintenance Payments from Title IV-E

Maintenance payments from Title IV-E are funds administered by DCYS available to individuals for room and board and other services given for qualified foster children or adopted children.

Roomer

A roomer is an individual who is provided lodging, but not meals, by a household.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 1-1-91	Transmittal: UP-91-1	2005
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Section: Assistance Unit Composition	Type: POLICY
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Chapter: AFDC Assistance Unit Requirements	Program: AFDC
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Subject:

2005 This chapter describes which individuals are included in the AFDC assistance unit of the dependent child for whom application is made.

Under separate subjects are:

- which individuals must be included in the assistance unit;
- which individuals have the option to either be in the unit or to apply separately;
 and
- which individuals are specifically excluded from the AFDC assistance unit.

A three-generation household is also explained under a separate heading in this chapter.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 11-22-93

Transmittal: UP-93-42

2005.05

Section:

Assistance Unit Composition

Type:

POLICY

Chapter:

AFDC Assistance Unit Requirements

Program:

AFDC

Subject:

General Provisions

- 2005.05 A. The primary member of the AFDC assistance unit is the dependent child for whom assistance is requested or received. The brothers, sisters and parents of that child who live with the child must be included in the child's assistance unit unless they are otherwise excluded. This is true even if assistance has not been requested for them. It is also true even if one of the children has income specifically designated for his or her needs, unless that income is SSI or AABD.
- B. There may be other dependent children in the household who are not siblings who meet the eligibility requirements of the program. These individuals have the option of being members of the same assistance unit or a separate assistance unit.
- C. The one exception to the above rule involves a child who receives SSI. Such a child may be the basis of an AFDC assistance unit even though this child is not eligible to be a recipient. The siblings of an SSI child are not mandatory assistance unit members.
- D. More than one assistance unit may share living quarters.
1. Unrelated assistance units in the same household are not combined into one assistance unit except at their request.
2. When a woman with dependent children marries a man with dependent children, all of whom request or receive AFDC:
- a. two separate assistance units may exist as long as there is no child in common who is eligible for AFDC;
- b. one assistance unit exists if they have a child in common who is eligible for AFDC, based on their relationship to the common child.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 10-1-91

Transmittal: UP-91-44

2005.05 page 2

Section:

Assistance Unit Composition

Type:

POLICY

Chapter:

AFDC Assistance Unit Requirements

Program:

AFDC

Subject:

General Provisions

- 2005.05 E. A dependent child who receives assistance as a mandatory inclusion in a parent's assistance unit may not receive assistance as the caretaker relative of a separate assistance unit while living in the parent's home.
- F. A dependent child who lives with a non-parent caretaker relative may receive assistance as the caretaker relative of a separate unit or remain with her child in the non-parent caretaker's unit if he or she has no siblings in the home who are eligible as dependent children.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-91**Transmittal: UP-91-1****P-2005.05**

Section:
Assistance Unit Composition**Type:**
PROCEDURES

Chapter:
AFDC Procedures**Program: AFDC**

Subject:
Basic Steps in Creating the AFDC Assistance Unit

- P-2005.05
1. Start with the dependent child or children for whom assistance is requested. Consider all of the child's brothers and sisters.
 2. If there is more than one child in the home, one of whom receives SSI, see "Special Steps For SSI Children," at P-2005.17. If not, go on.
 3. Include sisters and brothers who have only one parent in common and adopted sisters and brothers, as well as siblings who share both parents.
 4. Determine and add to the unit those siblings who:
 - live in the household; and
 - qualify for AFDC by meeting categorical, technical and procedural eligibility requirements.
 5. Consider the parents of each eligible child and add to the unit those who:
 - live in the household; and
 - qualify for AFDC by meeting categorical, technical and procedural eligibility requirements.
 6. Include both parents regardless of marital status when the basis of deprivation is incapacity or unemployment.
 7. Include individuals who have applied for SSI while the application for SSI is pending.
 8. Remove mandatory exclusions.
 9. Count the income and assets of an individual who is removed solely due to disqualification from the program.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-91

Transmittal: UP-91-1

P-2005.05 page 2

Section:

Assistance Unit Composition

Type:

PROCEDURES

Chapter:

AFDC Procedures

Program:

AFDC

Subject:

Basic Steps Creating the AFDC Assistance Unit

- P-2005.05 10. Consider any other individuals in the household for whom AFDC is requested. Explain to the caretaker relative the difference between including such individuals in the unit, and creating a separate unit for them.
11. Add the other individuals only if the caretaker relative requests their addition.
12. If a separate unit is created for the other individuals, follow steps 1 through 9 for that unit.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 5-1-92**Transmittal: UP-92-13****2005.10**

Section:**Assistance Unit Composition****Type:****POLICY**

Chapter:**Assistance Unit Requirements****Program:****AFDC**

Subject:**Who Must Be Included**

- 2005.10 A. The assistance unit must include certain individuals who are in the home, if they meet the eligibility requirements for the program. The following individuals must be included in the assistance unit:
1. the dependent child for whom assistance is requested;
 2. all brothers and sisters of the dependent child who themselves qualify as dependent children, and half siblings;
 3. the natural or adoptive parent of the dependent child;
 4. adoptive siblings who:
 - a. receive adoption assistance payments when excluding the child would reduce the benefits of the assistance unit; or
 - b. adoptive siblings who do not receive such payments.
 5. the second parent of the dependent child who is eligible based on one parent's incapacity or unemployment.
- B. The individuals in A. above are considered as if they were in the home under certain circumstances. They must be included in the assistance unit as long as they continue to meet the AFDC eligibility requirement of living with a specified relative. Included are the following:
1. a child or parent in a general hospital who lived in the home prior to the hospital admission;
 2. a child who attends a special school away from home, such as for the deaf, blind, physically handicapped or emotionally disturbed if:
 - a. the caretaker relative retains primary responsibility for the child; and
 - b. the caretaker relative maintains a home for the child; and
 - c. the child returns to the home for vacations and holidays;

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-87

Transmittal: UP-87-1

2005.10 page 2

Section:

Assistance Unit Composition

Type:

POLICY

Chapter:

Assistance Unit Requirements

Program:

AFDC

Subject:

Who Must Be Included

2005.10 B. (continued)

3. a child who returns home for a visit of at least 30 consecutive days from an institution which has primary responsibility for the care of the child. These institutions include, but are not limited to, state hospitals, training schools for the mentally retarded, juvenile correctional institutions and foster homes. The child is considered a member of the assistance unit for the entire length of the visit.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date:	Transmittal: UP-88-7	P-2005.10
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Section: Assistance Unit Composition	Type: PROCEDURES
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Chapter: Procedures	Program: AFDC
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Subject: Stepparent Household

- P-2005.10
1. Follow the basic steps for creating the AFDC assistance unit in P-2005.05.
 2. Include in the assistance unit the stepparent who:
 - lives in the household; and
 - meets the categorical, technical and procedural requirements; and
 - has a child in common with the other parent in the home.
 3. Include the stepparent's children when the stepparent meets the criteria in #2 above.
 4. Include the stepparent and the stepparent's children when the caretaker relative requests their addition if:
 - they live in the household; and
 - they meet the eligibility requirements; and
 - there is no child in common.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-87	Transmittal: UP-87-1	2005.15
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Section: Assistance Unit Composition	Type: POLICY
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Chapter: Assistance Unit Requirements	Program: AFDC
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Subject: Who May Be Included

2005.15 The assistance unit may include certain individuals if they meet the eligibility requirements for the program. The following individuals have the option of being included in the assistance unit of the dependent child:

- A. the non-parent needy caretaker relative, who may choose between AFDC and another public assistance program, if qualifications for both are met;
- B. dependent children other than mandatory inclusions who are of acceptable relationship to the caretaker relative, if the caretaker relative chooses to have them included rather than receive assistance for them as a separate assistance unit;
- C. the stepparent and step siblings of an eligible dependent child when the stepparent has no child in common with the parent of the eligible dependent child.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-87**Transmittal: UP-87-1****P-2005.15**

Section:
Assistance Unit Composition**Type:**
PROCEDURES

Chapter:
Procedures**Program:**
AFDC

Subject:
Special Steps for Individuals Away from Home

- P-2005.15
1. When an adult household member is away from home, find out:
 - the estimated length of absence; and
 - whether the return to this household is planned.
 2. When a caretaker relative is away from home, find out also:
 - whether the home will be maintained.
 3. When a child is away from home, find out:
 - the estimated length of absence;
 - plans for periodic visits home, such as holidays and visits.
 4. Add to the assistance unit those individuals who meet the categorical requirement of "living with" a specified relative (refer to policy) and who:
 - qualify in all other respects for AFDC; and
 - are mandatory inclusions in the assistance unit.
 5. Refer to DHR any situations requiring agency assistance with the care and supervision of children.
 6. For a child living in an institution which has primary care of the child, find out how long a visit home will be.
 7. If the visit will be for fewer than 30 days, do not add the child to the assistance unit.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-87

Transmittal: UP-87-1

P-2005.15 page 2

Section:

Assistance Unit Composition

Type:

PROCEDURES

Chapter:

Procedures

Program:

AFDC

Subject:

Special Steps for Individuals Away from Home

- P-2005.15 8. If the visit will be for 30 days or longer:
- add the child effective with the first day of the visit;
 - remove the child effective the end of the last month of the visit.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-91**Transmittal: UP-91-1****P-2005.17**

Section:**Assistance Unit Composition****Type:****PROCEDURES**

Chapter:**AFDC Procedures****Program:****AFDC**

Subject:**Special Steps for SSI Children**

- P-2005.17
1. In situations in which an SSI child resides with other siblings, review with the caretaker relative the options available for creating the AFDC assistance unit.
 2. Compute what the AFDC payment would be for the assistance unit consisting of all eligible adults and children.
 3. Compute what the AFDC payment would be for the assistance unit consisting of eligible adults only, with the children excluded.
 4. Share the results of the computations made above with the caretaker relative.
 5. Explain to the caretaker relative the options with respect to establishing an assistance unit of one, with the other children excluded, or in cases in which there are two eligible parents, establishing an assistance unit of two with the other children excluded.
 6. If the caretaker relative chooses to include the other children in the assistance unit, go back to step 3 under, "Basic Steps in Creating the AFDC Unit." at P-2005.05.
 7. Make the above determination at time of intake, redetermination, and whenever an SSI child returns to the home.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 5-1-92**Transmittal: UP-92-13****P-2005.18**

Section:
Assistance Unit Composition**Type:**
PROCEDURES

Chapter:
AFDC Procedures**Program:**
AFDC

Subject:
Special Steps for Children Receiving Adoption Assistance Payments

P-2005.18 When an assistance unit receives an adoption assistance payment on behalf of an adopted child, the following special steps are used:

1. Exclude any portions of the payment which are intended:
 - ° to meet needs not provided for in the AFDC assistance benefit amount;
 - ° to supplement AFDC assistance benefits which are insufficient to meet the special needs of the child.
2. Compute what the AFDC payment would be for the assistance unit consisting of all eligible adults and children by:
 - ° including the child for whom the adoption assistance is paid; and
 - ° including the counted amount of the payment as income.
3. Compute what the AFDC payment would be for the assistance unit consisting of all eligible adults and children except the child receiving adoption assistance payments.
4. If the AFDC payment computed in step 2 is less than the AFDC payment computed in step 3, exclude the child from the assistance unit. If not, include the child in the same assistance unit as the other eligible members.
5. Make the above determination at time of intake, redetermination, and whenever a child receiving adoption assistance payments returns to the home.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 5-1-92	Transmittal: UP-92-13	2005.20
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Section: Assistance Unit Composition	Type: POLICY
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Chapter: Assistance Unit	Program: AFDC
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Subject: Who Is Excluded

2005.20 Certain individuals are excluded from participating in the AFDC program as members of the assistance unit. These exclusions take precedence over the mandatory inclusion requirement. The following individuals are excluded from the assistance unit:

- A. an individual who does not meet the categorical, procedural or technical eligibility requirements for the program;
- B. a recipient of Supplemental Security Income (SSI). The exclusion applies as of the month the individual starts to receive SSI checks;
- C. a State Supplement recipient;
- D. a parent, other than the caretaker relative, who is under sentence of the court serving the sentence doing unpaid work or community service and living at home;
- E. a child for whom federal, state or local foster care maintenance payments are made;
- F. a child whose minor parent is a recipient of federal, state or local foster care maintenance payments;
- G. a child for whom adoption assistance payments are made when the exclusion does **not** reduce the benefits of the assistance unit in which the child would otherwise be considered a member;
- H. a dependent child who returns home for a visit of fewer than 30 consecutive days from an institution which has primary responsibility for the care of the child. These institutions include, but are not limited to, state hospitals, training schools for the mentally retarded, juvenile correctional institutions and foster homes;
- I. an individual who was a member of an assistance unit when it received a lump sum which made the unit ineligible for a specified period of time. The individual members of such a unit are excluded from any assistance unit for the prescribed period of ineligibility;

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 10-1-92

Transmittal: UP-92-29

2005.20 page 2

Section:

Assistance Unit Composition

Type:

POLICY

Chapter:

AFDC Assistance Unit Requirements

Program:

AFDC

Subject:

Who Is Excluded

- 2005.20 J. an individual disqualified from the program for any reason, including but not limited to:
1. failure to cooperate with IV-D support requirements;
 2. failure to cooperate with work requirements;
 3. transferring an asset for the purpose of qualifying for assistance. The individual is excluded from any assistance unit for the prescribed period of ineligibility;
 4. failing to comply with or violating any procedural eligibility requirement;
 5. delaying or failing to report the presence in the home of a mandatory assistance unit member. This individual is excluded from the assistance unit from the date the individual would have been added until the effective date he or she is made part of the unit;
 6. committing an intentional recipient error in the AFDC program. (Cross-Reference: 7050.30)
- K. [Reserved]
- L. a sponsored non-citizen whose income or assets exceed the program limits.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 9-1-90

Transmittal: UP-90-23

P-2005.20

Section:
Assistance Unit Composition

Type:
PROCEDURES

Chapter:
AFDC Procedures

Program: AFDC

Subject:
Creating the Assistance Unit in a Three Generation Household

P-2005.20 Determining Who Is Caretaker Relative

1. Determine whether the minor parent meets the age and deprivation factors as a dependent child. In making this determination consider:
 - the age of the minor parent;
 - if the minor parent qualifies under any deprivation factor for a dependent child.
2. If the minor parent is a dependent child and he or she has any siblings living in the home who receive AFDC as dependent children, consider the grandparent to be the caretaker relative.
3. If the minor parent is not a dependent child or is a dependent child who has no siblings in the home receiving AFDC as dependent children, consider any of the following to be indications that the minor parent is the caretaker relative:
 - the grandparent no longer provides care or supervision of the minor parent;
 - the minor parent has had an independent living arrangement involving care of the child;
 - the minor parent has had unusual responsibilities in the home due to a parent's disability or drug or alcohol abuse.

Minor Parent Is Caretaker Relative

If you determine that the minor parent is the caretaker relative:

1. add the siblings of the grandchild, following the basic steps in P-2005.05;
2. add the minor parent as an adult.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 9-1-90

Transmittal: UP-90-23

P-2005.20 page 2

Section:
Assistance Unit Composition

Type:
PROCEDURES

Chapter:
AFDC Procedures

Program: AFDC

Subject:
Creating the Assistance Unit in a Three Generation Household

P-2005.20 Grandparent Is Caretaker Relative

If you determine that the grandparent is functioning as the caretaker relative:

1. add the sibling of the grandchild, following the basic steps in P-2005.05;
2. add as a dependent child the minor parent who meets the categorical eligibility requirements of a dependent child;
3. add as an adult the minor parent who does not meet the categorical eligibility requirements of a dependent child.
4. add the grandchild's other parent, if in the home, following the basic steps in P-2005.05;
5. if the minor parent is added as a dependent child:
 - follow the basic steps in P-2005.05;
 - add the minor parent's siblings;
 - add the minor parent's parents (the grandparents);
6. if the minor parent is added as an adult, do not add the minor parent's siblings unless assistance is also requested for at least one of them;
7. if assistance is requested for one sibling add all of them;
8. if the minor parent is added as an adult, add the grandparent caretaker relative only:
 - if needy and requesting assistance; or
 - if one of the minor parent's siblings is added;
9. do not add the caretaker relative/grandparent's spouse unless:
 - the spouse or the caretaker grandparent is incapacitated or unemployed; and
 - one of the minor parent's siblings was added or the minor parent is a dependent child; and
 - the spouse is the siblings parent.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-87	Transmittal: UP-87-1	2005.25
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Section: Assistance Unit Composition	Type: POLICY
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Chapter: Assistance Unit Requirements	Program: AFDC
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Subject: The Assistance Unit of One

2005.25 Some individuals, who meet all of the other eligibility requirements, are assistance units of one. They include the following:

- A. the caretaker relative when the only dependent child receives Supplemental Security Income (SSI);
- B. a dependent child who meets both of the following conditions:
 - 1. the caretaker relative with whom the child lives is either:
 - a. an ineligible non-parent; or
 - b. an excluded parent; and
 - 2. none of the following are in the home:
 - a. an eligible brother or sister;
 - b. a non-sibling who is included in the assistance unit;
- C. a pregnant female with no other children receiving assistance, who is not receiving assistance as a dependent child in her parent's home.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-87**Transmittal: UP-87-1****P-2005.25**

Section:
Assistance Unit Composition**Type:**
PROCEDURES

Chapter:
Procedures**Program:**
AFDC

Subject:
Adding Mandatory Inclusions

- P-2005.25
1. When a family member who is required to be a member of the assistance unit comes into the home:
 - redetermine eligibility retroactive to the date the individual became a mandatory inclusion;
 - discontinue assistance if inclusion of the additional member results in ineligibility of the unit;
 - refer any overpayment for collection;
 - pay any underpayment from the date all procedural eligibility requirements, such as enumeration and work requirements, are met.
 2. If the new member does not cooperate with procedural eligibility requirements:
 - redetermine eligibility of the unit using total income and assets; and
 - exclude the budgeted needs of the new member.
 3. If the new member does not cooperate in providing income and asset information, discontinue the case.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 4-1-87	Transmittal: UP-87-1	2005.30
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Section:	Type:
Assistance Unit Composition	POLICY

Chapter:	Program:
Assistance Unit Requirements	AFDC

Subject:
Penalty for Noncooperation

- 2005.30 The nature of the penalty for noncooperation with assistance unit requirements depends on the type of noncooperation and whether the individual concerned is a mandatory or non-mandatory member of the assistance unit.
- A. If information is not provided about every mandatory assistance unit member sufficient to enable the Department to accurately compute income and asset eligibility, the entire assistance unit is ineligible.
 - B. When sufficient information about the income and assets of a non-mandatory member of the assistance unit is not provided, only that specific individual is ineligible.
 - C. When a categorical, technical or procedural requirement is not met, only the specific individual who is a mandatory or non-mandatory member is ineligible for benefits.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-87

Transmittal: UP-87-1

P-2005.30

Section:
Assistance Unit Composition

Type:
PROCEDURES

Chapter:
Procedures

Program:
AFDC

Subject:
Living in the Same Household

- P-2005.30
1. When an individual who is mandatory in the assistance unit claims to be living in the same building separately from the household applying for or receiving assistance, investigate the circumstances.
 2. Accept as evidence of a separate household:
 - ° a landlord's receipts for rent for two rental units; or
 - ° two separate post office street addresses; or
 - ° a lease showing two units; or
 - ° separate utility bills for each unit.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 11-22-93

Transmittal: UP-93-42

2005.35

Section:

Assistance Unit Composition

Type:

POLICY

Chapter:

AFDC Assistance Unit Requirements

Program:

AFDC

Subject:

Three Generation Household

2005.35 A. General Principles

In a three generation household there may be one or two separate assistance units depending on which members are requesting assistance and which members of the middle generation qualify as dependent children by meeting the age and deprivation requirements due to death, absence, incapacity, or unemployment (Cross Reference 2525.10 and 2510).

B. Determining Assistance Unit Members

In determining which members of a three generation household are mandatory inclusions in the AFDC assistance unit, the following apply:

1. The primary member of the assistance unit is the dependent child or children for whom assistance is requested or received.
2. All of the mandatory inclusions and exclusions requirements apply to households consisting of three generations (Cross Reference 2005.10 and 2005.20).
3. Individuals must meet all of the other categorical, technical and procedural eligibility factors in order to be included in the assistance unit.
4. A household cannot contain two assistance units if any individual is a mandatory inclusion in both assistance units.

C. Treatment of the Grandparent

When the middle generation parent applies for assistance for his or her child, the following rules apply:

1. The grandparent is excluded from the assistance unit when:
 - a. neither the middle generation parent nor his or her siblings are dependent children; and
 - b. the grandparent is not the caretaker relative of his or her grandchild; and

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 11-22-93

Transmittal: UP-93-42

2005.35 page 2

Section:
Assistance Unit Composition

Type:
POLICY

Chapter:
AFDC Assistance Unit Requirements

Program: **AFDC**

Subject:
Three Generation Household

2005.35 C. Treatment of the Grandparent (continued)

- c. the grandparent is not requesting or receiving assistance for the middle generation parent or for children who are:
 - (1) siblings of the middle generation parent; and
 - (2) qualify as dependent children.
- 2. The grandparent is included in the assistance unit as an optional inclusion when:
 - a. the middle generation parent is included as an adult; and
 - b. the grandparent is determined to be a needy caretaker relative of the middle generation parent's child.
- 3. The grandparent is included in the assistance unit as a mandatory inclusion when:
 - a. the middle generation parent is a dependent child; and
 - b. the grandparent requests or receives assistance for the middle generation parent or for children who are:
 - (1) siblings of the middle generation parent; and
 - (2) qualify as dependent children.
- 4. The grandparent, along with all other family members for whom AFDC is requested or received, is included in a unit separate from the middle generation parent and his or her child when:
 - a. the middle generation parent is not a dependent child; and
 - b. the grandparent is not the caretaker relative of the middle generation parent's child.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 8-1-89	Transmittal: UP-89-26	2010
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Section:	Type:
Assistance Unit Composition	POLICY

Chapter:	Program: FMA
Family Medical Assistance Unit Requirements	

Subject:

2010 The assistance unit requirements for the Family Medical Assistance program are based on various criteria. Some of the requirements are the same as those for the AFDC assistance unit. There are some differences, however.

This chapter describes under separate headings:

- determining the unit;
- the assistance unit of one;
- the assistance unit of two or more;
- special guidelines for certain Medicaid groups.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 02-13-01

Transmittal: UP-01-04

2010.05

Section:

Assistance Unit Composition

Type:

POLICY

Chapter:

Family Medical Assistance Unit Requirements

Program: FMA

Subject:

General Principles

- 2010.05 A. Individuals for whom assistance is not requested are not mandatory inclusions in the assistance units.
- B. Except as described below, AFDC assistance unit composition rules apply to all eligible individuals for whom FMA is requested (cross-reference: 2005).
1. Certain FMA assistance units are divided into sub-units in order to avoid inappropriate deeming, as described in this chapter (cross-reference: 2010.20).
2. Individuals may request assistance in the coverage group of their choice, including, but not limited to:
- a. aged, blind or disabled individuals who have the option of being included in the FMA unit or choosing an aged, blind or disabled coverage group; (cross-reference: 5020.34)
- b. pregnant women who have the option of being included in the FMA unit or choosing a pregnant woman coverage group;
- c. newborns and infants under the age of one who may be included in the FMA unit with other siblings or may apply for and receive FMA under the newborn or 185% of poverty coverage groups;
- d. children aged one through five years inclusive who may be included in the FMA unit with other siblings or may apply for and receive FMA under the 185% of poverty coverage group for children between one and six;
- e. children who may be included in the FMA unit with other siblings or may apply for and receive FMA under the 185% of federal poverty level coverage group for children whose birthdays are after September 30, 1983, who have attained the age of six, and who have not reached the age of nineteen.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 6-1-89

Transmittal: UP-89-49

P-2010.05

Section:

Assistance Unit Composition

Type:

PROCEDURES

Chapter:

Family Medical Assistance Units

Program: FMA

Subject:

Determining the FMA Unit

- P-2010.05
1. Note that no one is required to apply for or receive FMA who does not want it.
 2. Explain to the applicant or recipient the option of requesting or not requesting FMA assistance for each family member.
 3. Include all eligible parents and siblings who are requesting FMA assistance and are living together in the same assistance unit, except for those individuals who apply for or receive MA under another coverage group.
 4. Allow any aged, blind or disabled individual to apply for MAABD. Check the rules on deeming to see if you must count the individual's income and assets.
 5. Include in the unit those who do not meet the age requirement for AFDC but do meet the age requirement for FMA.
 6. Remember that children receiving SSI, although excluded for AFDC, are eligible for FMA as units of one.
 7. If the unit is ineligible due to deemed income from an individual outside the assistance unit who is neither a parent nor a spouse of at least one unit member, divide the original unit into sub-units (see P-2010.10).

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 6-1-92**Transmittal: UP-92-16****2010.10**

Section:**Assistance Unit Composition****Type:****POLICY**

Chapter:**Family Medical Assistance Unit Requirements****Program: FMA**

Subject:**The Assistance Unit of One**

- 2010.10 A. Some individuals, who meet all of the other eligibility requirements, are FMA assistance units of one. They include the following:
1. a child who is the only individual in a household for whom assistance is requested;
 2. a child whose residence is an institution which has primary responsibility for care of the child;
 3. the caretaker relative when the only dependent child receives Supplemental Security Income (SSI);
 4. the dependent child with no eligible brothers or sisters in the home living with:
 - a. an ineligible non-parent caretaker relative; or
 - b. an excluded caretaker relative;
 5. a dependent child who is a recipient of SSI based on disability;
 6. a dependent child who receives federal, state, or local foster care payments;
 7. a dependent child who receives adoption assistance when the child is not included in the AFDC assistance unit;
 8. a non-parent caretaker relative (NPCR) who is not eligible as part of the AFDC assistance unit due to excess income. (Cross References: 2540.68, 5020.20)
- B. Other individuals have the option of being assistance units of one or receiving assistance as members of larger eligible related units in the household. They include the following:
1. a dependent child who is not a sibling, such as a niece, nephew or grandchild of an AFDC caretaker relative;

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UNIFORM POLICY MANUAL**

Date: 4-1-87

Transmittal: UP-92-16

2010.10 page 2

Section:

Assistance Unit Composition

Type:

POLICY

Chapter:

Family Medical Assistance Unit Requirements

Program: FMA

Subject:

The Assistance Unit of One

2010.10

B. (continued)

2. a pregnant female who:
 - a. has no children of her own receiving assistance ; and
 - b. does not qualify as a dependent child; and
 - c. lives with other related eligible dependent children.

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UNIFORM POLICY MANUAL**

Date: 6-1-89

Transmittal: UP-89-49

P-2010.10

Section:

Assistance Unit Composition

Type:

PROCEDURES

Chapter:

Family Medical Assistance Unit

Program:

FMA

Subject:

Dividing the Assistance Unit into Sub-units

- P-2010.10
1. Calculate deemed income using the appropriate AFDC/FMA methodology.
 2. If the assistance unit is income eligible, grant or continue assistance.
 3. If deemed income causes a spenddown, check to see if there are any members of the assistance unit who are not the spouse or child of the deemor. If not, stop here.
 4. If there are any members of the assistance unit who are neither a spouse nor a child of the deemor, split the original assistance unit into sub-units.
 5. Create an assistance sub-unit of all members who are related to the deemor as a spouse or child.
 6. Create the other sub-unit to comprise all of the remaining members of the original unit.
 7. Remember, all members of the original assistance unit are members of the needs group for each sub-unit and all their income, except that income deemed to them, must be counted. (cross-reference: 5020, 5515)

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-91

Transmittal: UP-91-30

2010.15

Section:

Assistance Unit Composition

Type:

POLICY

Chapter:

Family Medical Assistance Unit

Program: FMA

Subject:

The Assistance Unit of Two or More

- 2010.15 A. Some individuals who apply for or receive FMA shall be combined with others into one assistance unit, except as described in 2010.20. This applies to two or more eligible individuals living together, provided:
1. assistance is requested for each individual; and
 2. they are related as follows:
 - a. brothers and sisters under age twenty-one (21), including half-siblings and adoptive siblings and their parent or parents;
 - b. spouses, when both of them are under age twenty-one (21); and
 3. they do not apply for or receive MA separately in another coverage group.
- B. Those individuals who qualify for MA in another coverage group and have the option of being included in the FMA unit or choosing another coverage group include, but are not limited to:
1. aged, blind or disabled individuals;
 2. pregnant women;
 3. infants and newborns;
 4. children between the ages of one and six;
 5. children whose birthdays are after September 30, 1983, who have reached the age of six, and who have not reached the age of nineteen.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-94	Transmittal: UP-94-22	2010.20
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Section: Assistance Unit Composition	Type: POLICY
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Chapter: Family Medical Assistance Unit Requirements	Program: FMA
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Subject: Special Guidelines for Certain Medicaid Groups	
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- 2010.20 A. When a member of an assistance unit under certain Medicaid coverage groups is ineligible due to income deemed from a person outside the assistance unit who is neither a parent nor a spouse of the unit member, the assistance unit is separated into sub-units. These coverage groups include the following:
1. Eligible for AFDC except for Non-Medicaid Requirements;
 2. Medically Needy Ribicoff Children;
 3. Medically Needy Caretaker Relatives;
 4. Children Under 185% of the Poverty Level (under age one);
 5. Children Under 185% of the Poverty Level (between ages one and six);
 6. Children Under 185% of the Federal Poverty Level (age six or older born after 9/30/83).
- B. The original assistance unit is separated into sub-units so that no member of the sub-unit has income deemed to him or her from any person outside the assistance unit who is neither a spouse nor a parent.
- C. Assistance units which are subdivided if inappropriate deeming causes ineligibility include, but are not limited to, those units containing:
1. children who reside with their parent and stepparent;
 2. children who reside with their minor parent and grandparent;
 3. non-citizens with sponsors who reside with other individuals who are not sponsored non-citizens.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-87	Transmittal: UP-87-1	2015
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Section: Assistance Unit Composition	Type: POLICY
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Chapter: AABD and MAABD Assistance Unit	Program: AABD MAABD
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Subject:

2015 This chapter describes the assistance unit requirements for the State Supplement program for the Aged, Blind and Disabled. Provisions for the related Medical Assistance programs are also included.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-87	Transmittal: UP-87-1	2015.05
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Section:	Type:
Assistance Unit Composition	POLICY

Chapter:	Program:
AABD and MAABD Assistance Unit	AABD MAABD

Subject:
Basic Requirements

- 2015.05 A. The assistance unit in AABD and MAABD consists of only one member. In these programs, each individual is a separate assistance unit.
- B. An eligible spouse in the home applies for and receives assistance as a separate assistance unit.
- C. Any other member of the household who meets the eligibility requirements for the program is also a separate assistance unit of one.

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Date: 4-1-87

Transmittal: UP-87-1

P-2015.05

Section:

Assistance Unit Composition

Type:

PROCEDURES

Chapter:

AABD and MAABD Assistance Unit

Program:

**AABD
MAABD**

Subject:

Determining AABD and MAABD Requirements

- P-2015.05
1. Include in the assistance unit only the one individual who requests assistance.
 2. Refer to Treatment of Income 5500 and Treatment of Asset 4000 for the method of deeming income and counting assets of a spouse in determining eligibility.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-87	Transmittal: UP-87-1	2020
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Section:	Type:
Assistance Unit Composition	POLICY

Chapter:	Program:
Food Stamp Assistance Unit Requirements	FS

Subject:

2020 This chapter describes how the composition of a Food Stamp assistance unit is determined. Included as separate subjects are:

- which household members must be included in the same assistance unit;
- who may apply as a separate unit;
- who has the option of being a member of the assistance unit;
- assistance units in institutions;
- who is excluded.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-87	Transmittal: UP-87-1	2020.05
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Section:	Type:
Assistance Unit Composition	POLICY

Chapter:	Program:
Food Stamp Assistance Unit Requirements	FS

Subject:
General Requirements

- 2020.05 A. A group of individuals living together, buying food, preparing meals for home consumption and eating together are, as a general rule, a Food Stamp assistance unit.
- B. Individuals do not need to be related to each other in order to be in the same Food Stamp assistance unit.
- C. Certain closely related family members must be included in the same assistance unit unless they meet the special conditions applicable only to certain elderly or disabled individuals.

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UNIFORM POLICY MANUAL**

Date: 8-1-95

Transmittal: UP-95-21

P-2020.05

Section:
Assistance Unit Composition

Type:
PROCEDURES

Chapter:
Food Stamp Procedures

Program:
FS

Subject:
Determining the Basic Food Stamp Unit

- P-2020.05
1. Start with the individuals for whom Food Stamps are requested.
 2. Question if there are others living in the household.
 3. Consider all of the individuals who live in the same household as potential members of one assistance unit.
 4. Disregard any individuals who are specifically excluded according to policy.
 5. Consider anyone age 60 or over according to the procedures at P-2020.10.
 6. Ask how other individuals in the household who are not listed on the application buy and prepare meals.
 7. Disregard individuals who buy and prepare meals separately when they can be a separate unit according to policy.
 8. Add to the unit all individuals who must be included according to policy.
 9. Add to the unit all individuals who buy and prepare meals together.
 10. Add to the unit those who present themselves as spouses, but are not married. This includes those sometimes referred to as common-law spouses, and unmarried parents of children.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 10-1-2005

Transmittal: UP-05-12

2020.10

Section:

Assistance Unit Composition

Type:

POLICY

Chapter:

Food Stamp Assistance Unit Requirements

Program:

FS

Subject:

Who Must Be Included

2020.10 The assistance unit must include certain individuals who are in the home, if they are not specifically excluded or ineligible to participate in the Food Stamp program.

- A. Those who are related as follows must be included in the assistance unit, except when the child or adult is a foster child or foster adult:
 - 1. a child under age 18 under the parental control of a member of the assistance unit;
 - 2. a spouse of a member of the assistance unit including any who presents himself or herself as a spouse;
 - 3. children ages 18 through 21 living with their parents.
- B. All others who buy food and prepare meals together for home consumption must be included in the assistance unit except those adults who are under the foster care of a unit member.
- C. A boarder who pays less than the equivalent of the Thrifty Food Plan for meals for the boarder group must be included in the assistance unit. The Thrifty Food Plan amounts are determined by the USDA and are revised annually.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date:10-1-11

Transmittal: UP-11-09

P-2020.10

Section:
Assistance Unit Composition

Type:
PROCEDURES

Chapter:
Supplemental Nutrition Assistance Program Procedures

Program:
SNAP

Subject:
Determining Separate Units

- P-2020.10
1. Grant assistance as a separate unit to an individual who has the separate assistance unit option according to policy when the individual states he or she buys and prepares meals separately from any other individuals who live with him or her.
 2. To determine separate status of an individual age 60 or over who does not buy and prepare food separately from other individuals who live with them:
 - accept SSI or OASDI disability findings;
 - judge from observation and discussion the permanent inability of the individual to buy and prepare food.
 3. When an individual meets the requirements for separate status in #2, treat the individual's spouse as follows:
 - include the spouse in the separate unit;
 - disregard the spouse's ability to buy and prepare meals;
 - apply the spouse's income only in a determination of the eligibility of the separate unit, not in the 165% test.
 4. The following table reflects the gross monthly income limits based on 165% of the SNAP Applied Income Limit for determining separate household status for elderly people who do not buy and prepare food separately from those they with whom they live because they are incapable of doing so due to disability:

The following table reflects the gross monthly income limits based on 165% of the SNAP Applied Income Limit:

<u>Household Size</u>	<u>165% SNAP Applied Income Limit</u>
1	\$1,498
2	\$2,023
3	\$2,548
4	\$3,074
5	\$3,599
6	\$4,124
7	\$4,649
8	\$5,175
Each additional member	\$526

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 10-1-2005

Transmittal: UP-05-12

2020.15

Section:

Assistance Unit Composition

Type:

POLICY

Chapter:

Food Stamp Assistance Unit Requirements

Program:

FS

Subject:

Who May Be a Separate Unit

2020.15 Certain types of individuals may choose to be included in the same assistance unit with others, or may choose to be considered a separate assistance unit. The following types of individuals have the separate assistance unit option:

- A. Individuals residing with others who are not their spouses, children, parents or siblings, and who buy food and prepare meals separately.
- B. Adult children living with their parents if they purchase and prepare food separately.
- C. Adult siblings who live together if they prepare and purchase food separately.
- D. An individual who is elderly and disabled, and spouse if any, who does not buy and prepare food separately from others in the household, provided either spouse meets "all" of the following conditions:
 - 1. 60 years of age or older in the month of application; and
 - 2. Incapable of preparing meals and buying food because of a disability considered permanent under Social Security Administration or Supplemental Security Income or a non-disease related severe permanent disability; and
 - 3. Living with others, the total of whose gross income does not exceed 165% of the Food Stamp Applied Income Limit (FSAIL). The FSAIL is 100% of the federal poverty level and is revised annually by USDA effective October 1 of every year. The income of the individual and the individual's spouse is not counted in this test.

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Date: 4-1-87

Transmittal: UP-87-1

P-2020.15

Section:

Assistance Unit Composition

Type:

PROCEDURES

Chapter:

Food Stamp Procedures

Program:

FS

Subject:

Assistance Units in Institutions

- P-2020.15
1. When an individual in an institution applies, make sure the institution has met the certification requirements of FNS.
 2. Request the assistance of Eligibility Services in Central Office if certification information is not available in the district office.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 5-1-89	Transmittal: UP-89-15	2020.20
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Section:	Type:
Assistance Unit Composition	POLICY

Chapter:	Program:
Food Stamp Assistance Unit Requirements	FS

Subject:
Optional Members of the Assistance Unit

2020.20 Certain individuals living in a household are included in the assistance unit under specific conditions. In this category are the following:

- A. boarders paying the equivalent of the Thrifty Food Plan when the other eligible members of the assistance unit request their inclusion;
- B. disabled or blind individuals receiving SSI or Social Security Disability payments who live in group living arrangements, when the group determines they should participate together as one unit. This determination is based on the individuals' physical and mental ability to handle their own affairs. These homes must be certified by FNS and have no more than 16 residents;
- C. a foster child of any age or a foster adult when the other eligible members of the assistance unit request his or her inclusion.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 4-1-06

Transmittal: UP-06-16

2020.25

Section:

Assistance Unit Composition

Type:

POLICY

Chapter:

Food Stamp Assistance Unit Requirements

Program:

FS

Subject:

Assistance Units in Institutions

2020.25 Residents of the following institutions (Cross Reference: 3015.15) are eligible to apply for or receive Food Stamps as individual assistance units apart from others in the institution:

- A. federally subsidized housing for the elderly, built under either section 202 of the Housing Act of 1959 or Section 236 of the National Housing Act;
- B. drug or alcohol treatment centers which:
 - 1. are authorized by FNS as retailers; or
 - 2. are eligible for funding under part B of Title XIX of the Public Health Act;
- C. group living arrangements that have no more than sixteen residents and are certified by FNS provided the individual who is applying for Food Stamps:
 - 1. is physically and mentally capable of handling his or her own affairs; and
 - 2. is not included in an assistance unit with other residents in that group, and
 - 3. meets one of the following criteria:
 - a. is disabled or blind and is receiving SSI or Social Security; or
 - b. is a veteran who has a disability rated as total under title 38, United States Code or who is considered in need of regular aid and attendance or permanently housebound under such title; or
 - c. is a surviving spouse of a veteran and is considered in need of regular aid and attendance or is permanently housebound under title 38, United States Code, or is entitled to compensation for a service-connected death, or to pension benefits for a non-service-connected death under title 38, United States Code, and who has a disability considered permanent under section 221(i) of the Social Security Act; or
 - d. is an offspring of a veteran and is considered permanently incapable of self-support under section 414 of title 38, United States Code, or is entitled to compensation for a service-connected death or to pension benefits for a non-service-connected death under title 38, United States Code, and has a disability considered permanent under section 221(i) of the Social Security Act; or

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Date: 4-1-06

Transmittal: UP-06-16

2020.25 page 2

Section:

Assistance Unit Composition

Type:

POLICY

Chapter:

Food Stamp Assistance Unit Requirements

Program:

FS

Subject:

Assistance Units in Institutions

2020.25 C. (continued)

- e. is receiving an annuity under section 2(a)(1)(iv) or 2(a)(1)(v) of the Railroad Retirement Act of 1974, if the individual's service as an employee under the Railroad Retirement Act of 1974, after December 31, 1936, had been included in the term "employment" as defined in the Social Security Act and has made application for disability benefits; or
 - f. is a blind or disabled foster adult for whom federal, state or local foster care payments are made.
- D. shelters for battered women which:
- 1. are certified by the Department as nonprofit organizations; and
 - 2. serve meals or provide food; and
 - 3. reserve space exclusively for battered women and their children;
- E. shelters for the homeless.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 5-1-94**Transmittal: UP-94-5****2020.30**

Section:
Assistance Unit Composition**Type:**
POLICY

Chapter:
Food Stamp Assistance Unit Requirements**Program:**
FS

Subject:
Who is Excluded from the Assistance Unit

2020.30 Certain individuals who are in the home are excluded from participating in the Food Stamp Program as members of the assistance unit. The following are excluded:

- A. a roomer, who may, however, qualify as a separate assistance unit;
- B. boarders who pay the equivalent of the Thrifty Food Plan to a household that does not request that they be included. Except for children and adults who receive federal, state, or local foster care payments, the following individuals are not considered boarders:
 - 1. parents living with their children;
 - 2. children living with their parents;
 - 3. siblings;
 - 4. spouses;
 - 5. children under age 18 under parental control of a member of the household;
- C. residents of institutions which provide at least 50% of three meals per day, except those listed in 2020.25;
- D. residents of commercial boarding homes;
- E. live-in attendants, who reside with a household to provide medical, housekeeping, child care or other similar personal services;
- F. an individual disqualified from the program for either of the following reasons:
 - 1. failure to meet the enumeration requirements; or
 - 2. an intentional program violation;
- G. ineligible students;
- H. ineligible non-citizens;
- I. other individuals who do not meet the eligibility requirements for the program.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-87	Transmittal: UP-87-1	2099
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Section:	Type:		
Assistance unit Composition			POLICY

Chapter:	Program:		
Verification Requirements			AFDC
			AABD
			MA
Subject:			FS

2099 This chapter contains the policy and procedures for verification pertaining to assistance unit composition. The policy discusses what factors must be verified; the procedures specify what type of verification is acceptable.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-87	Transmittal: UP-87-1	2099.05
Section: Assistance Unit Composition	Type:	POLICY
Chapter: Verification Requirements	Program:	AFDC AABD MA
Subject: Basic Requirements		FS

2099.05 A. AFDC, AABD, MA

All of the factors involved in determining the assistance unit for AFDC, AABD and MA are verified by meeting other eligibility criteria for these programs.

B. FS Verification Requirements

1. Verification is required when individuals request Food Stamps as a separate assistance unit from others in the household.
 - a. Factors which must be verified if they are the basis for separate unit status are:
 - (1) age, when questionable;
 - (2) pension benefits;
 - (3) disability benefits;
 - (4) disability.
 - b. The gross income of others in the household must be verified when separate assistance unit status is requested in accordance with 2020.10 C.
2. Boarders must verify the amount of board they pay.
3. Before determining the eligibility of a resident of an institution, the Department must verify that the institution in which the individual lives qualifies for Food Stamp recipients.
4. A resident in a qualified group living arrangement must verify the receipt of SSI or SSA for the disabled or blind.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 2-1-92

Transmittal: UP-92-14

P-2099.05

Section:
Assistance Unit Composition

Type:
PROCEDURES

Chapter:
Verification Requirements

Program: **AFDC**
 AABD
 MA
 FS

Subject:
Acceptable Verification

P-2099.05 Age

Accept as verification of age:

- any document showing date of birth or age, such as a drivers license or birth certificate;
- receipt of any assistance program for which one must be at lease 60 years old;
- record of age in the SDX, Bendex, or CLEM systems.

Disability

1. Accept as verification of disability for separate unit status:
 - Social Security notices for OASDI and SSI:
 - record of benefit entitlement based on disability in the SDX or Bendex;
 - receipt of State Supplement or Medicaid on the basis of disability;
 - Railroad Retirement documents when accompanied by documentation of Medicare;
 - Veterans benefits notices when they contain statements that they establish the FS criteria.
2. Accept as verification of disability for eligibility as institutionalized person:
 - Statements from the Veterans' Administration that illustrate that the criteria described in policy for Food Stamps have been met;
 - Statements from the Social Security Administration that illustrate that the criteria described in policy for Food Stamps have been met.

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Date: 9-1-95

Transmittal: UP-95-21

P-2099.05 page 2

Section:
Assistance Unit Composition

Type:
PROCEDURES

Chapter:
Verification Requirements

Program: AFDC
AABD
MA
FS

Subject:
Acceptable Verification

P-2099.05 Income

Accept as verification of income:

- wage stubs;
- written statement from employer;
- telephone contact with employer.

Boarder Income

Accept as verification of boarder income:

- a written statement from the boarder attesting to the amount paid;
- a receipt for the amount paid.

Separate Assistance Unit Status

Accept as verification that an individual who lives with others and has the option to be a separate assistance unit buys and prepares meals separately:

- the individual's verbal statement; or
- a written statement signed by the individual.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-87	Transmittal: UP-87-2	2500
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Section: Categorical Eligibility Requirements	Type:	POLICY
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Chapter:	Program:	AFDC AABD MA FS
Subject:		

2500 In order to qualify for the AFDC, State Supplement and Medicaid programs, the assistance unit must meet certain categorical eligibility requirements.

This section is organized according to type of categorical eligibility requirement. Each requirement is a separate chapter. Program differences with respect to the categorical requirement are described within that chapter. The chapter relative to Medicaid Coverage Groups addresses the mandatory and optional groups of individuals to whom Medicaid is provided. The provisions of Food Stamp categorical eligibility are also described in this section.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 7-1-98	Transmittal: UP-98-17	2500.01
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Section: Categorical Eligibility Requirements	Type:	POLICY
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Chapter:	Program:	AFDC AABD MA FS
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Subject: Definitions

2500.01 Applied Income

Applied income is that portion of the assistance unit's countable income that remains after all deductions and disregards are subtracted.

Calendar Quarter

Calendar quarter is a period of three consecutive calendar months ending March 31, June 30, September 30 or December 31.

Categorical Eligibility Requirement

Categorical eligibility requirement is a program characteristic which effectively sets one program apart from another and which must be met by the individual or group in order to qualify for such program.

Continuous Eligibility (CE)

Continuous Eligibility (CE) refers to a fixed period of twelve (12) consecutive months during which individuals under 19 years of age remain eligible for Medicaid in spite of a change in certain circumstances that would have caused the person to lose Medicaid eligibility.

Dependent Child

A dependent child is a child who is deprived of parental support or care by reason of the death, continued absence from the home, physical or mental incapacity or unemployment of a parent.

Deprivation of Parental Support or Care

Deprivation of parental support or care is the state of being without financial support or day-to-day care and guidance from one parent because that parent died, is continually absent from the home, is incapacitated or is unemployed.

Guaranteed Eligibility (GE)

Guaranteed Eligibility (GE) refers to a fixed period of six (6) consecutive months, starting with the effective date of initial enrollment into Managed Care, during which an individual remains eligible for Managed Care services in spite of a change in certain circumstances that would have caused the person to lose eligibility for Managed Care services.

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Date: 7-1-98

Transmittal: UP-98-17

2500.01 page 2

Section:
Categorical Eligibility Requirements

Type:
POLICY

Chapter:

Program: AFDC
AABD
MA
FS

Subject:
Definitions

2500.01 Joint Custody

Joint custody is the awarding of legal custody of a child by the Court to both parents subsequent to separation or divorce. Joint custody provides for joint decision making by both parents but does not provide for joint physical custody in all cases.

Joint Physical Custody

Joint physical custody is the awarding of legal custody of a child by the court to both parents subsequent to separation or divorce and provides that the child reside with each parent in such a manner as to assure the child of continuing physical contact with each parent.

Parent

Parent is a mother or father, natural or adoptive.

Principal Wage Earner

Principal wage earner is whichever parent, in a two parent family, earned the greater amount of income in the 24-month period the last month of which immediately precedes the month in which application is made.

1619(a) Status

1619(a) Status is a term used by the Social Security Administration to describe an individual who is determined eligible for SSI on the basis of a disability, and retains SSI eligibility despite performing substantial gainful activity.

1619(b) Status

1619(b) Status is a term used by the Social Security Administration to describe an individual who is under age 65, is determined eligible for SSI on the basis of blindness or disability, and subsequently becomes ineligible for SSI because of income.

Substantial Gainful Activity

Substantial gainful activity means significant and productive physical or mental duties performed for pay or profit regularly and on a predictable basis.

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Date: 7-1-98

Transmittal: UP-98-17

2500.01 page 3

Section:

Categorical Eligibility Requirements

Type:

POLICY

Chapter:

Program:

AFDC

AABD

MA

Subject:

Definitions

FS

2500.01 Third Trimester of Pregnancy

The third trimester of pregnancy is a period of time beginning with the first day of the third calendar month prior to the expected month of delivery and ending upon the date of actual delivery.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 10-1-89

Transmittal: UP-89-40

2505

Section:

Categorical Eligibility Requirements

Type:

POLICY

Chapter:

Eligible Child

Program:

AFDC

Subject:

- 2505 A. An eligible child is one who meets all the categorical, technical and procedural requirements of the AFDC program.
- B. The AFDC assistance unit must have an eligible child. If the assistance unit does not have an eligible child, there is no eligibility for the child or the caretaker relative.
- C. The following children who would otherwise qualify for AFDC are considered to be eligible children for the purposes of this categorical eligibility requirement:
1. a child receiving SSI benefits;
2. a child ineligible solely for failure to comply with employment and training requirements.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 10-1-89

Transmittal: UP-89040

P-2505.05

Section:

Categorical Eligibility Requirements

Type:

PROCEDURES

Chapter:

Eligible Child

Program:

AFDC

Subject:

Determining if There Is An Eligible Child in the Home

- P-2505.05
1. Check to see if at least one child in the home meets all of the categorical, technical and procedural requirements, or who receives SSI.
 2. Remember, if the only child in the home is ineligible solely because he or she does not meet employment and training requirements, the caretaker relative remains eligible.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88	Transmittal: UP-88-7	2510
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Section: Categorical Eligibility Requirements	Type: POLICY
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Chapter: Deprivation of Parental Support or Care	Program: AFDC
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Subject:

2510 This chapter describes in separate subjects the following deprivation factors:

- Death of a Parent;
- Absence of a Parent;
- Physical or Mental Incapacity of a Parent;
- Unemployment of a Parent.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88

Transmittal: UP-88-7

2510.05

Section:

Categorical Eligibility Requirements

Type:

POLICY

Chapter:

Deprivation of Parental Support or Care

Program:

AFDC

Subject:

General Provisions

- 2510.05 A. In order to qualify for AFDC, a child must meet the categorical eligibility requirement of deprivation of parental support or care.
- B. For the purposes of meeting this requirement, a child may be deprived of support or care by:
1. the death of a parent or parents; or
 2. the absence of a parent; or
 3. the physical or mental incapacity of a parent; or
 4. the unemployment of a parent.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-87

Transmittal: UP-87-2

P-2510.05

Section:

Categorical Eligibility Requirements

Type:

PROCEDURES

Chapter:

Deprivation of Support or Care

Program:

AFDC

Subject:

Determining the Deprivation Factor

- P-2510.05
1. Based on the circumstances of the assistance unit, determine which factor or factors of deprivation might apply to the assistance unit.
 2. Determine the deprivation factor for each child separately.
 3. If more than one factor of deprivation might apply to the assistance unit, consider both factors concurrently, such as in cases in which the factors of incapacity and unemployment might both be present.
 4. Follow the procedures which apply to the particular factor of deprivation you are trying to establish.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 1-1-88

Transmittal: UP-88-7

2510.10

Section:

Categorical eligibility Requirements

Type:

POLICY

Chapter:

Deprivation of Parental Support or Care

Program:

AFDC

Subject:

Death of the Parent

2510.10

- A. Deprivation of parental support or care exists when one or both parents of the child is deceased.
- B. If it is determined that deprivation exists due to the death of a parent, deprivation is considered to exist from the date of death.

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Date: 7-1-87

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P-2510.10

Section:

Categorical Eligibility Requirements

Type:

PROCEDURES

Chapter:

Deprivation of Parental Support or Care

Program:

AFDC

Subject:

Making Presumptions About Absence

- P-2510.10
1. When a parent is absent from the home, consider the circumstances of such absence to see if a presumption can be made as to whether deprivation due to absence of the parent does or does not exist.
 2. Decide, from the information gathered, whether the circumstances of the absence makes it likely or unlikely that the parent is functioning in the parental role.
 3. After making your presumption regarding deprivation due to absence, you receive evidence which appears to contradict your presumption, refer to the procedures for resolving questionable information.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 1-1-88	Transmittal: UP-88-7	2510.15
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Section: Categorical Eligibility Requirements	Type: POLICY
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Chapter: Deprivation of Parental Support or Care	Program: AFDC
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Subject: Absence of the Parent

- 2510.15 A. Deprivation due to the absence of the parent from the home exists when:
1. the parent is not living with the child; and
 2. the absence significantly interrupts or terminates the parent's day-to-day functioning as a provider of financial support or physical care and guidance of the child; and
 3. the duration of the absence makes it impossible to count on the parent to plan for the present support or care of the child; or
 4. the parent is living with the child, but has been convicted of an offense and is serving a court-imposed sentence which permits the parent to live at home while serving the sentence by:
 - a. performing unpaid public work during the day; or
 - b. performing unpaid community service.
- B. Deprivation due to the absence of the parent from the home does not exist when:
1. both parents are living with the child; or
 2. the parent is living separately from the child but the parent's absence from the home does not significantly interrupt the performance of the parent as a provider of day-to-day maintenance, physical care and guidance of the child; or
 3. the parent is absent solely due to active duty with the uniform service of the United States.
- C. If deprivation is determined to exist, it is considered to exist from the date the parent's absence began.

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Date: 1-1-88

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P-2510.15

Section:

Categorical Eligibility Requirements

Type:

PROCEDURES

Chapter:

Deprivation of Parental Support or Care

Program:

AFDC

Subject:

Considering Circumstances Which Tend to Support the Presumption that Deprivation Exists

- P-2510.15
1. Think about the following circumstances as tending to support the presumption that deprivation due to absence exists:
 - the parents of the needy child are divorced or legally separated and the caretaker relative has sole custody of the child;
 - at least one parent deserts, abandons or otherwise voluntarily leaves the family and neglects or refuses to provide support and care to the child;
 - the absent parent is incarcerated or confined in:
 - a penal or correctional institution;
 - a state institution for mental illness;
 - a hospital for chronic diseases including tuberculosis;
 - a long term care facility.
 2. Decide, based on the information provided, if the circumstances tend to back the supposition that deprivation due to absence of the parent exists.
 3. If the actual conditions do not uphold the presumption, take a look at the procedures for refuting the above.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 5-1-91	Transmittal: UP-91-20	2510.20
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Section: Categorical Eligibility Requirements	Type: POLICY
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Chapter: Deprivation of Parental Support or Care	Program: AFDC
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Subject: Determination of the Parent	
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2510.20 A. Determination of the Male Parent

 The Department considers a male to be the father of a child if:

1. legal marriage existed between him and the natural mother of the child at the time of the child's birth and this fact is not contested by the natural mother; or
2. he has legally adopted the child; or
3. he has been adjudged to be the father by the court; or
4. he has signed a statement recognizing that he is the natural father of the child. This statement need not be notarized or witnessed; or
5. he is listed as the father on the child's Connecticut birth certificate; or
6. there is a preponderance of evidence that he is the father. (Cross Reference: 2599)

B. Determination of Female Parent

 The Department considers the female to be the mother of the child if:

1. she has legally adopted the child; or
2. her name is on the child's birth certificate.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 7-1-87

Transmittal: UP-87-2

P-2510.20

Section:
Categorical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Deprivation of Parental Support or Care

Program:
AFDC

Subject:
**Considering Circumstances Which Tend to Support the Presumption that
Deprivation does not Exist**

- P-2510.20
1. Consider the following circumstances as tending to support the presumption that deprivation due to absence does not exist:
 - the parents of the needy child are divorced or legally separated but have been awarded joint custody with or without joint physical custody by the court.
 - the dwelling unit of the absent parent is contiguous to the dwelling unit of the child.
 2. Decide, with the information given, if the conditions tend to back the supposition that deprivation due to absence does not exist.
 3. If the actual conditions do not support the presumption, take a look at the procedures for refuting the above.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 1-1-88**Transmittal: UP-88-7****2510.25**

Section:**Categorical Eligibility Requirements****Type:****POLICY**

Chapter:**Deprivation of Parental Support or Care****Program:****AFDC**

Subject:**Physical or Mental Incapacity**

- 2510.25 A. Deprivation exists when one parent has a physical or mental defect, illness or impairment which results in incapacity, as determined by the Department.
- B. In order for the individual to be determined physically or mentally incapacitated by the Department, the physical or mental illness or impairment must:
1. be of such debilitating nature so as to reduce substantially or eliminate the parent's ability to support or care for the child, including:
- a. ability to engage in employment; or
- b. performing essential tasks related to the physical care or guidance and supervision of the child; and
2. be expected to last for a minimum period of 30 consecutive days.
- C. In determining the parent's ability to engage in employment or to perform the duties of the parental role, consideration must be given to the following:
1. the duties of the particular job in terms of knowledge, skill and physical activity required; and
2. the individual's capacity to perform the duties of the job on a predictable basis with reasonable regularity; and
3. the accessibility of the job in terms of the individual's ability to travel without undue strain and adverse physical effect; and
4. the ability to care for and supervise the child in an adequate and predictable manner; and
5. the ability to perform household management tasks in an adequate and predictable manner; and
6. the limited employment opportunities of handicapped individuals.

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Date: 1-1-88**Transmittal: UP-88-7****2510.25 page 2**

Section:**Categorical Eligibility Requirements****Type:****POLICY**

Chapter:**Deprivation of Parental Support or Care****Program:****AFDC**

Subject:**Physical or Mental Incapacity**

- 2510.25 D. In determining the individual's ability to function in the role of breadwinner or caretaker, the parent's previous role prior to incapacity is not a consideration since reduced ability to function in either role establishes incapacity.
- E. Receipt of SSI or OASDI benefits based on disability or blindness establishes incapacity. Receipt of SSI or OASDI benefits based on age does not establish incapacity.

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Date: 7-1-87**Transmittal: UP-87-2****P-2510.25**

Section:
Categorical Eligibility Requirements**Type:**
PROCEDURE

Chapter:
Deprivation of Parental Support or Care**Program:**
AFDC

Subject:
Look at Conditions Which Tend to Refute the Presumption that Deprivation Exists

- P-2510.25
1. You may find that the actual circumstances of the assistance unit tend to refute the presumption that deprivation exists. Think about the following examples as tending to refute the presumption that deprivation due to absence of the parent exists:
 - the parents of the child are divorced or legally separated with sole custody awarded to the caretaker relative, but the visitation of the parent without custody is so extensive that actual participation in the physical care and guidance of the child occurs on a day-to-day basis.
 - the absent parent who has otherwise voluntarily left the home has done so for some purpose other than to abandon the family and is exercising responsibility for the continuous care and guidance of the child during such absence.
 2. After considering the circumstances presented, decide if the actual circumstances tend to refute the presumption.

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Date: 1-1-88	Transmittal: UP-88-7	2510.30
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Section:	Type:
Categorical Eligibility Requirements	POLICY

Chapter:	Program:
Deprivation of Parental Support or Care	AFDC

Subject:
Unemployment of the Parent

2510.30 Deprivation exists when the principal wage earner in a two parent family is determined to be unemployed in accordance with Departmental standards.

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Date: 1-1-88**Transmittal: UP-88-7****P-2510.30**

Section:
Categorical Eligibility Requirements**Type:**
PROCEDURES

Chapter:
Deprivation of Parental Support or Care**Program:**
AFDC

Subject:
Looking at Conditions Which Tend to Refute the Presumption that Deprivation Does Not Exist

- P-2510.30
1. You may find that the actual circumstances of the assistance unit tend to refute the presumption that deprivation does not exist. Consider the following examples as tending to refute the presumption that deprivation due to absence of the parent does not exist.
 - The parents of the child are divorced or legally separated with an award of joint custody, but the parents are not following the court order and the absent parent is clearly not functioning in the parental role.
 - The parents of the child are legally separated, but the joint custody arrangement provides for periods of time at least six months long between visitations of the absent parent with the child.
 - The dwelling unit of the absent parent is contiguous to that of the child but the absent parent is clearly not functioning in the parental role, or the absent parent resides at this location for reasons other than a temporary purpose and there are no plans for the absent parent to return to the home or provide for the child's support and care.
 2. After considering the circumstances presented, decide if the actual circumstances tend to refute the presumption.

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2510.35

Section:

Categorical Eligibility Requirements

Type:

POLICY

Chapter:

Deprivation of Parental Support or Care

Program:

AFDC

Subject:

Determination of the Principal Wage Earner

- 2510.35 A. The parent who is designated the principal wage earner by virtue of higher earnings, or as designated by the Department, is considered the unemployed parent.
- B. The parent who is the principal wage earner is established in the following manner:
1. The earnings of each parent are considered regardless of when their relationship began; and
 2. The Department arbitrarily designates which parent is the principal wage earner when:
 - a. primary evidence of earnings for the 24 month period cannot be obtained; or
 - b. both parents earned an identical amount of income in the 24 month period; or
 - c. both parents earned no income in the 24 month period.
- C. The principal wage earner so specified remains the principal wage earner for each consecutive month for which the family receives assistance.

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Date: 7-1-87**Transmittal: UP-87-2****P-2510.35**

Section:
Categorical Eligibility Requirements**Type:**
PROCEDURES

Chapter:
Deprivation of Parental Support or Care**Program:**
AFDC

Subject:
Exploring the Circumstances of the Parent's Absence

- P-2510.35
1. If the absence of the parent is the reason for deprivation, explore the circumstances of the absence. Start by finding out:
 - the current marital status of the child's parents;
 - the date the absence began;
 - the length of continuous absence.
 2. In determining the reason for the parent's absence, consider the following factors:
 - whether the absence is temporary for some purpose other than to abandon the family such as in cases in which one parent is absent because of seasonal employment out-of-state;
 - whether the absence is involuntary, such as in cases of incarceration or confinement;
 - whether the absence is due solely to active duty with the uniformed services of the United States.
 3. Determine the current whereabouts of the absent parent, if possible.
 4. Review any pertinent court orders relative to child custody provisions.
 5. With the information gathered so far, assess the expected ability of the absent parent to fulfill the parental role by providing support or care to the child on a predictable and continuous basis.

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Date: 1-1-88	Transmittal: UP-88-7	2510.40
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Section: Categorical Eligibility Requirements	Type: POLICY
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Chapter: Deprivation of Parental Support or Care	Program: AFDC
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Subject: Conditions for Qualifying as an Unemployed Parent	
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2510.40 The principal wage earner must meet certain specific conditions to qualify as an unemployed parent.

A. Unemployment of Principal Wage Earner for Specified Period

In order to qualify as an unemployed parent, the principal wage earner must be unemployed for thirty (30) days prior to the effective date of eligibility for AFDC.

B. Unemployment Status of Principal Wage Earner

The principal wage earner is considered to be unemployed if the individuals is:

1. not working; or
2. working fewer than 100 hours per month.

C. Meeting the 100 Hour Requirement

The principal wage earner meets the requirement of working fewer than 100 hours per month even if work exceeds 100 hours in a particular month, if:

1. the parent worked fewer than 100 hours for the prior two months; and
2. the parent is expected to work fewer than 100 hours in the next month.

D. Conditions Which Do Not Disqualify the Principal Wage Earner as an Unemployed Parent

The principal wage earner is not disqualified as an unemployed parent even if the individual is:

1. unemployed as a result of participation in a labor dispute other than a strike;
 or
2. disqualified for unemployment compensation benefits.

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Date: 5-1-94

Transmittal: UP-94-09

2510.40 page 2

Section:
Categorical Eligibility Requirements

Type:
POLICY

Chapter:
Deprivation of Parental Support or Care

Program:
AFDC

Subject:
Conditions for Qualifying as an Unemployed Parent

2510.40 E. Job-Related Requirements

1. In order to qualify as an unemployed parent, the principal wage earner must meet at least one of the following work requirements:
 - a. For six (6) or more calendar quarters within **any** thirteen (13) calendar quarter period ending **within** one year prior to the month of application for AFDC, the parent must have:
 - (1) received earned income of not less than fifty (\$50) dollars per quarter; or
 - (2) participated in the Department's work program; or
 - (3) earned OASDI quarters of coverage as defined by the Social Security Act. Quarters of coverage are determined by dividing annual earnings by an amount designated by the Social Security Administration (Cross-Reference: P-2510.60); or
 - b. Within one year prior to the month of application the parent:
 - (1) must have been receiving unemployment compensation; or
 - (2) would have been eligible to receive unemployment compensation upon making application for such benefits; or
 - (3) would have been eligible to receive unemployment compensation upon making application if:
 - (a) the work performed was not covered by unemployment compensation; and
 - (b) had it been covered, along with any covered work performed, the work would have made the parent eligible for unemployment compensation.
2. The principal wage earner can receive credit toward the work requirement for up to a maximum of four of the six appropriate quarters when during those quarters he or she:
 - a. attended an elementary school, secondary school, or vocational or technical training course full-time to prepare him or her for gainful employment; or

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2510.40 page 3

Section:
Categorical Eligibility Requirements

Type:
POLICY

Chapter:
Deprivation of Parental Support or Care

Program:
AFDC

Subject:
Conditions for Qualifying as an Unemployed Parent

2510.40 E. 2. Job-Related Requirements (continued)

- b. participated in an education or training program established under JTPA.

F. Job Offer Requirements

To be eligible as an unemployed parent, the individual must not have refused a bona fide offer of employment or training for employment within thirty (30) days prior to the effective date of eligibility without good cause.

G. Unemployment Compensation Requirements

To be eligible as an unemployed parent the individual must apply for and accept unemployment compensation benefits if entitled to such benefits.

H. Work Program Requirements

To qualify as an unemployed parent, the principal wage earner must cooperate with the Department in meeting the pre-employment training and work requirements of the Department's work program, unless specifically exempt (cross-reference 3510.05 and 3510.10). Cooperation includes, but is not limited to:

1. providing additional information as needed by the Department or an employment service agency designated by the Department;
2. participating in job search when appropriate; and
3. being available for work; and
4. cooperating with the Department in efforts to secure employment and provide education, job training and support services;
5. reporting for an interview with an employer to whom referred for potential suitable employment; and
6. accepting a bona fide offer of suitable employment as described herein.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 7-1-87**Transmittal: UP-87-2****P-2510.40**

Section:
Categorical Eligibility Requirements**Type:**
PROCEDURES

Chapter:
Deprivation of Parental Support or Care**Program:**
AFDC

Subject:
Determining Parental Functioning

- P-2510.40
1. When making the determination of whether or not the absent parent is fulfilling the responsibilities of the parental role, consider whether the absence significantly interrupts or terminates the parents day-to-day functioning in the parental role.
 2. Start by finding out whether the duration of the absence is making it impossible to count on the parent to plan for the present care or support of the child.
 3. Find out how often and to what extent the absent parent is:
 - meeting the child's physical needs;
 - providing for the child's daily living expenses;
 - guiding the child as well as making major decisions for the child in such areas as:
 - diet;
 - personal hygiene;
 - peer contacts and leisure activities;
 - religious affiliation.
 4. From the information obtained, decide if the absent parent is providing care or support to the child on a continuous and predictable basis as provided for in policy.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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2510.45

Section:
Categorical Eligibility Requirements

Type:
POLICY

Chapter:
Deprivation of Parental Support or Care

Program: AFDC

Subject:
Good Cause for Non-Compliance With Work Program Requirements

2510.45 A. Claim of Good Cause

If the unemployed parent fails to comply with a requirement of the Department's work program subsequent to registration, the parent is permitted the opportunity to claim good cause and to explain the reasons for non-compliance.

B. Determination of Good Cause

1. Job Offers

- a. In cases of job offers made through public employment or Manpower agencies, the determination as to whether the offer is authentic or whether there was good cause to not accept it is to be made by that office or agency.
- b. In cases of job offers made through any other means, including private agencies, employers or organizations, the determination as to whether the offer is authentic or whether there was good cause not to accept it is to be made by the Department.

2. Training

In cases of job-related training including job search requirement through the Department's work program, the Department determines if there was good cause for failure to participate in such training.

C. Circumstances for Good Cause

The Department considers good cause to exist if the following conditions are established:

1. circumstances beyond the individual's control, such as, but not limited to:
 - a. illness;

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Type:
POLICY

Chapter:
Deprivation of Parental Support or Care

Program: AFDC

Subject:
Good Cause for Non-Compliance With Work Program Requirements

2510.45 C. 1. Circumstances for Good Cause (continued)

- b. illness of another household member;
 - c. if necessary child care is not available and payment cannot be guaranteed by the Department;
 - d. an emergency;
 - e. the unavailability of transportation;
2. conditions of employment, such as, but not limited to:
- a. discrimination on the basis of age, sex or color;
 - b. working without being paid on schedule;
 - c. net loss of income as a result of accepting employment (cross-reference: 3510.07);
 - d. unsuitable employment.

D. Suitable Employment

The suitability of employment depends on some conditions related to the individual and some related to the particular job. A job is considered unsuitable when:

- 1. it is not within the documented physical and mental capability of the individual;
- 2. it interferes with the individual's religious beliefs or observances;

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Program: AFDC

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Good Cause for Non-Compliance With Work Program Requirements

2510.45 D. Suitable Employment (continued)

3. the distance to the job is unreasonable in that:
 - a. it is neither within walking distance nor is there available public transportation; or
 - b. commuting time is more than two hours per day, not including trips to provide child care;
4. the wage is less than the higher of:
 - a. the Federal minimum wage; or
 - b. the State minimum wage; or
5. the employer or potential employer is discriminatory;
6. the job is the site of a strike or a lockout;
7. a condition of employment is either joining or not joining a legitimate labor organization;
8. the job poses an unreasonable risk to health or safety;
9. the job does not have a regular pay schedule;
10. employment offered within the first 30 days of registration is not in the individual's major field of experience.

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Section:
Categorical Eligibility Requirements

Type:
PROCEDURE

Chapter:
Deprivation of Parental Support or Care

Program:
AFDC

Subject:
Resolving Questionable Information

- P-2510.45
1. If questionable information is revealed in the determination of absence of the parent, make a decision by evaluating all the available facts.
 2. Reevaluate the absence factor if the information on the application:
 - ° is inconsistent with statements made by the applicant;
 - ° contradicts other data on the same application form or the preceding application form.
 - ° is inconsistent with information received from collateral contacts or other sources.
 3. Review the case record to determine:
 - ° whether the case history reveals any documented instances of inaccurate statements or intentional withholding of information, especially as it relates to the absent parent.
 - ° if the case history indicates a series of separations and reconciliations occurring within a relatively short period of time.
 4. After investigating all available information, confront the assistance unit with the discrepancies:
 - ° allow the assistance unit a reasonable opportunity to resolve the discrepancies by rebuttal of any collateral verifications;
 - ° give the assistance unit a reasonable opportunity to provide evidence to support the rebuttal;
 - ° consider any extenuating circumstances which explain the reasons for any previous inconsistencies.
 5. After evaluating the circumstances you decide that deprivation due to absence of the parent does not exist, follow adverse action procedures for denying or discontinuing AFDC.

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Section:
Categorical Eligibility Requirements**Type:**
PROCEDURES

Chapter:
Deprivation of Parental Support or Care**Program:**
AFDC

Subject:
Processing a Claim for Physical or Mental Incapacity

- P-2510.50
1. When physical or mental incapacity is the reason for deprivation, find out if the incapacitated parent is in receipt of SSI or SSA benefits on the basis of blindness or disability.
 2. If incapacity is established as above, grant AFDC to the assistance unit, if otherwise eligible.
 3. Set a tickler for redetermination of eligibility.
 4. If incapacity is not established by receipt of SSI/SSA as provided for in policy, go on.
 5. Obtain the information necessary for a determination of incapacity by the Department's Medical Review Team (MRT). To accomplish this, use the procedures which follow.
 6. Give the assistance unit the following forms:
 - "Instructions for Form WR-3A";
 - "Medical Examination Report", Form W-R3;
 - "Social Information and Disability Report", Form W-176.
 - "Notice-Examination Report for Medical Eligibility Determination - Registration For WIN Program", Form W-513.
 7. Explain to the assistance unit the use of Form W-R3 and encourage the unit to tell the examining physician the importance of returning the form in a timely fashion.
 8. Advise the unit of the purpose of Form W-176 and emphasize the need for:
 - returning the forms to the Department within the specified time standards;
 - filling in all the blank areas on the form;
 - giving special attention to the completeness of the "Education" and "Work History" sections of the W-176.

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- P-2510.50
9. Inform the unit that you will provide assistance upon request if a problem arises with obtaining information or completing the W-176 form.
 10. Obtain the signature of the incapacitated parent on Form W-149, "Request for Medical Records Information."
 11. Send the W-149 to the designated medical facility if appropriate.
 12. Set appropriate ticklers for the return of the W-R3, W-176 and W-149 forms.
 13. Upon return of the appropriate forms, complete the following actions:
 - complete and attach Form W-542, "Route Slip to MRT," to the medical information;
 - arrange all medical information in chronological order, most recent first;
 - submit the entire medical packet to MRT, Central Office.
 14. If Form W-146, "Record of Action by Medical Review Team" returns from MRT marked, "Eligible," and all other factors of eligibility have been met, take the following actions:
 - grant assistance to the assistance unit;
 - set a tickler for the redetermination of the incapacity status, using the date specified on the W-146 form.
 15. If Form W-146 returns from MRT marked, "Ineligible," take the following actions:
 - determine if the assistance unit or any member of the assistance unit qualifies for MA.
 - deny AFDC assistance to the family.

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Deprivation of Parental Support or Care**Program:**
AFDC

Subject:
Processing a Claim for Physical or Mental Incapacity

- P-2510.50 16. If Form W-146 returns from MRT marked "Undetermined," check for the specific supplementary medical data requested by MRT and take the following actions:
- advise the unit of the additional medical data needed and the type of medical specialist indicated;
 - refer the unit back to the examining physician for a referral to the appropriate specialist, if necessary;
 - give the unit the specialist referral letter provided by MRT;
 - set a tickler for the return of the medical information.
17. If the incapacitated parent requests assistance in finding the appropriate specialist:
- help the parent make an appointment using the resources available;
 - contact health services for the name of a specialist if all other resources have been exhausted.
18. Upon return of the specialist's report, follow the procedures in step #13.
19. If Form W-146 returns from MRT marked, "Eligible", follow the procedures in step #14.
20. If Form W-146 returns from MRT marked "Ineligible", follow the procedures in step #15.

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Section:
Categorical Eligibility Requirements**Type:**
PROCEDURES

Chapter:
Deprivation of Parental Support or Care**Program:**
AFDC

Subject:
Designating the Principal Wage Earner

- P-2510.55
1. If unemployment is the reason for deprivation, first establish which parent will be considered the principal wage earner.
 2. If only one parent had earned income in the 24-month period, designate this parent as the principal wage earner.
 3. If both parents had earned income:
 - ° consider total income earned by each parent in the 24-month period;
 - ° determine which parent earned the greater amount of income in the 24-month period.
 4. Designate as the principal wage earner whichever parent earned the greater amount of earned income in the period specified.
 5. If the principal wage earner cannot be determined by comparing the wages of each parent as specified in policy, select the principal wage earner giving consideration to:
 - ° the parent most likely to be the primary wage earner;
 - ° the preference according to the family.

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P-2510.60

Section:
Categorical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Deprivation of Parental Support or Care

Program:
AFDC

Subject:
Determining Conditions for Qualifying as an Unemployed Parent

P-2510.60 **Determining Current Employment Status**

1. Review the employment status of the principal wage earner.
2. Start by determining if the principal wage earner is unemployed.
3. If the principal wage earner is unemployed, establish the following:
 - the date the individual last worked;
 - the reason the individual is unemployed.
4. If the reason for unemployment is a strike and the principal wage earner is still on strike, stop here (Refer to the procedures for strikers, P-3035).
5. If the principal wage earner is working more than 100 hours per month, determine if the 100 hour requirement is met by giving consideration to:
 - the number of hours the parent worked in the prior 2 months;
 - the number of hours the parent is expected to work in the next month.
6. If you determine that the principal wage earner is employed 100 hours per month or more, stop here. The deprivation requirement is not met by reason of unemployment.
7. If you determine that the principal wage earner is unemployed or employed fewer than 100 hours per month, go on.

I **Determining Job-Related Requirements**

1. Review the parent's work/education and training history to determine if the individual meets at least one of the job related requirements.
2. Find out if the principal wage earner is receiving unemployment compensation or was receiving unemployment compensation within the time period specified in policy.

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P-2510.60 Determining Job-Related Requirements (continued)

3. If the principal wage earner has sufficient work history, go on to "Determining Job Offer Refusal."
4. If the principal wage earner does not have a sufficient work history based on the unemployment compensation requirements, go on to step #5 to check if the parent meets the \$50 per quarter test.
5. When determining if the parent meets the \$50 per quarter test:
 - define the limits of the 13 calendar quarter periods as noted in step 6;
 - obtain the applicable quarters of work information.
6. To establish the 13 calendar quarter periods:
 - determine the month of application;
 - go back to the quarter immediately preceding the quarter the application month falls in;
 - from this quarter count back 15 calendar quarters.
7. Remember, there are always four 13 calendar quarter periods in which to establish eligibility.
8. If the parent meets the \$50 per quarter test, go on to "Determining Job Offer Refusal."
9. If the parent does not have sufficient calendar quarters in which he or she earned at least \$50, determine if he or she participated in the Department's work program, or met the education and training criteria described in policy. Remember that you can credit the parent with only up to four calendar quarters based on the education and training criteria.
10. If the parent has a total of at least 6 quarters in the designated period in which he or she either earned \$50, participated in the Department's work program or met the education and training requirements, go on to "Determining Job Offer Refusal."
11. If the parent does not have 6 quarters of the \$50 earnings, participation in the work program or the education and training requirements, determine if he or she earned any quarters under the OASDI criteria.

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Chapter:
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Program:
AFDC

Subject:
Determining Conditions for Qualifying as an Unemployed Parent

P-2510.60 Determining Job-Related Requirements (continued)

12. When determining if the parent meets the OASDI criteria:

- obtain earnings information for the calendar years covered;
- divide the total earned income for each year by the amount designated by the Social Security Administration for the respective year:

Quarter of Coverage Amounts

1986...\$440	1989...\$500	1992...\$570
1987... 460	1990... 520	1993... 590
1988... 470	1991... 540	1994... 620

- give the parent credit for the number of quarters resulting from the division, up to 4 quarters per year.

13. If the parent has at least 6 quarters in any of the 13 quarter periods determined in step 6 in which he or she has earned at least \$50, participated in the work program, earned quarters based on the OASDI criteria, or met education and training requirements, go on to "Determining Job Offer Refusal."

14. If the parent does not have at least 6 quarters as described above, stop here. The deprivation requirement is not met by reason of unemployment.

Determining Job Offer Refusal

1. Find out if the principal wage earner has refused a bona fide offer of employment or training. If such refusal was made consider:
 - how long ago the refusal took place;
 - if good cause is claimed.
2. If the parent has refused a job offer within the time period specified in policy, but good cause is established, go on to the procedures for referring the parent for Unemployment Compensation benefits.
3. If the parent has refused a job offer within the time period specified but good cause is not established, stop here. The deprivation requirement is not met by reason of unemployment.

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Section:
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Type:
PROCEDURES

Chapter:
Deprivation of Parental Support or Care

Program:
AFDC

Subject:
Determining Conditions for Qualifying as an Unemployed Parent

P-2510.60 Referring For Unemployment Compensation

1. Unless the parent is receiving or was receiving unemployment compensation within the time period specified in policy, tell the parent that application must be made for such benefits.
2. If the parent complies with the above requirement, the deprivation requirement is met by reason of unemployment. Go on to "Referring to Work Program."
3. Remember, assistance is not delayed pending receipt of unemployment compensation benefits.
4. If the parent fails or refuses to make such application, or refuses to accept benefits if determined eligible to receive them, stop here. The deprivation requirement is not met by reason of unemployment.

Referring to Work Program

1. Explain to the assistance unit the pre-employment training and work requirements of the Department's work program.
2. Complete Form W-1406 for the parent for participation in the work program.
3. Route the W-1406 to the case manager when assistance is granted.

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2515

Section:

Categorical Eligibility Requirements

Type:

POLICY

Chapter:

Living with Specified Relative

Program:

AFDC

Subject:

2515 In this chapter the requirements regarding living with a specified relative are described in detail. Among the issues covered include:

- The degree of relationship a child must have to a relative in order to qualify for AFDC;
- The conditions under which a child is considered to be meeting the "living with specified relative" requirements;
- The circumstances under which the "living with specified relative" requirements continue to be met even when the child or caretaker relative is temporarily absent from the home.

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2515.05

Section:

Categorical Eligibility Requirements

Type:

POLICY

Chapter:

Living with Specified Relative

Program:

AFDC

Subject:

Degree of Relationship

2515.05 A. Degree of Relationship

1. In order to qualify, a child must be living with a caretaker relative who is a blood relative, adoptive relative, or a spouse or former spouse of a blood relative.
2. The spouse of a blood relative is considered to be an acceptable degree of relationship even after the marriage is terminated by death or divorce.
3. Blood relatives are considered to be an acceptable degree of relationship even when the child is subsequently adopted.

B. The Department considers a male to be the father of the child if:

1. legal marriage existed between the male and the natural mother of the child at the time of the child's birth and this fact is not contested by the natural mother; or
2. he has legally adopted the child; or
3. he has been adjudged to be the father by the court; or
4. he is listed as the father on the child's Connecticut birth certificate; or
5. he has signed a statement recognizing that he is the natural father of the child. This statement need not be notarized or witnessed; or
6. there is a preponderance of evidence that he is the father. (Cross Reference: 2599)

C. The Department considers a female to be the mother of the child if:

1. she has legally adopted the child; or
2. her name is on the child's birth certificate.

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Section:**Categorical Eligibility Requirements****Type:****PROCEDURES**

Chapter:**Living with Specified Relative****Program:****AFDC**

Subject:**Determining if Child Resides with Specified Relative**

- P-2515.05
1. Check if the relationship established between the child and the caretaker relative meets the degree of relationship specified in policy.
 2. If either the child or caretaker relative are temporarily absent from the home at any one time, determine if:
 - ° the caretaker relative is providing continuous care and supervision of the child;
 - ° the duration of the absence is approaching the 90 consecutive day limitation.
 3. If jurisdiction of the child is held by another make sure it meets the limitations set by policy.

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Section:	Type:
Categorical Eligibility Requirements	POLICY

Chapter:	Program:
Living with Specified Relative	AFDC

Subject:
Continuous Care and Supervision

- 2515.10 A. The child is considered to be meeting the requirement of living with the caretaker relative, providing these conditions are met:
1. the caretaker relative is exercising responsibility for the continuous care and supervision of the child, even though the child or caretaker relative may be temporarily absent from the home; and
 2. if the child or caretaker relative is absent from the customary family setting, such absence does not exceed 90 consecutive days.
- B. The child is not considered to be meeting the requirement of living with the caretaker relative if the absence does exceed ninety (90) consecutive days, regardless of whether or not the caretaker relative is exercising responsibility for the continuous care and supervision of the child.

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Section:
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Type:
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Chapter:
Living with Specified Relative

Program:
AFDC

Subject:
Considering the Absence of the Child from the Home

P-2515.10 Absence from the Home

1. When determining if the child meets the "living with specified relative" requirements when absent from the home, consider:
 - when the child left home;
 - the reason for the absence;
 - where the child is staying;
 - the estimated length of absence;
 - the extent to which the caretaker relative is providing care and supervision to the child;
 - what plans have been made for the child's periodic visits home.
2. If the child is staying in an institution or other group setting, determine who has primary responsibility for the continuing care of the child during the absence from the home.
3. If the child is in a general hospital, find out:
 - the nature of the child's illness;
 - the prognosis in terms of the anticipated length of absence.
4. Given the particular set of circumstances, decide if the child continues to meet the "living with specified relative" requirements. If not, follow the procedures for removing the child from the assistance unit, or in cases of 2 member assistance units, discontinuing the case.

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Type:

PROCEDURES

Chapter:

Living with Specified Relative

Program:

AFDC

Subject:

Considering the Absence of the Child from the Home

P-2515.10 Temporary Return to the Home

1. In determining if the child meets the "living with specified relative" requirements when home on a temporary basis from an institution having primary responsibility for the care of the child, find out the anticipated length of the visit.
2. If the child is visiting for a period of 30 consecutive days or more:
 - ° add the child effective with the first day of the visit;
 - ° remove the child effective the last day of the month in which the child leaves the home.

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Chapter: Living with Specified Relative	Program: AFDC
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Subject: Jurisdiction or Legal Custody of Child Held by Another
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2515.15 The child is considered to be living with the caretaker relative in situations in which:

- A. the child continues to reside with the caretaker relative but is under the jurisdiction of the court such as in cases in which probation services or protective supervision is being received; or
- B. the child continues to reside with the caretaker relative but legal custody is held by another agency.

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Section:
Categorical Eligibility Requirements**Type:**
PROCEDURES

Chapter:
Living with Specified Relative**Program:**
AFDC

Subject:
Considering the Absence of the Caretaker Relative from the Home

- P-2515.15
1. In determining if the child continues to meet the "living with specified relative" requirements when the caretaker relative is absent from the home, consider:
 - the estimated length of absence.
 2. When the caretaker relative is hospitalized or in a long term care facility, determine:
 - the anticipated length of stay;
 - the caretaker relative's capacity for exercising the responsibility for care and supervision of the child in light of the illness or disability;
 - to what extent the caretaker is actually assuming the responsibility of continuous care and supervision of the child directly, or indirectly through a responsible person;
 - whether the child is temporarily living with another specified relative because the caretaker relative is currently incapable of fulfilling the duties of the parental role.
 3. Decide, with the information available, if the child is considered to be living with a relative within a specified degree of relationship. If not, follow procedures for discontinuing AFDC.

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Living with Specified Relative

Program:
AFDC

Subject:
Considering the Absence of the Caretaker Relative from the Home

- P-2515.15
4. If the caretaker relative is residing in a shelter other than the usual family setting due to a catastrophe, determine:
 - the anticipated length of stay;
 - whether the caretaker relative continues to assume the responsibility of care and supervision of the child directly, or indirectly through a responsible person;
 - whether the child is temporarily residing with another specified relative because the circumstances of the catastrophe precludes the caretaker relative from assuming the duties of the parental role.
 5. Decide, with the information available, if the child is considered to be living a relative within a specified degree of relationship. If not, take steps to discontinue AFDC assistance.

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Section: Categorical Eligibility Requirements	Type: POLICY
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Chapter: Living with Specified Relative	Program: AFDC
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Subject: Absence of Child from the Home	
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2515.20 A. Child Considered to be Living With The Caretaker Relative

1. Temporary Absence From the Home

The child is considered to be living with the caretaker relative in situations in which the child is absent from the home because of:

- a. attendance at a specialized educational program on a "live-in" basis for part of each week such as those programs provided by the American School for the Deaf, the Oak Hill School for the Blind, or the regional center for the mentally retarded; or
- b. hospitalization in a general hospital for a period of less than 90 consecutive days.

2. Temporary Return to the Home for 30 Days or More

- a. The child is considered to be living with the caretaker relative in cases in which the child returns to the home from an institution which has primary responsibility for the care of the child for a visit of thirty (30) consecutive days or more.
- b. The child is considered to be living with the caretaker relative only for the duration of the visit.

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Section:
Categorical Eligibility Requirements**Type:**
POLICY

Chapter:
Living with Specified Relative**Program:**
AFDC

Subject:
Absence of Child from the Home

2515.20 B. Child Considered Not to be Living With the Caretaker Relative

1. Extended Absence From the Home

The child is considered not to be living with the caretaker relative in situations in which the child's absence from the home is due to placement in the following settings, because the institution or foster parent has assumed responsibility for the child's care and supervision:

- a. a public institution such as a State hospital for the mentally ill or a training school for the mentally retarded; or
- b. a chronic disease hospital; or
- c. a juvenile correctional institution such as Long Lane School or Meriden School for Boys; or
- d. a foster home, when the foster parent is not within an acceptable degree of relationship.

2. Temporary Return to the Home for Less Than 30 Days

The child is considered not to be living with the caretaker relative in situations in which the child returns home for a visit of less than thirty (30) consecutive days from an institution which has primary responsibility for the care of the child.

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Section:**Categorical Eligibility Requirements****Type:****PROCEDURES**

Chapter:**Living with Specified Relative****Program:****AFDC**

Subject:**Establishing the Caretaker Relative**

- P-2515.20
1. In cases in which more than one specified relative resides in the home, make the caretaker relative the one who is assuming responsibility for the day-to-day care and supervision of the child.
 2. See procedures at P-2005 for additional considerations.

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Date: 7-1-87	Transmittal: UP-87-2	2515.25
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Section: Categorical Eligibility Requirements	Type: POLICY
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Chapter: Living with Specified Relative	Program: AFDC
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Subject: Absence of the Caretaker Relative from the Home
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2515.25 A. Child Considered to be Living With The Caretaker Relative

The child is considered to be living with the caretaker relative in situations in which the caretaker relative is absent from the home because:

1. the caretaker relative is hospitalized and such confinement does not exceed ninety (90) consecutive days and during the period of confinement:
 - a. the caretaker relative continues to exercise responsibility for the care of the child directly, or indirectly through a responsible person; or
 - b. the child is temporarily residing with another individual who is within the acceptable degree of relationship and who is assuming the duties of care and supervision of the child; or
2. the caretaker relative is residing, for a period of ninety (90) consecutive days or less, in a shelter other than the usual family setting due to its loss from fire or flood and the needy child is living elsewhere, but:
 - a. the caretaker relative continues to fulfill the responsibility of care and supervision of the child directly or indirectly through a responsible person; or
 - b. the child is temporarily staying with another individual who is of acceptable degree of relationship and who is assuming the duties associated with the parental role.

B. Child Considered Not to be Living With The Caretaker Relative

The child is considered not to be living with the caretaker relative in situations in which the caretaker relative's absence is due to:

1. incarceration in a penal or correctional institution; or
2. confinement in a public institution; or

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Absence of the Caretaker Relative from the Home

2515.25 B. Child Considered Not to be Living With The Caretaker Relative (continued)

3. confinement in a hospital for chronic diseases including tuberculosis; or
4. confinement in a long term care facility or hospital when:
 - a. the length of stay is in excess of 90 days; or
 - b. the caretaker relative is too sick or is otherwise incapable of exercising the responsibility for care and supervision of the child; and
 - c. there is no relative of an acceptable degree of relationship able or willing to assume the responsibility of caring for the child.

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Section:	Type:
Categorical Eligibility Requirements	POLICY

Chapter:	Program:
Living with Specified Relative	AFDC

Subject:
Determination of Caretaker Relative

2515.30 Regardless of which individual applies for assistance, when more than one individual resides in the home each of whom is within a specified degree of relationship to the child, the caretaker relative is that relative who is responsible for the day-to-day care and supervision of the child.

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Date: 10-1-92	Transmittal: UP-92-32	2515.35
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Section: Categorical Eligibility Requirements	Type: POLICY
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Chapter: Living With Specified Relative	Program: AFDC
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Subject: Minor Parents	
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2515.35 A. General Requirement

To be eligible for AFDC, a minor parent must live in the home of a parent or in another appropriate living arrangement, as described in this subject.

B. Minor Parent

For the purposes of this subject, the term minor parent means those who:

1. are less than 18 years old; and
2. have never been married; and
3. have a dependent child or are pregnant.

C. Basic Provisions

1. This requirement applies to the following individuals:
 - a. a minor parent and his or her dependent child who live together in the same household; and
 - b. a minor pregnant woman who is otherwise eligible to receive AFDC separately from her parents and siblings, except for this requirement.
2. For the purpose of this provision, appropriate living arrangements are limited to the following:
 - a. the home of a natural or adoptive parent;
 - b. the home of a stepparent;
 - c. the home of a legal guardian;

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Minor Parents

2515.35 C. 2. Basic Provisions (continued)

- d. the home of a relative of the minor parent, or of the dependent child, who
 - (1) is eighteen years of age or older; and
 - (2) is within a specified degree of relationship as described elsewhere in this section (Cross Reference: 2515);
- e. an adult-supervised supportive living arrangement.
- 3. An adult-supervised supportive living arrangement is a private family setting or other living arrangement, not including public institutions, that:
 - a. is approved by the Department; and
 - b. is maintained as a family setting as evidenced by
 - (1) the assumption of responsibility for the care and control of the minor parent; or
 - (2) the provision of supportive services, such as counseling, guidance or supervision.
- 4. Adult-supervised supportive living arrangements include, but are not limited to:
 - a. foster homes;
 - b. maternity homes;
 - c. private families.
- 5. The relative or legal guardian's residence must be maintained as a home for the minor parent and dependent child, as follows:
 - a. he or she is willing and able to assume responsibility for the care and control of the minor parent; and
 - b. he or she is willing and able to exercise control and supervision of the minor parent.

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Living With Specified Relative

Program:

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Subject:

Minor Parents

2515.35 D. Exemptions From the General Requirement

A minor parent is exempt from the requirement described in A. when any of the following conditions applies:

1. there is no living parent or legal guardian; or
2. the whereabouts of the parent or legal guardian are not known; or
3. the parent or legal guardian will not allow the minor parent and/or the dependent child to live in his or her home; or
4. the minor parent has lived apart from the parent or legal guardian for at least one year prior to:
 - a. the birth of the minor parent's dependent child; or
 - b. the date the minor parent applies for AFDC; or
 - c. October 1, 1992; or
5. the minor parent has been emancipated by court involvement; or
6. the supervising adult will not assume responsibility for the care and control of the minor parent; or
7. the supervising adult cannot exercise control and supervision over the minor parent; or
8. the supervising adult would violate the terms of a lease if the minor parent moved into his or her residence; or
9. the physical or emotional health or safety of the minor parent or dependent child would be jeopardized if they resided in the same residence with the parent or legal guardian; or
10. the minor parent is participating in a vocational or educational program that is not located within a reasonable distance from the home of the parent or legal guardian (Cross Reference: 3510); or

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Subject: Minor Parents	
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2515.35 D. Exemptions From the General Requirement (continued)

11. the minor parent is working and the job is not located within a reasonable distance from the home of the parent or legal guardian (Cross Reference: 3510); or
12. the parent or legal guardian lives in another state or country and the Department determines it is not practical for the minor parent to return to that state or country.

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Section:
Categorical Eligibility Requirements**Type:**
PROCEDURES

Chapter:
Living with Specified Relative**Program:**
AFDC

Subject:
Determining if the Minor Parent Must Live With an Adult

- P-2515.35
1. Explore the minor parent's current living arrangement. Consider such things as:
 - Does the minor parent live with anyone?
 - If yes, what is the relationship between that person and the minor parent?
 - If the minor parent does not live with anyone, try to find out why.
 - Would the minor parent be able to return to his or her parent's home?
 - Is there an adult relative with whom the minor parent could live?
 - How long has the minor parent lived on his or her own?
 - Does he or she rent a room, apartment, live in a shelter, etc.?
 - Does the minor parent go to school or work?
 2. Evaluate the answers to the questions described in #1 in light of the policy.
 3. Consider that the minor parent has met the requirement if he or she lives with:
 - a parent
 - a legal guardian
 - an adult relative, including paternal relatives of the dependent child. Remember, paternity has to be acknowledged or adjudicated in order for the paternal relationships to be established.
 4. Consider the situations listed below as exemptions that can be determined by obtaining verification and do not require DHR's involvement.
 - the minor parent has lived on his or her own for at least one year
 - the minor parent's parents or legal guardian are deceased
 - the minor parent does not know the whereabouts of the parents or legal guardian

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Type:
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Chapter:
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Program:
AFDC

Subject:
Determining if the Minor Parent Must Live With an Adult

P-2515.35 4. (continued)

- the minor has been emancipated by a court
 - the minor parent is participating in a vocational or educational program or has employment that is not located within a reasonable distance from the home of the parent or legal guardian
 - the parent or legal guardian lives in another state or country
5. Even if the minor parent meets one of the exemptions in #3, refer to DHR to evaluate whether the minor parent is able to cope sufficiently in his or her current arrangement or if that ability would be enhanced by living with another suitable adult. Make referrals at any time, but only if the client agrees to be referred.
6. If the minor parent does not meet one of the exemptions listed in #3 and the Eligibility Worker cannot determine whether or not the minor parent is otherwise exempt, and the minor parent does not live in an appropriate living arrangement, make a referral to DHR. Do not complete a determination of eligibility for AFDC without DHR's response. Examples of situations requiring referrals are:
- the minor parent lives with an unrelated adult
 - the minor parent says he or she wants to live on his or her own
 - the minor parent and the parent or legal guardian do not get along
 - the parent will not assume responsibility for the minor
 - the parent cannot control the minor parent
 - the minor parent states that returning to the parent or legal guardian's home would jeopardize the physical or mental safety of the minor parent or the dependent child.

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Living with Specified Relative

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Determining if the Minor Parent Must Live With an Adult

- P-2515.35 7. Consider the following as examples of evidence that indicate that the physical or mental health or safety of the minor parent or of the dependent child would be jeopardized:
- there is a substantiated report of abuse or neglect
 - a neglect petition has been filed
 - the minor parent has made a statement that has been corroborated by an adult, or substantiated through agency investigation
 - the minor parent's return results in the family living arrangement becoming overcrowded, violating the terms of a lease, or violating local health or safety standards
8. If the minor parent is clearly not exempt from the requirement, and refuses to return to his or her parent's home, or to another suitable living arrangement, consider that the minor parent has not met this eligibility requirement.
9. If the minor parent does not wish to be involved with DHR, evaluate the living arrangement according to policy and determine if the minor parent is meeting the requirement, or is exempt from the requirement.
10. Use form W-171, "Referral to DHR for Assessment," to refer a case to DHR. Complete side one of the form.
11. If eligibility cannot be established without DHR's recommendation, indicate on the form that this is a Priority #1.
12. If AFDC has been granted, and the referral is only to help the minor parent connect with DHR, send the referral form and indicate that this is a Priority #2.
13. If AFDC has been denied, but the minor parent wants to be involved with DHR, send the referral form and indicate that this is a Priority #2.
14. DHR will complete side two of the form when they have completed their investigation, and return it to DIM.
15. Consider this recommendation along with all other available information when making a decision with respect to this eligibility requirement.

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Section:	Type:
Categorical Eligibility Requirements	POLICY

Chapter:	Program:
Pregnancy	AFDC

Subject:

2520 This chapter addresses the categorical requirement of pregnancy in the AFDC program.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-97	Transmittal: UP-97-19	2520.05
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Section: Categorical Eligibility Requirements	Type: POLICY
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Chapter: Pregnancy	Program: AFDC
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Subject: Pregnancy Requirements	
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2520.05 A. In order to qualify for AFDC, a woman with no other children receiving AFDC must:

1. be pregnant; and
2. meet the eligibility factors for AFDC which would be required if her child were already born and were living with her, including, but not limited to, deprivation of parental support or care (Cross Reference: 2510).

 B. Deprivation as it relates to a pregnant woman exists as follows:

1. One Parent Household

 In one parent households, deprivation exists when:

- a. one of the parents is deceased or continually absent from the home; or
- b. the alleged father resides in the home. The alleged father is not considered the legal parent until the child is born, and:
 - (1) he has acknowledged paternity; or
 - (2) he has been adjudged the father; or
 - (3) he has signed a statement recognizing that he is the natural father of the child; or
 - (4) he is listed as the father on the child's Connecticut birth certificate.

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Section:

Categorical Eligibility Requirements

Type:

PROCEDURES

Chapter:

Pregnancy

Program:

AFDC

Subject:

Establishing Pregnancy Requirements

- P-2520.05
1. Make sure the pregnant woman meets the AFDC eligibility factors which would be required if her child were already born and living with her.
 2. When determining if the pregnant woman meets the categorical requirement of deprivation, remember:
 - ° if incapacity or unemployment of a parent is the reason for deprivation, make sure that the parents are married;
 - ° deprivation due to absence of the parent still exists even if the alleged father resides in the home as paternity is not established prior to the child's birth.

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Section: Categorical Eligibility Requirements	Type: POLICY
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Chapter: Age	Program: AFDC AABD
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Subject:

2525 This chapter addresses the categorical eligibility requirement of age.

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Section: Categorical Eligibility Requirements	Type: POLICY
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Chapter: Age	Program: AFDC
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Subject: Determination of Age
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- 2525.05 A. The determination of whether an individual meets the age requirements of the individual program is made in accordance with the "popular usage method" under which a specific age is attained on the anniversary of the individual's birth.
- B. In situations in which the year can be established but the month of an individual's birth is not available, July 1 is used as the point from which age is computed.

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Section:

Categorical Eligibility Requirements

Type:

PROCEDURES

Chapter:

Age

Program:

**AABD
MAABD**

Subject:

Determining Age

- P-2525.05
1. To establish the age of an individual, use the "popular usage method" as specified in policy.
 2. If only the year of the individual's birth is established, use July 1st as the point from which age is computed.

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Section: Categorical Eligibility Requirements	Type: POLICY
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Chapter: Age	Program: AFDC
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Subject: AFDC - Age Requirements	
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2525.10 The child meets the categorical eligibility requirements of age if the child meets the following conditions:

- A. has not attained 18 years of age; or
- B. has not attained 19 years of age and is a full-time student in a secondary school or in the equivalent level of vocational or technical training.

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Section: Categorical Eligibility Requirements	Type: POLICY
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Chapter: Age	Program: AABD MAABD
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Subject: State Supplement and Related Medicaid	
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- 2525.15 A. To meet the age requirement for State Supplement and related Medicaid based on disability, the individual must be eighteen (18) years of age through sixty-five (65) years of age.
- B. To meet the age requirement for State Supplement and related Medicaid based on old age, the individual must be sixty-five (65) years of age or older.
- C. There is no age requirement for an individual qualifying for State Supplement benefits as a resident of a long term care facility.

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Section: Categorical Eligibility Requirements	Type: POLICY
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Chapter: Disability	Program: AABD MAABD
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Subject:

2530 Certain individuals applying for AABD or Medical Assistance must be disabled to qualify for assistance. The Social Security Administration (SSA) generally is responsible for determining if an individual is disabled. Under certain conditions, the Department makes a determination separate from SSA.

The Department uses the same criteria as SSA to determine disability. In most cases, a decision by SSA takes precedence over a decision which has been made by the Department's Medical Review Team (MRT). This chapter discusses the controlling nature of the SSA decision and the circumstances under which the Department makes a determination apart from SSA.

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Chapter: Disability	Program: AABD MAABD
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Subject: Basis for Disability
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- 2530.05 A. To qualify for the State Supplement or related Medical Assistance programs on the basis of disability, the individual must be disabled as determined by SSA or the Department. The individual must be found to have an impairment which:
1. is medically determinable; and
 2. is severe in nature; and
 3. can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than twelve (12) months; and
 4. except as provided in paragraph C below, prevents the performance of previous work or any other substantial gainful activity which exists in the national economy.
- B. Except as provided in paragraph C below, the medical criteria the Department uses for determining disability are the same as those used for evaluating disability under SSI in accordance with 20 CFR Chapter III Appendices 1 and 2.
- C. Under the Medicaid coverage group "Working Individuals with Disabilities," the individual must have a medically determinable impairment. However, the individual's ability to perform substantial gainful activity has no effect on the disability determination (Cross Reference: 2540.85).

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Section:
Categorical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Disability

Program:
**AABD
MAABD**

Subject:
Establishing Eligibility

- P-2530.05
1. Consider the individual disabled if the individual is considered disabled by SSA.
 2. Take action to determine disability in the following situations:
 - if the applicant has not applied to SSA or if the application is still pending;
 - if the applicant was denied by SSA for a reason other than disability, (e.g. excess income for SSI purposes).
 3. If SSA has previously denied disability, make a separate determination whenever the applicant alleges a condition which is different from or in addition to the one SSA evaluated.
 4. Refer the applicant to SSA if within 12 months of the latest SSA denial the applicant alleges that the same condition has changed or deteriorated.

Make a separate determination only if SSA refuses to reconsider the new allegations, or denies the application without making a new disability determination, e.g. the application is denied for excess assets.
 5. Take action to determine disability if more than 12 months after the latest SSA denial the applicant alleges the same condition has changed or deteriorated and SSA has not made a new determination based on the allegations.
 6. If a separate determination is required, obtain the information necessary for the Department's Medical Review Team (MRT) to determine disability.
 7. Give the assistance unit the following forms:
 - "Instructions for Forms WR-3A";
 - "Medical Examination Report," Form W-R3;
 - "Notice-Examination Request for Medical Eligibility Determination," Form W-513;
 - "Social Information Disability Report," Form W-176.

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Subject:
Establishing Eligibility

- P-2530.05
8. Explain Form W-R3 and encourage the unit to advise the examining physician of the importance of promptly returning the form.
 9. Explain Form W-176 and emphasize the need to do the following:
 - return the form within the specified time standard;
 - fill in all the blank areas;
 - complete the "Education" and "Work History" sections.
 10. Inform the applicant that you will provide assistance upon request if help is needed in obtaining information or completing the W-176 form.
 11. Obtain the signature of the assistance unit on Form W-149, "Request for Medical Records Information," and send it to the designated medical facility if it is appropriate.
 12. Set alerts for the return of the W-R3, W-176 and W-149 forms.
 13. Take the following actions upon return of the forms;
 - complete and attach Form W-542, "Route Slip to MRT," to the Medical information;
 - arrange all medical information in chronological order, most recent first;
 - submit the entire medical packet to MRT, Central Office.

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Type:

POLICY

Chapter:

Disability

Program:

**AABD
MAABD**

Subject:

SSA Disability Determination are Conclusive

2530.10 A. Disability Determinations Made by SSA

1. An individual who is considered disabled by SSA is considered disabled by the Department.
2. A final determination by SSA that an individual is not disabled takes precedence over a determination by the Department, except in the situations described in paragraph C, below.
3. An SSA decision denying disability is binding for 12 months from the date the decision becomes final.
4. The SSA determination is considered final when there is no further right to administrative appeal through the SSA appeals process. Administrative levels in the SSA appeals process include all of the following:
 - a. reconsideration of the initial decision;
 - b. hearing before an administrative law judge;
 - c. Appeals Council review
5. The right to administrative appeal ends when a decision is rendered by the SSA Appeals Council or when the 60 day time limit for appealing a lower level decision expires without an appeal being filed.
6. If assistance is granted based on an MRT disability determination and SSA subsequently determines the individual is not disabled, benefits are terminated unless eligibility exists on some other basis or the recipient timely appeals the SSA decision. (cross reference 2530.10 D.)
7. Prompt action to terminate benefits is taken once the Department is notified of the initial SSA decision to deny disability, or when a denial is upheld at an appeals level.
8. The Department may delay action to terminate benefits if the recipient indicates that an administrative appeal will be filed with SSA; however, benefits are terminated if the recipient does not promptly file the appeal.
9. Action to terminate benefits must begin no later than the date the deadline for filing an administrative appeal expires.

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Program:

**AABD
MAABD**

Subject:

SSA Disability Determination are Conclusive

2530.10 B. Disability Determinations Made by the Department

1. The Department does not make a separate determination of disability if SSA already has determined that the individual is disabled.
2. The Department makes a determination of disability under the following conditions:
 - a. when the applicant has not previously applied to SSA as a disabled person;
 - b. when the applicant has applied to SSA on the basis of disability and the application is pending or a final decision has not been rendered;
 - c. when the applicant is denied by SSA for a reason other than disability;
 - d. in the circumstances described in paragraph C, below.
3. A determination is made within the 90 day standard of promptness requirements for processing disability applications if SSA has not rendered a decision.

C. Exemptions to Precedence of SSA Disability Determinations

The Department makes a separate determination of disability in each of the following situations, even though SSA has previously determined that the individuals was not disabled. The prior decision by SSA is not considered binding under these conditions.

1. The Department makes a separate determination any time an applicant alleges a disabling condition which is different from, or in addition to the conditions considered by SSA in making its last determination.
2. The Department makes a separate determination if within 12 months of the most recent SSA decision the following conditions exist:
 - a. the applicant alleges that he or she is disabled as the result of a change or deterioration of the same condition; and
 - b. the applicant has applied to SSA and SSA has refused to reconsider the new allegations or has denied SSI for a reason other than disability.

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Subject:

SSA Disability Determination are Conclusive

2530.10 C. Exemptions to Precedence of SSA Disability Determinations (continued)

3. The Department makes a separate determination if more than 12 months after SSA denies disability the following conditions exist:
 - a. the applicant alleges that he or she is disabled as the result of a change or deterioration of the same condition; and
 - b. SSA has not made a determination with respect to the new allegations.
4. The Department refers individuals who allege new information or evidence affecting previous SSA determinations to SSA for reconsideration or reopening of the disability determination, except in the circumstances specified above.

D. Eligibility Status During SSA Administrative Appeal Process

1. An individual receiving assistance at the time SSA denies disability is entitled to continued benefits under the following conditions:
 - a. the individual timely appeals the SSA decision; and
 - b. the appeal is filed at an administrative level.
2. Individuals who timely appeal an SSA decision are not required to file a separate appeal with the Department to receive continued benefits.
3. The Department may terminate assistance before the deadline for filing an administrative appeal to SSA expires; however, benefits must be reinstated if an administrative appeal is filed before the deadline.

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MAABD**

Subject:
Accepting SSA Disability Determinations as Conclusive

- P-2530.10
1. Consider the individual to be disabled under the following conditions:
 - SSA has determined the individual is disabled;
 - MRT has determined the individual is disabled, and there is no binding decision by SSA to the contrary;
 - an appeal of an SSA decision to deny disability has been filed and assistance already has been granted based on disability.
 2. Consider the individual not to be disabled under any other circumstances.
 3. Take the following steps if the individual was granted assistance based on disability and SSA subsequently finds the individual is not disabled:
 - Determine if the individual is eligible on some basis other than disability. Unless a delay is warranted, take immediate steps to discontinue benefits if the individual is not eligible on some basis other than disability.
 - Delay the action for a reasonable period if an SSA administrative appeal is likely. However, proceed with the discontinue if an appeal is not filed promptly.

The SSA decision becomes final once the deadline for filing the appeal expires; usually 60 days from the date SSA notifies the individual of the decision. Action to discontinue benefits must be initiated by this date.
 - If the SSA decision is appealed, continue benefits until the next administrative decision is rendered. Repeat this process if the decision is appealed to the next higher level in the administrative appeals process. The Appeals Council is the highest administrative level.
 4. If assistance is discontinued, add the following text to the bottom of the discontinuance notice:

"Social Security has determined you are not disabled. You can appeal to Social Security if you disagree with the decision. If you appeal, please call your worker. We may be able to give you benefits if you do this right away."

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 1-1-88	Transmittal: UP-88-7	2535
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Section: Categorical Eligibility Requirements	Type: POLICY
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Chapter: Blindness	Program: AABD MAABD
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Subject:

2535 Certain individuals applying for State Supplement or Medicaid must be determined statutorily blind in order to meet the categorical eligibility requirement.

 This chapter addresses the medical basis for a determination of blindness.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 10-1-00	Transmittal: UP-00-22	2535.05
Section: Categorical Eligibility Requirements	Type: POLICY	
Chapter: Blindness	Program: AABD MAABD	
Subject: Basis for Blindness		

- 2535.05 A. In order to be eligible for the State Supplement or related Medicaid on the basis of blindness, the individual must be blind as determined by the Department. The individual must be found to have:
1. total loss of sight in both eyes; or
 2. visual acuity of 20/200 (6/60 metric) or less in the better eye, after correction to the best acuity obtainable with ophthalmic lenses; or
 3. visual fields restricted to 20 degrees or less in the widest diameter, without regard to the amount of visual acuity; or
 4. a visual impairment as described in paragraph C below.
- B. Except as provided in paragraph C below, the medical criteria the Department uses for determining blindness are the same as those for evaluating blindness under SSI.
- C. Under the Medicaid coverage group "Working Individuals with Disabilities," the individual must have a medically determinable impairment. However, the individual's ability to perform substantial gainful activity has no effect on the disability determination (Cross Reference: 2540.85).

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-88**Transmittal: UP-88-21****P-2535.05**

Section:
Categorical Eligibility Requirements**Type:**
PROCEDURES

Chapter:
Blindness**Program:**
AABD

Subject:
Establishing Blindness

- P-2535.05
1. If disability is not established by receipt of SSI/SSA based on blindness as provided for in policy, obtain the information necessary for a determination of blindness by the Department's Medical Review Team (MRT). To accomplish this, use the procedures which follow.
 2. Give the assistance unit the following forms:
 - "Instructions for Form WR-3A";
 - "Medical Examination Report", Form WR-3;
 - "Social Information and Disability Report", Form W-176.
 3. Explain to the assistance unit the use of Form WR-3 and encourage the unit to tell the examining physician the importance of returning the form in a timely fashion.
 4. Advise the unit of the purpose of Form W-176 and emphasize the need for:
 - returning the form to the Department within the specified time standards;
 - filling in all the blank areas on the form;
 - giving special attention to the completeness of the "Education" and "Work History" sections of the W-176.
 5. Inform the unit that you will provide assistance upon request if a problem arises with obtaining information or completing the forms.
 6. Set ticklers for the return of the forms.
 7. When the forms are returned:
 - arrange all of the medical information in chronological order, most recent first;
 - complete and attach W-542 "Route slip to MRT,"
 - submit the medical packet to MRT, Central Office.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-87	Transmittal: UP-87-2	2535.10
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Section: Categorical Eligibility Requirements	Type: POLICY
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Chapter: Blindness	Program: AABD
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Subject: SSA Blindness Determinations are Conclusive
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2535.10 A. Blind Determination Made by SSA

A blindness determination rendered by the Social Security Administration takes precedence over blindness decisions made by the Department unless the Department has additional evidence which indicates that blindness exists.

1. If the individual is considered blind by the Social Security Administration, such individual is considered blind by the Department.
2. If the individual is considered not to be blind by the Social Security Administration, such individual is considered not to be blind by the Department unless the Department has additional evidence which indicates that blindness exists.

B. Department Makes Separate Blindness Determination

The Department must make a separate blindness determination unless the individual has already been determined blind by the Social Security Administration.

C. Certification of Blindness Made by Board of Education and Services for Blind

Certification of Blindness made by the Board of Education and Services for the Blind is accepted by the Department as meeting the blindness criteria.

D. Eligibility Status During SSI/SSA Appeal Process

1. If the individual receives SSI or OASDI during the Social Security Appeal process, the Department considers the individual to be blind.
2. If the individual is not receiving SSI or OASDI during the Social Security Appeal process, the Department considers the individual not to be blind.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-88

Transmittal: UP-88-21

P-2535.10

Section:
Categorical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Blindness

**Program: AABD
MAABD**

Subject:
Accepting SSA Blindness Determination as Conclusive

- P-2535.10
1. Consider the individual as meeting the categorical requirement of blindness if:
 - the individual is determined blind by the Social Security Administration for SSI/SSA purposes;
 - the individual has a Certification of Blindness from the Board of Education and Services for the Blind;
 - the individual continues to receive SSI/SSA benefits while appealing a decision by the Social Security Administration to terminate such benefits.
 2. Unless there is additional evidence to the contrary, consider the individual as not meeting the categorical requirements of blindness if:
 - the individual is determined not blind by the Social Security Administration for SSI/SSA purposes;
 - the individual no longer receives SSI/SSA benefits while appealing a decision by the Social Security Administration to terminate such benefits.
 3. If the individual has not already received a blindness evaluation by the Social Security Administration, refer to MRT to make a separate determination of blindness.
 4. If MRT determines that the individual is blind based on existing evidence and the individual is subsequently found not disabled by the Social Security Administration, ask MRT:
 - to review the case in light of the evidence of the Social Security denial; and
 - to decide if the individual is considered to meet the blindness criteria.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-87	Transmittal: UP-87-2	2540
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Section:	Type:
Categorical Eligibility Requirements	POLICY

Chapter:	Program:
Medicaid Coverage Groups	MA

Subject:

2540 This chapter contains a detailed description of the Medicaid coverage groups. The coverage groups are divided into two main groups, the categorically needy and the medically needy.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-87

Transmittal: UP-87-2

2540.01

Section:
Categorical Eligibility Requirements

Type:
POLICY

Chapter:
Medicaid Coverage Groups

Program:
MA

Subject:
General Principles

2540.01 A. Coverage Group Rules

In order to qualify for MA, an individual must meet the conditions of at least one coverage group.

1. An individual may meet the conditions of two or more coverage groups at the same time.
2. When the conditions of more than one group are met, assistance is given under the coverage group which is most advantageous to the individual.
3. An FMA assistance unit may contain individuals eligible under separate coverage groups.

B. Categorically Needy Eligibility

Generally, individuals qualify for MA as categorically needy if:

1. their income and assets are within the limits of the AFDC or AABD programs; or
2. their categorical eligibility is especially protected by statute.

C. Medically Needy Eligibility

Generally, individuals qualify for MA as medically needy if:

1. their income or assets exceed the limits of the AFDC or AABD programs; and
2. their assets are within the medically needy asset limit; and
3. their income either:
 - a. is within the Medically Needy Income Limit (MNIL); or
 - b. can be reduced to the MNIL by a spend-down of medical expenses. (cross reference: 5520)

D. Technical and Procedural Requirements

Unless otherwise stated in particular coverage group requirements, all individuals must meet the MA technical and procedural requirements to be eligible for

Medicaid.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-87**Transmittal: UP-87-2****P-2540.01**

Section:
Categorical Eligibility Requirements**Type:**
PROCEDURES

Chapter:
Medicaid Coverage Groups**Program:**
FMA-CN

Subject:
Establishing Eligibility for Medicaid Coverage Groups

- P-2540.01
1. Before authorizing MA, make sure that the assistance unit qualifies under at least one coverage group.
 2. If the assistance unit qualifies under more than one group at the same time, authorize MA under the coverage group which is most advantageous to the unit.
 3. Remember that an FMA assistance unit can contain members qualifying under separate coverage groups.
 4. When an assistance unit, or individual member of an assistance unit, no longer qualifies for MA under a coverage group, check for eligibility under another group before discontinuing assistance.
 - ° If enough information is known to establish MA eligibility under another group, authorize MA under that group;
 - ° If enough information is not known, advise the unit at time of discontinuance that it may qualify for MA under another coverage group.
 5. Remember that individuals under all MA coverage groups must comply with MA technical and procedural requirements, unless the specific requirements of the coverage group mandate meeting certain cash assistance requirements.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-05

Transmittal: UP-05-09

2540.09

Section:
Categorical Eligibility Requirements

Type:
POLICY

Chapter:
Medicaid Coverage Groups

Program:
FMA-CN

Subject:
HUSKY A - Extended Medical Assistance (F03, F04)

2540.09 A. Qualifying for Extended Medical Assistance

1. The group of people who qualify for Extended Medical Assistance includes members of assistance units who lose eligibility for HUSKY A for Families (F07) (cross reference: 2540.24) under the following circumstances:
 - a. the assistance unit becomes ineligible because of hours of, or income from, employment; or
 - b. the assistance unit was discontinued, wholly or partly, due to new or increased child support income.
2. The assistance unit is not required to pass any income or asset tests during the twelve month period of eligibility for Extended Medical Assistance.

B. Duration of Eligibility

1. Individuals qualify for HUSKY A under this coverage group for the twelve month period beginning with the first month of ineligibility for HUSKY A for Families (F07).
2. If ineligibility for HUSKY A for Families (F07) occurs prior to the termination of assistance, the Extended Medical Assistance period begins with the first month that the family was not eligible for HUSKY A for Families (F07).
3. Extended Medical Assistance benefits may end prior to the end of the twelve month period of eligibility under the following circumstances:
 - a. the assistance unit moves out of state; or
 - b. all members of the assistance unit expire; or
 - c. there is no longer a child in the home under 19 years of age; or
 - d. the assistance unit applies for and is found eligible for another Medicaid coverage group.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-05	Transmittal: UP-05-09	2540.24
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Section:	Type:
Categorical Eligibility Requirements	POLICY

Chapter:	Program:
Medicaid Coverage Groups	FMA-CN

Subject:
HUSKY A for Families (F07)

2540.24 A. Coverage Group Description

This group includes children, their parents, certain non-parent caretaker relatives, and pregnant women as described below.

B. Non-Financial Eligibility Criteria

Except as described below, a family must meet FMA non-financial eligibility criteria to qualify under this coverage group.

1. Degree of Relationship

- a. A child must reside with a parent or other caretaker who is related to him or her to the degree listed in any of the following categories:
 - (1)

grandparent	step parents
sibling	half-sibling
aunt or uncle	nephew or niece
great grandparent	great great grandparent
great aunt or uncle	great great aunt or uncle
step siblings	immediate first cousin
half siblings of either parents (equivalent of aunt or uncle); or	
 - (2) any of the above categories whose relationship is based on legal adoption; or
 - (3) spouses or former spouses of any of the above categories.
- b. Parents or caretaker relatives who are related to a child in their care to the degree described above may qualify under this coverage group.

2. Deprivation

Deprivation is not a factor of eligibility. Both parents in a two-parent household may qualify under this coverage group.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-07	Transmittal: UP-08-04	2540.24 page 2
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Section:	Type:
Categorical Eligibility Requirements	POLICY

Chapter:	Program:
Medicaid Coverage Groups	FMA-CN

Subject:

HUSKY A for Families (F07)

2540.24 B. Non-Financial Eligibility Criteria (continued)

3. Pregnancy

A woman with no other children must be in the third trimester of pregnancy to qualify under this coverage group. The father of the unborn in this circumstance is not eligible.

4. Age

A child must meet the categorical eligibility requirement of age. This requirement is met if the child is:

- a. under age eighteen (18) years of age; or
- b. age eighteen (18) and:
 - (1) in full-time attendance in a secondary school or the equivalent level of vocational or technical training; and
 - (2) expected to complete such program of schooling or training before attaining age nineteen (19).

5. Assistance Unit Composition

FMA assistance unit composition rules apply to this coverage group except dependent children and adults who receive SSI are included in the assistance unit.

C. Duration of Eligibility

Individuals qualify for Medicaid as categorically needy under this coverage group for every month they meet the conditions of eligibility of this group.

D. Income Criteria

The Department uses AFDC income criteria to determine eligibility for this coverage group except as described below.

1. Income Limit

- a. The income limit for this coverage group is the 185% of the Federal Poverty Level that corresponds to the needs group size.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-07

Transmittal: UP-08-04

2540.24 page 3

Section:

Categorical Eligibility Requirements

Type:

POLICY

Chapter:

Medicaid Coverage Groups

Program:

FMA-CN

Subject:

HUSKY A for Families (F07)

2540.24 D. 1. Income Limit (continued)

- b. The income limit for a non-parent caretaker relative is 185% of the Federal Poverty Level for one person.
- c. The AFDC 185% gross income test does not apply.

2. Earned Income Deductions

- a. Families with earned income are entitled to the employment deductions for self-employment, personal employment, and day care expenses as described at 5035.05.
- b. Day care expenses incurred by the family are allowed as a deduction whether paid by the State or by the family.

3. Student Earnings

Earned income of a dependent child who is a student, either part-time or full-time, is excluded in determining eligibility.

4. Financial Awards

Financial awards received by a recipient for educational attendance, attaining certain grade levels, or attainment levels (e.g., increased reading level) are disregarded as income and assets in determining eligibility.

5. Child Support

The first \$100 per month of current child support income received by the assistance unit is disregarded whether paid through the Department or directly to the assistance unit by the absent parent. All other current child support income is counted in determining eligibility.

6. SSI Income

Supplemental Security Income (SSI) received by an assistance unit member is excluded as income. However, other income received by a SSI recipient may be counted in accordance with the income criteria of this coverage group.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-05	Transmittal: UP-05-09	2540.24 page 4
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Section:	Type:
Categorical Eligibility Requirements	POLICY

Chapter:	Program:
Medicaid Coverage Groups	FMA-CN

Subject:
HUSKY A for Families (F07)

2540.24 D. Income Criteria (continued)

7. AFDC and TFA Benefits

AFDC and TFA benefits paid by the Department are excluded as income. AFDC or TANF benefits paid to the assistance unit by another state are counted.

8. Deemed Income

a. Income from parents of minor parents (including minor pregnant women), step-parents, and spouses of minor parents is deemed as follows:

- (1) Income that would be excluded from the assistance unit is excluded from this group.
- (2) Self-employment earnings are adjusted to a gross amount by subtracting any self-employment expenses allowed under the TFA program. (cross reference: 8560.10)
- (3) The adjusted gross earnings are added to the countable unearned income.
- (4) The total from (3), above, is subtracted from the Federal Poverty Level (FPL) for the individual and all others who could be claimed as legal tax dependents that are not part of the assistance unit. The difference is deemed to the assistance unit.

b. Income from other deemors is deemed in accordance with the appropriate AFDC or FMA deeming methodology. (cross reference: 5020)

9. Lump Sums

Lump sums received by applicants or recipients of this coverage group are treated as assets and, as such, are excluded.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-05	Transmittal: UP-05-09	2540.24 page 5
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Section:	Type:
Categorical Eligibility Requirements	POLICY

Chapter:	Program:
Medicaid Coverage Groups	FMA-CN

Subject:
| **HUSKY A for Families (F07)**

2540.24 D. Income Criteria (continued)

10. Interest and Dividends

Interest and dividends earned on assets are considered assets, not income.

E. Asset Criteria

There is no asset limit for this coverage group.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-01	Transmittal: UP-00-25	2540.40
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Section: Categorical Eligibility Requirements	Type: POLICY
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Chapter: Medicaid Coverage Groups	Program: FMA-CN
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Subject: HUSKY A for Children Receiving Title IV-E Payments (D01)

2540.40 A. Coverage Group Description

This group includes individuals for whom:

1. an adoption assistance agreement under Title IV-E is in effect; or
2. foster care maintenance payments are being made under Title IV-E.

B. Duration of Eligibility

Individuals qualify for HUSKY A under this coverage group for every month in which the agreement or payments described above are in effect.

C. Income and Asset Criteria

1. The assistance unit is not required to pass any income or asset test apart from those used to determine IV-E eligibility to qualify for HUSKY A under this coverage group.
2. The Department of Children and Families (DCF) determines eligibility for Title IV-E benefits.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-87

Transmittal: UP-87-2

P-2540.40

Section:

Categorical Eligibility Requirements

Type:

PROCEDURES

Chapter:

Medicaid Coverage Groups

Program:

AFDC

Subject:

Establishing Eligibility for Children Receiving Title IV-E Payments

- P-2540.40 1. Refer individuals meeting the conditions of this coverage group to DCYS for the determination of eligibility.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 10-1-04	Transmittal: UP-05-18	2540.41
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Section: Categorical Eligibility Requirements	Type: POLICY
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Chapter: Medicaid Coverage Groups	Program: FMA-CN
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Subject: HUSKY A for Non-Title IV-E Subsidized Adoption Children (D03)	
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2540.41 A. Coverage Group Description

 This group includes individuals:

1. for whom an adoption assistance agreement, (other than an agreement under Title IV-E of the Consolidated Omnibus Reconciliation Act (COBRA) of 1986) is in effect; and
2. who were receiving or eligible to receive Medicaid when the adoption agreement was executed; and
3. who had a pre-existing special need for medical or rehabilitative care.

B. Duration of Eligibility

 Individuals qualify for HUSKY A under this coverage group up to age twenty-one as long as they continue to reside in the State of Connecticut.

C. Income and Asset Criteria

 The assistance unit is not required to pass any income or asset test.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 10-1-04	Transmittal: UP-05-18	2540.42
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Section:	Type:
Categorical Eligibility Requirements	POLICY

Chapter:	Program:
Medicaid Coverage Groups	FMA-CN

Subject:
HUSKY A for Independent Foster Care Adolescents (D04)

2540.42 A. Coverage Group Description

This group includes individuals:

1. for whom a foster care maintenance payment was in effect on their eighteenth birthday; or
2. who were in receipt of an independent living services payment under Title IV-E of the Consolidated Omnibus Reconciliation Act (COBRA) on their eighteenth birthday.

B. Duration Of Eligibility

Individuals qualify for HUSKY A under this coverage group from the age of eighteen up to age twenty-one as long as they continue to reside in the State of Connecticut.

C. Income and Asset Criteria

The assistance unit is not required to pass any income or asset test.

**CONNECTICUT DEPARTMENT OF [INCOME MAINTENANCE] SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 1-1-08	Transmittal: UP-09-13	2540.43
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Section: Categorical Eligibility Requirements	Type: POLICY
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Chapter: Medicaid Coverage Groups	Program: FMA-CN
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Subject:
 HUSKY A for Pregnant Women with Income Under 250% of the Federal Poverty Level (P02)

2540.43 A. Coverage Group Description

 | This group includes pregnant women whose family income does not exceed 250% of the Federal Poverty Level.

 B. Duration of Eligibility

1. Women qualify for HUSKY A under this coverage group each month during pregnancy.
2. Once initial eligibility has been established, eligibility continues throughout pregnancy without regard to any change in family income.

 C. Income and Asset Criteria

1. The Department uses AFDC income criteria, except for:
 - a. income limits; and
 - | b. determining from whom income is deemed. (cross-reference: 5020)
2. The income limit is 250% of the Federal Poverty Level for the appropriate needs group size. The unborn child is included in the needs group. (Cross reference: P-4530.15 page 4)
3. There is no asset limit for this coverage group.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 6-1-89

Transmittal: UP-89-49

P-2540.43

Section:
Categorical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Medicaid Coverage Groups

Program:
FMA-CN

Subject:
Establishing Eligibility for Pregnant Women Under 185% of the Poverty Level

- P-2540.43
1. Do not authorize FMA under this coverage group to any woman who qualifies for MA under another coverage group, because medical services provided under this group are restricted to pregnancy and conditions which may complicate pregnancy.
 2. Create the needs group applying FMA assistance unit composition rules which would apply in the month of the child's or children's birth. (Cross-references: 5515).
 3. Calculate the amount of income to be deemed from each devisor for purposes of determining the pregnant woman's income (Cross-reference: 5020).
 4. Add up the counted income of the pregnant woman, including the amount of deemed income.
 5. Compare the total income arrived at in step 4 to 185% of the Federal Poverty Level, using the number of individuals in the needs group (Cross-reference: 4530.15).
 6. Remember there is no asset limit.
 7. If income exceeds the limit, review eligibility as medically needy using spend-down provisions under another coverage group. (There are no spend-down provisions under this coverage group).
 8. Deny application or follow standard adverse action procedures as appropriate, if spend-down is not met.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 6-1-89

Transmittal: UP-89-49

P-2540.43 page 2

Section:
Categorical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Medicaid Coverage Groups

Program:
FMA-CN

Subject:
Establishing Eligibility for Pregnant Women Under 185% of the Poverty Level

- P-2540.43
9. If the income does not exceed 185% of the Federal Poverty Level, authorize MA to the pregnant woman using the program designation of NC.
 10. Stamp each copy of the granting W-52 "RESTRICTED COVERAGE-PREGNANCY RELATED ONLY."
 11. Send written notification to the assistance unit describing, limited medical services and responsibility for informing the Department the date pregnancy ends.
 12. Set tickler for the first day of the month in which the baby is due.
 13. Based on current circumstances, explore eligibility for financial assistance upon notification that pregnancy has ended.
 14. Continue MA under Pregnant Women Extension Coverage for any women who received Medicaid on the last day of her pregnancy (Cross-reference: 2540.48).

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-01	Transmittal: UP-00-25	2540.44
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Section: Categorical Eligibility Requirements	Type: POLICY
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Chapter: Medicaid Coverage Groups	Program: FMA-CN
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Subject: HUSKY A for Categorically Needy Pregnant Women (P01)
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2540.44 A. Coverage Group Description

This group includes women who are pregnant, who would qualify for AFDC if:

1. the child or children were born and living with her; and
2. she would be eligible for AFDC on the basis of income and assets; and
3. deprivation of parental support was not a condition of eligibility.

B. Duration of Eligibility

Individuals qualify for HUSKY A under this coverage group for every month in which they are pregnant and meet all conditions of the coverage group description above.

C. Income and Asset Criteria

1. The Department uses the AFDC income and asset rules which would apply in the month of the child or children's birth, except for those used to determine from whom income and assets are deemed to the assistance unit (cross-references: 4025, 5020).
2. Financial eligibility is determined as if the child or children were born, using FMA assistance unit composition rules as they would apply in that month.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 6-1-89

Transmittal: UP-89-49

P-2540.44

Section:
Categorical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Medicaid Coverage Groups

Program:
FMA-CN

Subject:
Establishing Eligibility for Categorically Needy Pregnant Women Coverage

- P-2540.44
1. Create the needs group using FMA assistance unit composition rules which would apply in the month of the child or children's birth (cross-reference: 5515).
 2. Deem the counted income and assets of the member of the needs group to the pregnant woman.
 3. Add up the counted income and assets of the pregnant woman, including those deemed to her in step 2.
 4. Find the appropriate AFDC income and asset limits using the number of individuals in the needs group.
 5. Compare the total counted income and assets to the AFDC income and asset limits.
 6. If the AFDC income and asset tests are not met, determine eligibility for benefits under the Medically Needy Pregnant Women coverage group (cross reference 2540.45).
 7. If AFDC income and asset tests are met, authorize FMA to the pregnant woman, using the NC program code.
 8. Advise the pregnant woman to let the Department know when her child is born, or when her pregnancy otherwise terminates.
 9. Upon termination of pregnancy, determine if the woman is eligible for benefits under any other MA coverage group. If not, follow procedures for continuing MA under the Pregnant Women Extension coverage group (cross reference: 2540.48).

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-09	Transmittal: UP-09-14	2540.45
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Section: Categorical Eligibility Requirements	Type: POLICY
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Chapter: Medicaid Coverage Groups	Program: FMA-MN
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Subject: HUSKY A for Medically Needy Pregnant Women (P95, P99)	
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2540.45 A. Coverage Group Description

This group includes women who are pregnant, who would be eligible under Categorically Needy Pregnant Women Coverage (P01) except that their income or assets exceed the AFDC limits.

B. Duration of Eligibility

Individuals qualify for HUSKY A as medically needy under this coverage group for every month in which they are pregnant and pass the medically needy financial eligibility tests.

C. Income and Asset Criteria

1. The Department uses the Medically Needy Income Limit (MNIL), medically needy asset limits, and medically needy deeming rules which would apply in the month of the child or children's birth.
2. Financial eligibility is determined as if the child or children were born, using FMA assistance unit composition rules as they would apply in that month.

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Date: 7-1-09

Transmittal: UP-09-14

P-2540.45

Section:
Categorical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Medicaid Coverage Groups

Program:
FMA-MN

Subject:
Establishing Eligibility for Medically Needy Pregnant Women Coverage

- P-2540.45
1. Create the needs group using FMA assistance unit composition rules which would apply in the month of the child or children's birth. (cross-reference: 5515).
 2. Deem the counted income and assets of the members of the needs group to the pregnant woman.
 3. Add up the counted income and assets of the pregnant woman, including those deemed to her in step 2. Use FMA medically needy rules for the treatment of income and assets.
 4. Find the appropriate MNIL and medically needy asset limit using the number of individuals in the needs group.
 5. Compare the total counted income and assets to the medically needy income and asset limits.
 6. If the assets exceed the asset limit, determine eligibility for benefits under the Pregnant Women Under 250% of the Poverty Level coverage group. (cross reference: 2540.43)
 7. If the assets do not exceed the limit, but the income does, set up a spend-down of the excess income using the standard MA spend-down process (cross reference: 5520). Use the medical bills of the needs group in offsetting the excess income.
 8. If the income and assets are within the limit, or the excess income is offset in a spend-down process, authorize MA to the pregnant woman.
 9. Advise the pregnant woman to let the Department know when her child is born, or when her pregnancy otherwise terminates.
 10. Upon termination of pregnancy, determine if the woman is eligible for benefits under any other MA coverage group. If not, follow the procedures for continuing MA under the Pregnant Women Extension coverage group. (cross reference: 2540.48).

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Date: 7-1-09	Transmittal: UP-09-14	2540.48
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Section: Categorical Eligibility Requirements	Type: POLICY
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Chapter: Medicaid Coverage Groups	Program: FMA-CN FMA-MN
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Subject:
 HUSKY A - Pregnant Women Extension (M01, M02)

2540.48 A. Coverage Group Description

1. This group includes women who are eligible for and receive Medicaid on the date their pregnancy ends, provided application for Medicaid is made prior to that date.
2. Women who receive Medicaid on the last day of their pregnancy as categorically needy qualify under this coverage group as categorically needy.
3. Women who receive Medicaid on the last day of their pregnancy as medically needy qualify under this coverage group as medically needy.

B. Duration of Eligibility

Women qualify for HUSKY A under this coverage group for the 60-day period beginning the date the pregnancy ends.

C. Income and Asset Criteria

The assistance unit is not required to pass any income or asset tests during this extension period.

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Date: 7-1-09

Transmittal: UP-09-14

P-2540.48

Section:
Categorical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Medicaid Coverage Groups

**Program: FMA-CN
FMA-MN**

Subject:
Pregnant Woman Extension

- P-2540.48
1. Do not authorize FMA under this coverage group to any woman who qualifies for MA under any other coverage group, because coverage under this group is limited strictly to pregnancy and post-partum related services.
 2. When authorizing MA under any coverage group to a woman who is pregnant, or when you become aware that a recipient of MA becomes pregnant, inform her:
 - that she should notify the Department when she is no longer pregnant;
 - that if she will not continue to qualify for MA under a coverage group with full benefits after her pregnancy ends, she will be entitled to the limited coverage extension;
 - that her newborn baby is eligible upon birth as long as newborn children eligibility rules are met. (cross reference: 2540.52)
 3. If you determine or suspect, based on the pregnant woman's circumstances, that she will not qualify for MA under any full-service coverage group after the baby is born, set a tickler for the 1st of the month in which the baby is due.
 4. In that month, send a written notice to the recipient, informing her:
 - that she must contact you within 10 days regarding the status of her pregnancy;
 - that this information is necessary to continue her MA eligibility beyond the current month.
 5. If she informs you that she is still pregnant, go to step 7. If she informs you that she is no longer pregnant, go to step 9. If she does not contact you by the deadline, go to step 6.
 6. If she does not contact you about the status of the pregnancy, send standard adverse action notice to discontinue assistance by the end of that month. Follow standard notice and hearing procedures.

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Date: 7-1-09

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Section:
Categorical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Medicaid Coverage Groups

**Program: FMA-CN
FMA-MN**

Subject:
Pregnant Woman Extension

- P-2540.48
7. If she informs you that she is still pregnant:
 - ask appropriate questions to determine if she is still expected to lose eligibility when no longer pregnant;
 - if circumstances have changed, and it appears she will qualify under a full-service coverage group, advise her to let you know of any changes and stop processing for the extended coverage.
 8. If it appears that the extended coverage is the only MA coverage for which the recipient will be eligible:
 - inform the recipient of the importance of notifying you when the pregnancy ends;
 - set a tickler for the 1st of the next month and at that time, repeat step 4.
 9. When she informs you that she is no longer pregnant:
 - explain to her the limits of the extended coverage;
 - note in the case record that FMA is authorized under this coverage group for the 60 day period beginning with the date the pregnancy ends;
 - send standard adverse action notice for the end of that period.
 10. Discontinue assistance effective the last day of the extended coverage period.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 1-1-01

Transmittal: UP-00-25

2540.52

Section:

Categorical Eligibility Requirements

Type:

POLICY

Chapter:

Medical Coverage Groups

Program:

**FMA-CN
FMA-MN**

Subject:

HUSKY A for Newborn Children (F10, F11)

2540.52 A. Coverage Group Description

1. This group includes children who are born to women, who, on the date of the children's birth:
 - a. are eligible for and receive Medicaid under any coverage group; or
 - b. would be eligible for Medicaid under any coverage group, if still pregnant.
2. Such a child is deemed to have filed an application and been found eligible for Medicaid if he or she continues to live with his or her mother, and one of the following is true:
 - a. the mother remains continuously eligible for Medicaid; or
 - b. the mother would remain continuously eligible for Medicaid if she were still pregnant.
3. A child of a mother who receives Medicaid or would receive Medicaid if pregnant as categorically needy qualifies under this coverage group as categorically needy.
4. A child of a mother who receives Medicaid or would receive Medicaid if still pregnant as medically needy qualifies under this coverage group as medically needy.

B. Duration of Eligibility When Mother is Eligible for Medicaid

The child qualifies under this coverage group until the earliest of the following:

1. the child leaves the mother's home; or
2. the mother loses Medicaid eligibility; or
3. the child becomes one year old.

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Date: 1-1-01**Transmittal: UP-00-25****2540.52 page 2**

Section:**Categorical Eligibility Requirements****Type:****POLICY**

Chapter:**Medical Coverage Groups****Program:****FMA-CN
FMA-MN**

Subject:**HUSKY A for Newborn Children (F10, F11)**

2540.52 C. Duration of Eligibility When Mother is Not Eligible for Medicaid

The child qualifies under this coverage group until the earliest of the following:

1. the child leaves the mother's home; or
2. the mother would lose Medicaid eligibility even if she were still pregnant; or
3. the child becomes one year old.

D. Income and Asset Criteria

1. The Department uses the income and asset rules appropriate to the mother's Medicaid coverage group to determine her ongoing eligibility or to determine if she would continue to be eligible if she were still pregnant.
2. The Department does not take into consideration the child's own income and assets in determining eligibility under this coverage group.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 7-1-91

Transmittal: UP-91-37

P-2540.52

Section:
Categorical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Medicaid Coverage Groups

**Program: FMA-CN
FMA-MN**

Subject:
Establishing Eligibility for Newborn Children

- P-2540.52
1. Upon written notification of the child's birth, check case information to determine:
 - ° whether the child's mother continues to be eligible for MA under any coverage group;
 - ° if the child's mother receives MA under any coverage group.
 2. If the above criteria is met, go to step 3. If not, stop here.
 3. Consider the newborn child to be residing with mother immediately following the birth of the child.
 4. Authorize FMA to the child, effective with the child's birth.
 5. Consider the infant to continue to be living with mother unless you find out otherwise.
 6. Within the 60 day postpartum period, check if the mother and newborn child will remain eligible for MA following the postpartum period, under any coverage group.
 7. If mother remains eligible for MA under any coverage group, make the switch in coverage for her to that group and continue Newborn Children coverage to the infant.
 8. If the mother does not otherwise qualify for MA following the 60 day period, consider if the mother would remain eligible for MA if she were still pregnant, using the Pregnant Women Under 185% of the Poverty Level coverage group.
 9. If the mother would not remain eligible for MA under the above coverage group, stop here, as there is no eligibility for the child. Otherwise, go on.
 10. If the mother would qualify for MA if pregnant, continue MA to the child under the Newborn Children coverage group.
 11. Update the narrative to indicate that the child is eligible for the Newborn Children coverage group for as long as mother would remain eligible for MA if still pregnant.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 7-1-91

Transmittal: UP-91-37

P-2540.52 page 2

Section:
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Type:
PROCEDURES

Chapter:
Medicaid Coverage Groups

**Program: FMA-CN
FMA-MN**

Subject:
Establishing Eligibility for Newborn Children

- P-2540.52
12. Remember that increases in the mother's income do not affect the ongoing eligibility of the child if the mother would be eligible if pregnant under the Pregnant Women Under 185% of the Poverty Level coverage group.
 13. If mother is receiving MA and the child is not eligible under another coverage group, discontinue assistance to the child when the first of these happens:
 - when the mother's MA eligibility ends; or
 - when the child leaves the mother's home; or
 - when the child turns one year old.
 14. If mother is not receiving MA and the child is not eligible for MA under another coverage group, discontinue assistance to the child when the first of these happens:
 - when mother would no longer remain eligible even if still pregnant; or
 - when the child leaves the mother's home; or
 - when the child turns one year old.
 15. When eligibility under this coverage group ends, consider eligibility under other coverage groups.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 1-1-01	Transmittal: UP-00-25	2540.56
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Section:	Type:
Categorical Eligibility Requirements	POLICY

Chapter:	Program:
Medicaid Coverage Groups	FMA-CN

Subject:
HUSKY A Categorically Needy Ribicoff Children (F12)

2540.56 A. Coverage Group Description

 This group includes children who:

1. are under 21 years of age; and
2. meet the AFDC income and asset requirements.

 B. Duration of Eligibility

 Individuals qualify for HUSKY A as categorically needy under this coverage group for every month for which they meet the above conditions.

 C. Income and Asset Criteria

 The Department uses AFDC income and asset rules to determine eligibility for this coverage group, except those used to determine from whom income and assets are deemed to the assistance unit (cross-references: 4025, 5020).

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 6-1-89**Transmittal: UP-89-49****P-2540.56**

Section:
Categorical Eligibility Requirements**Type:**
PROCEDURES

Chapter:
Medicaid Coverage Groups**Program:**
FMA-CN

Subject:
Establishing Eligibility for Categorically Needy Ribicoff Children

- P-2540.56 1. For children who do not qualify for AFDC because they do not meet the AFDC requirements of age and deprivation of parental support, determine eligibility for this coverage group as follows:
- make sure that the child would otherwise qualify for AFDC except for age or deprivation factors;
 - use the AFDC income and asset criteria except those to determine from whom income and assets are deemed (cross references: 4025, 5020).
2. If the child would qualify for AFDC except for age or deprivation of parental support authorize MA to the child, using the NF program code.
3. If the child would not qualify for AFDC determine the child's eligibility under the Medically Needy Ribicoff Children coverage group (cross reference: 2540.57).

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Date: 1-1-01	Transmittal: UP-00-25	2540.57
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Section: Categorical Eligibility Requirements	Type: POLICY
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Chapter: Medicaid Coverage Groups	Program: FMA-MN
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Subject: HUSKY A Medically Needy Ribicoff Children (F95, F99)

2540.57 A. Coverage Group Description

This group includes individuals who:

1. are less than twenty-one (21) years of age; and
2. do not qualify under the Categorically Needy Ribicoff Children coverage group; and
3. meet the medically needy financial criteria.

B. Duration of Eligibility

Individuals qualify for HUSKY A as medically needy under this coverage group for every month that the three conditions above are met.

C. Income and Asset Criteria

The Department uses the medically needy income and asset criteria to determine eligibility under this coverage group, including:

1. medically needy deeming rules;
2. the Medically Needy Income Limit (MNIL);
3. the income spend-down process;
4. the medically needy asset limits.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-87**Transmittal: UP-87-2****P-2540.57**

Section:
Categorical Eligibility Requirements**Type:**
PROCEDURES

Chapter:
Medicaid Coverage Groups**Program: FMA-CN**

Subject:
Establishing Eligibility for Medically Needy Ribicoff Children

- P-2540.57
1. Start by making sure that the child does not qualify as categorically needy under the Ribicoff Children coverage group.
 2. If the child is not eligible as categorically needy, go on.
 3. Determine financial eligibility by using the medically needy income and asset criteria.
 4. If the child has excess income, establish a spend-down (cross reference 5520).
 5. If the child meets the requirements of the coverage group and passes the medically needy income and asset tests, authorize MA, using the NF program code.

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Date: 1-1-01	Transmittal: UP-00-25	2540.58
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Section: Categorical Eligibility Requirements	Type: POLICY
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Chapter: Medicaid Coverage Groups	Program: FMA-CN
--	----------------------------------

Subject: HUSKY A for Children (F25)
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2540.58 A. Coverage Group Description

 This group includes children under the age of nineteen whose needs group's income does not exceed 185% of the federal poverty level.

 B. Duration of Eligibility

1. Children qualify for HUSKY A under this coverage group each month that they meet the age and income requirements, with the exception of B.2. below.
2. The child continues to qualify under this coverage group until the end of the month in which inpatient medical services terminate if:
 - a. the child is receiving such inpatient medical services on the date the child reaches the maximum age limit; and
 - b. the child would still be eligible under this coverage group except for reaching the maximum age limit.

 C. Income and Asset Criteria

1. The Department uses AFDC income criteria, except for:
 - a. income limits; and
 - b. determining those from whom income is deemed. (Cross Reference: 5020)

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Section:

Categorical Eligibility Requirements

Type:

POLICY

Chapter:

Medicaid Coverage Groups

Program:

FMA-CN

Subject:

HUSKY A for Children (F25)

2540.58 C. Income and Asset Criteria (continued)

2. The income limit is 185% of the federal poverty level for the appropriate needs group size. (Cross Reference: P-4530.20)
3. There is no asset limit for this coverage group.

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Date: 1-1-01	Transmittal: UP-00-25	2540.60
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Section: Categorical Eligibility Requirements	Type: POLICY
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Chapter: Medicaid Coverage Groups	Program: FMA-CN
--	----------------------------------

Subject: HUSKY A for Long Term Care Facility Residents Under Special Income Level (T01)	
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2540.60 A. Coverage Group Description

 This group includes residents of long term care facilities (LTCF) who:

1. reside in the LTCF for at least thirty (30) consecutive days; and
2. have income within a special income level; and
3. meet any of the following criteria:
 - a. are under twenty-one (21) years of age; or
 - b. are considered by the Department to be Caretaker Relatives on the basis of the following AFDC criteria:
 - (1) meeting the conditions of "living with" the dependent child, although temporarily separated (cross reference: 2515); and
 - (2) being within acceptable degree of relationship to the child (cross reference: 2515); or
 - c. are pregnant women.

 B. Duration of Eligibility

 Individuals qualify as categorically needy under this coverage group beginning with the first day of the thirty (30) continuous days of residence, for so long as the conditions above are met.

 C. Income and Asset Criteria

1. The Department determines income eligibility under this coverage group by comparing the individual's gross income to the Special Categorically Needy Income Limit (CNIL), set at 300% of the maximum SSI amount for one person.
 - a. If the individual's gross income is less than the special CNIL, he or she passes the income test.
 - b. If the individual's gross income equals or exceeds the special CNIL, he or she does not qualify under this coverage group.
2. The Department uses the AFDC asset limit to determine eligibility for this

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2540.60 page 2

POLICY

FMA-CN

HUSKY A for Long Term Care Facility Residents Under Special Income Level (T01)

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-
3. The home equity limitation described in Section 4030.20 applies to this coverage group.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Date: 1-1-17

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P-2540.60

Section:
Categorical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Medical Coverage Groups

Program: FMA-CN

Subject:
Establishing Eligibility for Residents of Long Term Care Facilities

- P-2540.60
1. Start by determining if the age or caretaker relative provisions apply to the institutionalized person.
 2. If the individual is neither under 21 nor considered by the Department to be a caretaker relative as described in policy, nor pregnant, go to the MAABD coverage group for residents of an LTCF (2540.88).
 3. If the individual is under 21 or is considered by the Department to be a caretaker relative, go on.
 4. Determine the individual's monthly gross income.
 5. Compare the individual's monthly gross income to the special CNIL for one person, which is currently \$2,205.00.
 6. If the individual's gross income equals or exceeds the special CNIL, go to step 12.
 7. If the individual's gross income is less than the special CNIL, go on.
 8. Compare the individual's total assets to the AFDC asset limit.
 9. If the individual's assets exceed the AFDC asset limit, go to step 12.
 10. If the individual passes the financial tests above, take the following actions:
 - ° authorize FMA to the individual, using the NF program code for a child and the NC code for a caretaker;
 - ° make the effective date the first day of the 30 continuous days of residence.
 11. Determine the amount of the individual's income to be applied to the cost of care. (cross reference: 5035)
 12. If the individual does not meet the financial tests of this coverage group, determine eligibility as medically needy by comparing applied income to the cost of care.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Date: 4-1-07

Transmittal: UP-07-02

2540.64

Section:

Categorical Eligibility Requirements

Type:

POLICY

Chapter:

Medicaid Coverage Groups

Program:

FMA-CN

Subject:

HUSKY A for Individuals Receiving Home and Community Based Services (H01)

2540.64 A. Coverage Groups Description

This group includes individuals who:

1. would be eligible for HUSKY A as categorically needy if residing in a long term care facility (LTCF); and
2. qualify to receive home and community-based services under a waiver approved by the Centers for Medicare and Medicaid Services; and
3. would, without such services, require care in an LTCF.

B. Duration of Eligibility

Individuals qualify for HUSKY A as categorically needy for as long as they meet the conditions above and receive home and community-based services under a waiver.

C. Income and Asset Criteria

1. The Department determines income eligibility under this coverage group by comparing the individual's gross income to the Special Categorically Needy Income Limit (CNIL), set at 300% of the maximum SSI amount for one person. To qualify as categorically needy, the individual's gross income must be less than the special CNIL.
2. The Department uses the AFDC asset limit to determine eligibility.
3. The home equity limitation described in Section 4030.20 applies to this coverage group.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Date: 02-13-01

Transmittal: UP-01-04

2540.68

Section:

Categorical Eligibility Requirements

Type:

POLICY

Chapter:

Medicaid Coverage Groups

Program:

FMA-MN

Subject:

HUSKY A for Medically Needy Caretaker Relatives (F95, F99)

2540.68 A. Coverage Groups Description

1. This group includes individuals who:
 - a. are parents or other relatives considered by the Department to be Caretaker Relatives on the basis of the following criteria:
 - (1) meeting the conditions of "living with" a dependent child. (Cross References: 2515, 2510); and
 - (2) being within an acceptable degree of relationship to the child. (Cross Reference: 2515); and
 - b. are not eligible as categorically needy; and
 - c. meet the medically needy income and asset criteria.
2. Deprivation is not a factor of eligibility. Both parents in a two-parent household may qualify under this coverage group.

B. Duration of Eligibility

Individuals qualify for HUSKY A as medically needy under this coverage group for every month that they meet all of the above conditions.

C. Income and Asset Criteria

The Department uses the FMA medically needy income and asset criteria to determine eligibility under this coverage group, including:

1. medically needy deeming rules;
2. the Medically Needy Income Limit (MNIL);
3. the income spend-down process;
4. the medically needy asset limits.

(Cross References: 2010.10, 5020.05, 5020.20)

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Date: 7-1-87**Transmittal: UP-87-2****P-2540.68**

Section:
Categorical Eligibility Requirements**Type:**
PROCEDURES

Chapter:
Medicaid Coverage Groups**Program:**
FMA-CN

Subject:
Establishing Eligibility For Medically Needy Caretaker Relatives

- P-2540.68
1. Check to see if the caretaker relative meets the requirements of "living with" a dependent child who is deprived of parental support:
 - in a two-parent assistance unit, you must establish deprivation by unemployment or incapacity, using AFDC rules.
 2. Check to see if the caretaker relative is within acceptable degree of relationship.
 3. Using medically needy rules for the treatment of income and assets, determine eligibility:
 - count the income, assets and needs of anyone who would be a mandatory inclusion in the assistance unit, using AFDC rules.
 4. If income and assets are within the limits, authorize FMA, using the NC program code:
 - use the NC program code for the entire assistance unit, even though the children are actually qualifying under the Medically Needy Ribicoff Children coverage group.
 5. If the assistance unit passes the asset test, but has excess income, use standard spend-down procedures:
 - use the medical bills of every individual whose needs, income and assets were used to determine eligibility.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Date: 7-1-87**Transmittal: UP-87-2****2540.72**

Section:**Categorical Eligibility Requirements****Type:****POLICY**

Chapter:**Medicaid Coverage Groups****Program:****MAABD-CN**

Subject:**Recipients of AABD**

2540.72 A. Coverage Group Description

1. Receiving Cash Payments

This group includes individuals receiving AABD cash payments.

2. Deemed Recipients

This group also includes individuals whose AABD cash payment is reduced to zero because of the recoupment of an overpayment.

B. Duration of Eligibility

Individuals qualify for Medicaid as categorically needy under this coverage group for every month in which they receive or are deemed to receive AABD, as described above.

C. Income and Asset Criteria

The Department uses the AABD income and asset criteria to determine eligibility for this coverage group.

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Date: 7-1-87

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P-2540.72

Section:

Categorical Eligibility Requirements

**Type:
PROCEDURES**

Chapter:

Medicaid Coverage Groups

Program:

MAABD-CN

Subject:

Establishing Eligibility for Recipients of AABD

- P-2540.72
1. Grant MAABD automatically to those individuals receiving or deemed to be receiving AABD. Use the AD, AB, or OAA program code, as appropriate.
 2. When AABD benefits are discontinued, determine if the individual qualifies under another MA coverage group before discontinuing MA.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Date: 12-7-05	Transmittal: UP-05-21	2540.74
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Section: Categorical Eligibility Requirements	Type: POLICY
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Chapter: Medicaid Coverage Groups	Program: MA-CN
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Subject: Women with Breast or Cervical Cancer	
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2540.74 A. Coverage Group Description

 | This group includes any woman who meets the following criteria:

- | 1. She must have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention’s National Breast and Cervical Cancer Early Detection Program established under Title XV of the Public Health Service Act (42 USC 300k et. seq.), and found to need treatment for either breast or cervical cancer (including a pre-cancerous condition). A woman is considered to have been screened under the program if Centers for Disease Control (CDC) funds paid for all or part of the costs of her screening services; and
- | 2. She must not be otherwise covered under “creditable coverage,” as defined in section 2701 (c) of the Public Health Service Act. Examples of creditable coverage are group health insurance, Medicare and Medicaid; and
- | 3. She must be under age 65; and
- | 4. She must be a resident of Connecticut and a U.S. citizen or eligible non-citizen (Cross Reference: Chapter 3005); and
- | 5. She must not otherwise be eligible for Medicaid as a member of a mandatory categorically needy coverage group.

B. Duration of Eligibility

- | 1. A woman qualifies for Medicaid as categorically needy under this coverage group until her course of treatment is completed, or until she no longer meets all of the requirements listed in paragraph A.
- | 2. A woman is not limited to one period of eligibility. A new period of eligibility would begin each time a woman who has been screened under this coverage group is found to need treatment for breast or cervical cancer, and meets all the eligibility criteria listed in paragraph A.
- | 3. A woman is considered to need treatment for as long as her treating health professional indicates so.

Date: 12-7-05 **Transmittal:** UP-05-21 **2540.74 page 2**

Section: **Type:**
Categorical Eligibility Requirements **POLICY**

Chapter: **Program:**
Medicaid Coverage Groups **MA-CN**

Subject:
Women with Breast or Cervical Cancer

The department does not impose any income or asset criteria for this coverage group.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 12-7-05	Transmittal: UP-05-21	P-2540.74
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Section: Categorical Eligibility Requirements	Type: PROCEDURES
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Chapter: Medicaid Coverage Groups	Program: MA-CN
--	---------------------------------

Subject: Women with Breast or Cervical Cancer
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- P-2540.74 1. Consider a medical care program of the Indian Health Service or of a tribal organization as being medical insurance not offering creditable coverage.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 6-1-94

Transmittal: UP-94-10

2540.76

Section:

Categorical Eligibility Requirements

Type:

POLICY

Chapter:

Medicaid Coverage Groups

Program:

MAABD-CN

Subject:

Severely Impaired (S04)

2540.76 A. Coverage Groups Description

This group includes individuals who:

1. either:
 - a. receive SSI under 1619(a) status; or
 - b. have been given 1619(b) status by the Social Security Administration;
and
2. received Medicaid in the month immediately preceding the designation of 1619(a) or 1619(b) status.

B. Duration of Eligibility

Individuals qualify for Medicaid as categorically needy under this coverage group for every month for which they are considered by the Social Security Administration to have 1619(a) or (b) status, as above.

C. Income and Asset Criteria

The individual is not required to pass any income or asset test to qualify under this coverage group, apart from those administered by the Social Security Administration.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-87**Transmittal: UP-87-2****P-2540.76**

Section:
Categorical Eligibility Requirements**Type:**
PROCEDURES

Chapter:
Medicaid Coverage Groups**Program:**
MAABD-CN

Subject:
Establishing Eligibility for the Severely Impaired

- P-2540.76
1. If an individual is receiving SSI benefits, check the SDX to see if they are received under 1619(a) status.
 2. If yes, go to step 4. If no, check for eligibility under a different coverage group.
 3. If an individual does not receive SSI, but claims to have lost SSI eligibility due to earnings, check for 1619 (b) status. If the individual has 1619(b) status, go on. If not, check for eligibility under a different coverage group.
 4. Determine if the individual would have qualified for MA in the month before getting 1619(a) or 1619(b) status. If yes, authorize MAABD, using the NA, NB or ND program code, as appropriate. If no, check for eligibility under a different coverage group.
 5. Advise the recipient to notify you of any change in 1619(a) or (b) status.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 6-1-94

Transmittal: UP-94-10

2540.77

Section:

Categorical Eligibility Requirements

Type:

POLICY

Chapter:

Medicaid Coverage Groups

Program:

MAABD-CN

Subject:

Severely Impaired Non-SSI Recipients

2540.77 A. Coverage Groups Description

This group includes individuals who qualify as severely impaired under 1905(q) of the Social Security Act who meet the following conditions:

1. are determined to be disabled by the Social Security Administration or by the Department; and
2. received State Supplement in the month immediately preceeding the month that benefits were discontinued due to increased earnings.

B. Duration of Eligibility

Individuals qualify for Medicaid as categorically needy under this coverage group for as long as they continue to meet the following conditions:

1. qualify as disabled; and
2. would still qualify for State Supplement when all income except earnings is considered; and
3. have gross earnings that are less than the earned income limit established by the Social Security Administration. (Cross Reference: 5520.32)

C. Asset Criteria

The asset limit for this coverage group is equal to the AABD asset limit.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 6-1-94

Transmittal: UP-94-10

P-2540.77

Section:
Categorical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Medicaid Coverage Groups

Program:
MAABD-CN

Subject:
Establishing Eligibility for Severely Impaired Non-SSI Recipients

- P-2540.77
1. If an individual receives disability benefits other than SSI, check to see if he or she received State Supplement in the month prior to the application for Medicaid.
 2. If yes, continue. If no, check for eligibility under a different coverage group.
 3. Determine if the individual lost his or her State Supplement solely due to increased earned income.
 4. If yes, authorize MAABD under this coverage group. If no, check for eligibility under a different coverage group.
 5. If the individual received State Supplement based on a disability determination made by the Department, authorize a medical review when needed.
 6. If the individual receives a disability benefit based on a determination made by the Social Security Administration, advise him or her to notify the Department if the benefit stops.
 7. If the individual loses a disability benefit based on a determination made by SSA, authorize a medical review to see if the disabling condition still exists.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-87

Transmittal: UP-87-2

2540.80

Section:

Categorical Eligibility Requirements

Type:

POLICY

Chapter:

Medicaid Coverage Groups

Program:

MAABD-CN

Subject:

AABD-Eligible Non-recipients

2540.80 A. Coverage Group Description

This group includes individuals which would qualify for AABD, but do not receive AABD.

B. Duration of Eligibility

Individuals qualify for Medicaid as categorically needy under this coverage group for every month for which they would qualify for AABD.

C. Income and Asset Criteria

The Department uses the AABD income and asset criteria to determine eligibility for this coverage group.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-87**Transmittal: UP-87-2****P-2540.80**

Section:
Categorical Eligibility Requirements**Type:**
PROCEDURES

Chapter:
Medicaid Coverage Groups**Program:**
MAABD-CN

Subject:
Establishing Eligibility for AABD-Eligible Non-Recipients

- P-2540.80
1. Determine if the individual would qualify for AABD by taking the following steps:
 - make sure that all AABD categorical and technical requirements are met;
 - apply AABD income and asset criteria.
 2. If the individual would qualify for AABD by doing step 1, authorize MAABD, using the NA, NB or ND program code, as appropriate.
 3. At time of redetermination or any reported change, determine if the individual would continue to qualify for AABD as above.
 4. If the individual would still be eligible for AABD but does not wish to receive it, continue the individual as eligible for MA under this coverage group.
 5. If individual would no longer be eligible for AABD, determine if he or she qualifies for MA under another coverage group:
 - if so, authorize MA under that group;
 - if not, take steps to discontinue assistance.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 12-1-91

Transmittal: UP-91-51

2540.84

Section:

Categorical Eligibility Requirements

Type:

POLICY

Chapter:

Medicaid Coverage Groups

Program:

MAABD-CN

Subject:

Eligible for AABD Except for Non-Medicaid Requirements

2540.84 A. Coverage Group Description

This group includes individuals who do not qualify for AABD solely because of AABD requirements specifically prohibited by Title XIX of the Social Security Act. These requirements include:

1. requirement to assign interest in decedent estates;
2. requirement to sign a security mortgage on non-home property;
3. requirement that income and assets be deemed to a non-citizen from his or her sponsor.

B. Duration of Eligibility

Individuals qualify for Medicaid as categorically needy under this coverage group for every month for which they would qualify for AABD, except for failure to meet or ineligibility caused by the above requirements.

C. Income and Asset Criteria

The Department uses the AABD income and asset criteria to determine eligibility for this coverage group, except for the deeming of income and assets from the non-citizen sponsor.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 12-1-91**Transmittal: UP-91-51****P-2540.84**

Section:**Categorical Eligibility Requirements****Type:****PROCEDURES**

Chapter:**Medicaid Coverage Groups****Program:****MAABD-CN**

Subject:**Establishing Eligibility for Individuals Eligible for
AABD Except for Non-Medicaid Requirements**

- P-2540.84
1. Make sure that the sole reason the individual does not qualify for AABD is failure to meet one or more of the AABD requirements which are specifically prohibited under Medicaid.
 2. If one of these is not the sole reason for AABD ineligibility, stop here.
 3. If the individual meets the above criteria, determine financial eligibility in the following manner:

Apply the AABD income and asset criteria, except for the calculations of income to be deemed from sponsors of non-citizens.
 4. If the individual would not qualify for AABD after doing step 3, stop here.
 5. If the individual would qualify for AABD, authorize MAABD, using the NA, NB or ND program code, as appropriate.
 6. At the time of redetermination or any reported changes, determine if the individual would still qualify for AABD using step 3.
 7. If the individual would still be eligible for AABD except for failure to meet or ineligibility caused by those AABD requirements specifically prohibited under Medicaid, continue the individual as eligible for MA under this coverage group.
 8. If the individual would no longer be eligible for AABD using the above criteria, determine if he or she qualifies for MA under any other coverage group:
 - if so, authorize MA under that group;
 - if not, take steps to discontinue assistance.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 10-1-06

Transmittal: UP-07-05

2540.85

Section:
Categorical Eligibility Requirements

Type:
POLICY

Chapter:
Medicaid Coverage Groups

Program:
MAABD-CN

Subject:
Working Individuals with Disabilities

2540.85 There are two distinct groups of employed individuals between the ages of 18 and 64 inclusive who have a medically certified disability or blindness and who qualify for Medicaid as working individuals with disabilities. These groups are the Basic Insurance Group and the Medically Improved Group. There is a third group of employed individuals consisting of persons at least 18 years of age who have a medically certified disability or blindness who also qualify for Medicaid as working individuals with disabilities. This is the Balanced Budget Act Group. Persons in this third group may be age 65 or older.

A. Basic Insurance Group

An individual in this group, which is authorized under the Ticket to Work and Work Incentives Improvement Act of 1999 (TWWIIA), is subject to the conditions described below.

1. An individual in this group must be engaged in a substantial and reasonable work effort to meet the employment criterion.
 - a. Such effort consists of an activity for which the individual receives cash remuneration and receives pay stubs from his or her employer.
 - b. If the individual is self-employed, he or she must have established an account through the Social Security Administration and must make regular payments based on earnings as required by the Federal Insurance Contributions Act.
 - c. An individual who meets the employment criterion but then loses employment through no fault of his or her own, for reasons such as a temporary health problem or involuntary termination, continues to meet the employment criterion for up to one year from the date of the loss of employment. The individual must maintain a connection to the labor market by either intending to return to work as soon as the health problem is resolved, or by making a bona fide effort to seek employment upon an involuntary termination.
2. The individual meets the income eligibility test under this group by passing one of the following income tests:
 - a. having a gross monthly income equal to or less than \$6250; or
 - b. having an applied monthly income (gross income minus the following: a \$20 general disregard; the first \$65 of gross monthly earnings; Impairment Related Work Expenses described at UPM 5035.10 C, if

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 10-1-06

Transmittal: UP-07-05

2540.85 page 2

Section:

Categorical Eligibility Requirements

Type:

POLICY

Chapter:

Medicaid Coverage Groups

Program:

MAABD-CN

Subject:

Working Individuals with Disabilities

2540.85 A. 2. b. Basic Insurance Group (continued)

applicable; and 1/2 the remaining earnings) equal to or less than \$3082.50.

3. The asset criteria for this group are as follows:

a. The asset limit is \$10,000.00 for an individual and \$15,000.00 for a married couple living together.

b. In addition to the assets excluded under the Medicaid program, the following assets are also excluded:

(1) retirement and medical savings accounts established pursuant to 26 USC 220 and held by either the individual or his or her spouse; and

(2) accounts held by the individual or spouse and designated by such person as being held for the purpose of buying goods or services that will increase the employability of the individual. Such accounts are subject to the approval of the Department.

c. The assets excluded in section 2540.85 A. 3. b. retain their excluded status for the life of the individual, even if he or she loses eligibility under this coverage group.

4. The individual may be required to pay the Department a monthly premium for medical coverage if the gross monthly counted income of the individual and spouse (minus Impairment-Related Work Expenses described at UPM 5035.10 C) exceeds 200% of the federal poverty level (FPL) for the appropriate family size, including dependent children living in the home.

a. The amount of the premium is equal to 10% of this excess, minus the monthly amount of any payments for health insurance made by the individual or spouse for any family member.

b. For an individual described in this paragraph whose net family income is greater than 250% of the FPL but does not exceed 450% of the FPL for the appropriate family size, the premium for Medicaid coverage cannot exceed 7.5% of the individual's net family income.

c. Net family income consists of the applied monthly income of the individual plus that of his or her spouse.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 10-1-06

Transmittal: UP-07-05

2540.85 page 3

Section:

Categorical Eligibility Requirements

Type:

POLICY

Chapter:

Medicaid Coverage Groups

Program:

MAABD-CN

Subject:

Working Individuals with Disabilities

2540.85 A. 4. c. Basic Insurance Group (continued)

- (1) Applied monthly income of the individual is described in section 2540.85 A. 2. b.
- (2) The applied monthly income of an individual's eligible spouse is computed the same way as is the individual's.
- (3) The applied monthly income of an individual's ineligible spouse consists of the spouse's gross monthly income with no allowance for any disregards or deductions.

B. Medically Improved Group

- 1. An individual in this group, which is authorized under the Ticket to Work and Work Incentives Improvement Act of 1999 (TWWIIA), must have been eligible for Medicaid pursuant to paragraph A above, but must have lost such eligibility because of a medical improvement determined at the time of a regularly scheduled continuing disability review.
- 2. An individual in the Medically Improved group is subject to the same conditions described in section 2540.85 A. 2. through 4. concerning the income eligibility tests, asset eligibility tests, and computation of premiums.
- 3. The eligibility requirements with respect to disability status and the definition of employment are as follows for individuals in the Medically Improved group:
 - a. The individual must continue to have a severe medically determinable impairment. However, the impairment does not need to meet the medical criteria to the same extent as for those in the Basic Insurance group.
 - b. The individual meets the employment criterion if he or she is earning a monthly wage equal to or greater than the federal minimum hourly wage times 40. There is no extension of coverage under this group once the individual loses employment.

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UNIFORM POLICY MANUAL**

Date: 10-1-06

Transmittal: UP-07-05

2540.85 page 4

Section:

Categorical Eligibility Requirements

Type:

POLICY

Chapter:

Medicaid Coverage Groups

Program:

MAABD-CN

Subject:

Working Individuals with Disabilities

2540.85 C. Balanced Budget Act Group

1. An individual in this group, which is authorized under the Balanced Budget Act of 1997 (BBA), is subject to the same conditions described in section 2540.85 A. concerning employment status, income eligibility tests, asset eligibility tests and computation of premiums.
2. An individual in this group who is age 65 or older is eligible for Medicaid as long as he or she meets all the eligibility requirements of section 2540.85 A. and has a medically certified disability or blindness.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 4-1-07

Transmittal: UP-07-02

2540.88

Section:

Categorical Eligibility Requirements

Type:

POLICY

Chapter:

Medicaid Coverage Groups

Program:

MAABD-CN

Subject:

| Long Term Care Facility Residents Eligible Under Special Income Level (L01)

2540.88 A. Coverage Group Description

This group includes residents of long term care facilities (LTCF), who:

1. meet the categorical requirements of age, blindness or disability, and
2. reside in the LTCF for at least thirty (30) consecutive days; and
3. have income below a special income level.

B. Duration of Eligibility

Individuals qualify as categorically needy under this coverage group beginning with the first day of the thirty (30) continuous days of residence, for so long as the conditions above are met.

C. Income and Asset Criteria

1. The Department determines income eligibility under this coverage group by comparing the individual's gross income to the Special Categorically Needy Income Limit (CNIL), set at 300% of the maximum SSI amount for one person.
 - a. If the individual's gross income is less than the Special CNIL, he or she passes the income test.
 - b. If the individual's gross income equals or exceeds the Special CNIL, he or she does not qualify under this coverage group.
2. The Department uses the AABD asset limit to determine eligibility for this coverage group.
3. The home equity limitation described in Section 4030.20 applies to this coverage group.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 1-1-17**Transmittal: UP-17-01****P-2540.88**

Section:
Categorical Eligibility Requirements**Type:**
PROCEDURES

Chapter:
Medicaid Coverage Groups**Program:**
MAABD-CN

Subject:
Establishing Eligibility for Residents of Long Term Care Facilities

- P-2540.88
1. Determine if the individual meets the requirements of age, blindness or disability.
 2. Determine the individual's monthly gross income.
 3. Compare the gross income to the special CNIL for one person, which is currently \$2,205.00.
 4. If the individual's gross income equals or exceeds the Special CNIL, go to step 10.
 5. If the individual's gross income is less than the Special CNIL, go on.
 6. Compare the individual's assets to the AABD asset limit.
 7. If the assets exceed the AABD limit, go to step 10.
 8. If the individual passes the financial steps above, take the following actions:
 - ° authorize MAABD to the individual, using the NA, NB or ND program codes, as appropriate;
 - ° make the effective date the first day of the 30 continuous days of residence.
 9. Determine the amount of the individual's income to be applied to the cost of care. (Cross reference: 5035)
 10. If the individual does not meet the financial tests of this coverage group, determine eligibility as medically needy by comparing applied income to the cost of care.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 3-1-99

Transmittal: UP-99-4

2540.90

Section:
Categorical Eligibility Requirements

Type:
POLICY

Chapter:
Medicaid Coverage Groups

Program:
MAABD-CN

Subject:
Qualified Disabled and Working Individuals

2540.90 A. Coverage Group Description

This group includes individuals who:

1. are entitled to hospital insurance benefits under Medicare Part A under section 1818A of the Social Security Act; and
2. have income which does not exceed 200 percent of the federal poverty level; and
3. have assets not exceeding twice the maximum standard under SSI; and
4. are not otherwise eligible for medical assistance under the Medicaid program.

B. Duration of Eligibility

1. An individual qualifies for payment of the Medicare Part A premium under the Medicaid program as categorically needy under this coverage group for each month in which the individual meets the criteria described in paragraph A.
2. An individual may qualify for payment of the Medicare Part A premium under this coverage group during the three months immediately prior to the month of application.

C. Income Criteria

1. The Department uses AABD income criteria, including deeming methodology, to determine eligibility for this coverage group except for the following:
 - a. the annual cost of living (COLA) percentage increase received by SSA and SSI recipients each January is disregarded when determining eligibility in the first three months of each calendar year;
 - b. the income is compared to 200 percent of the Federal Poverty Level for the appropriate needs group size.
2. The income to be compared with the Federal Poverty Level is the applied income for MAABD individuals living in the community (cross reference: 5045).

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-31-08

Transmittal: UP-08-20

2540.92

Section:
Categorical Eligibility Requirements

Type:
POLICY

Chapter:
Medical Coverage Groups

Program: MAABD-CN

Subject:
Individuals Receiving Home and Community Based Services (W01)

2540.92 A. Coverage Group Description

This group includes individuals who:

1. would be eligible for MAABD if residing in a long term care facility (LTCF); and
2. qualify to receive home and community-based services under a waiver approved by the Centers for Medicare and Medicaid Services; and
3. would, without such services, require care in an LTCF.

B. Duration of Eligibility

Individuals qualify for Medicaid as categorically needy for as long as they meet the conditions above and receive home and community-based services under a waiver.

C. Income and Asset Criteria

1. Except as described in subparagraph 3 below, the Department determines income eligibility under this coverage group by comparing the individual's gross income to the Special Categorically Needy Income Limit (CNIL), set at 300% of the maximum SSI amount for one person. To qualify as categorically needy, the individual's gross income must be less than the special CNIL.
2. Except as described in subparagraph 3 below, the Department uses the AABD asset limit to determine eligibility.
3. Individuals who are eligible for Medicaid under the "Working Individuals with Disabilities" coverage group, the "Severely Impaired" coverage group or the "Severely Impaired Non-SSI Recipients" coverage group, and who also meet the non-financial eligibility criteria described in paragraph A to receive home and community-based services under the Personal Care Assistance waiver, the Acquired Brain Injury waiver, the Department of Developmental Services Comprehensive waiver or the Department of Developmental Services Individual and Family Support waiver are considered to meet the income and asset criteria of this coverage group (Cross References: 2540.85, 2540.76 and 2540.77).

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-31-08

Transmittal: UP-08-20

2540.92 page 2

Section:

Categorical Eligibility Requirements

Type:

POLICY

Chapter:

Medical Coverage Groups

Program:

MAABD-CN

Subject:

Individuals Receiving Home and Community Based Services (W01)

2540.92 C. Income and Asset Criteria (continued)

4. The home equity limitation described in Section 4030.20 applies to this coverage group.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 02-13-01

Transmittal: UP-01-04

2540.94

Section:
Categorical Eligibility Requirements

Type:
POLICY

Chapter:
Medicaid Coverage Groups

Program:
MAABD-CN

Subject:
Qualified Medicare Beneficiaries

2540.94 A. Coverage Group Description

1. This group includes individuals who:
 - a. are entitled to hospital insurance benefits under part A of Title XVIII of the Social Security Act; and
 - b. have income and assets equal to or less than the limits described in paragraph C and D.
2. A Qualified Medicare Beneficiary (QMB) may be eligible for full Medicaid benefits under another coverage group during the same period he or she is also eligible under the QMB coverage group.

B. Covered Benefits

An individual who qualifies for this coverage group may receive payment for:

1. Medicare Part A and B premiums; and
2. payment for coinsurance and deductible amounts for services covered under Medicare.

C. Duration of Eligibility

An individual qualifies for benefits under this coverage group starting the first day of the calendar month following the month in which an individual is determined eligible and continuing for every month thereafter in which the individual meets the criteria described in paragraph A.

D. Income Criteria

1. The Department uses AABD income criteria (Cross Reference: 5000), including deeming methodology, to determine eligibility for this coverage group except for the following:
 - a. the annual cost of living (COLA) percentage increase received by SSA and SSI recipients each January is disregarded when determining eligibility in the first three months of each calendar year;
 - b. for eligibility to exist income must be equal to or less than 100% percent of the Federal Poverty Level for the appropriate needs group size.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 02-13-01

Transmittal: UP-01-04

2540.94 page 2

Section:

Categorical Eligibility Requirements

Type:

POLICY

Chapter:

Medicaid Coverage Groups

Program:

MAABD-CN

Subject:

Qualified Medicare Beneficiaries

2540.94 | D. Income Criteria (continued)

2. The income to be compared with the Federal Poverty Level is the applied income for MAABD individuals living in the community (cross reference: 5045). This is true whether the individual lives in an LTCF or in the community.

| E. Asset Criteria

The asset limit for this coverage group is twice the SSI asset limit (Cross Reference: 4005.10).

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-89**Transmittal: UP-90-8****P-2540.94**

Section:
Categorical Eligibility Requirements**Type:**
PROCEDURES

Chapter:
Medicaid Coverage Groups**Program:**
MAABD-CM

Subject:
Establishing Eligibility for qualified Medicare Beneficiaries

P-2540.94 Basic Procedures

Follow these procedures at Intake and at each Redetermination for all individuals requesting or receiving Medicaid, and for all individuals losing eligibility for cash benefits.

1. Identify all individuals who might be eligible for Medicaid as QMB'S, including:
 - a. individuals aged 65 and over; and
 - b. individuals less than 65 years old who have been receiving SSA disability benefits for at least two years.
2. Examine eligibility under the QMB coverage group, as described in 2540.94. Remember that income and assets must be within the appropriate limits. Refer to P-4530.20 p.2 and 4005.10 for the income and asset limits.
3. If the individual is not eligible for Medicaid as a QMB, determine Medicaid eligibility under whatever other coverage group is appropriate.
4. If the individual is eligible for Medicaid as a QMB only, or under another coverage group and under the QMB coverage group, grant full Medicaid benefits, if appropriate, under the other coverage group and Special Benefits under the QMB coverage group, as described below.
5. If the individual is eligible as a Qualified Medicare Beneficiary, print the letters "QMB" at the top of the W-52 when granting to identify the individual as a Qualified Medicare Beneficiary.
6. In the explanation section of the W-52, describe what the Department is providing to the individual under the QMB coverage group, as follows:

"Buy In Part A effective (date) -QMB;" and/or
"Buy In Part B effective (date) -QMB."

The PA Accounting Unit worker sends a copy of the W-52 to the Buy-In Unit, which arranges for payment of the A or B premium.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-89

Transmittal: UP-90-8

P-2540.94 page 2

Section:
Categorical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Medicaid Coverage Groups

Program:
MAABD-CM

Subject:
Establishing Eligibility for qualified Medicare Beneficiaries

P-2540.94 Basic Procedures (continued)

7. If the individual loses eligibility for Medicaid as a QMB, examine ongoing eligibility for Medicaid under another coverage group. See steps 8 and 9.
8. If the individual is no longer eligible for Medicaid under any coverage group, discontinue all coverage after giving proper notice.
9. If the individual remains eligible for Medicaid under another coverage group, determine whether the individual is eligible for payment of a Special Benefit (Part B) under the other coverage group. See procedures 4 and 5 listed under Medicare Part B.
10. If the individual loses eligibility for "regular" Medicaid, examine potential eligibility under the QMB coverage group. See steps 5 and 6 for guidance in completing the W-52 if QMB eligibility exists.

Medicare Part A

1. Maintain a list of individuals aged 65 and over who are not entitled to SSA cash benefits, but who have Part B coverage. Such individuals are entitled to Part A but would have to purchase it themselves.
2. Stop here. Procedures for referring individuals described in step 1 to the Social Security Administration for Part A will be included when the Department receives instructions from the Health Care Finance Administration.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-89

Transmittal: UP-89-9

P-2540.94 page 3

Section:
Categorical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Medicaid Coverage Groups

Program:
MAABD-CM

Subject:
Establishing Eligibility for qualified Medicare Beneficiaries

P-2540.94 Medicare Part B

1. Use the following guidelines to determine who may be eligible for the Part B Buy-in as a QMB:
 - individuals who receive, or have applied for and have been found eligible for Part A
 - individuals for whom the Department is already buying in Part B:
 - * AFDC recipients
 - * AABD recipients
 - * MA recipients receiving SSI
 - * MA recipients under the "Severely Impaired" coverage group (2540.76).
 - individuals in LTCF's whose Part B premium is being deducted from gross income in the post-eligibility treatment of income computation.
2. If the individual is eligible for the Part B Buy-In under the QMB coverage group, authorize the benefit as described under Basic Procedures. Remember that the individual must meet the QMB income and asset criteria.
3. If an individual who had been receiving Part B Buy-In benefits as described in 9015 qualifies for that benefit as a QMB, note on the W-52 that the coverage is now based on QMB eligibility. In the explanation section write "Change Part B status to QMB."
4. Likewise, for an individual losing eligibility for Buy-In Part B under the QMB coverage group, but retaining eligibility for the Part B Buy-In under another group, write "Change Part B status to non-QMB" in the explanation section of the W-52.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-89

Transmittal: UP-89-9

P-2540.94 page 4

Section:

Categorical Eligibility Requirements

Type:

PROCEDURES

Chapter:

Medicaid Coverage Groups

Program:

MAABD-CM

Subject:

Establishing Eligibility for qualified Medicare Beneficiaries

P-2540.94 Medicare Part B (continued)

5. If an individual is totally ineligible for the Part B Buy-In, note this in the explanation section of the W-52 as follows:

"Deny Payment for Part B Buy-In - (reason) ;" or "Discontinue Payment for Part B Buy-In effective (date) (reason) ." Remember to give proper notice for discontinuance.
6. For active cases involving LTCF recipients, if the purchase of Part B results in the recipient's applied income increasing, send appropriate notice before adjusting the payment to the LTCF. (Cross reference: 1570)

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 02-13-01

Transmittal: UP-01-04

2540.95

Section:
Categorical Eligibility Requirements

Type:
POLICY

Chapter:
Medicaid Coverage Groups

Program:
MAABD-CN

Subject:
Specified Low Income Medicare Beneficiaries

2540.95 A. Coverage Group Description

This group includes individuals who would be Qualified Medicare Beneficiaries described in 2540.94, except that their applied income exceeds 100 percent of the Federal Poverty Level, but is less than 120 percent of the Federal Poverty Level.

B. Covered Benefits

An individual who qualifies for this coverage group receives payment of the Medicare Part B premium.

C. Duration of Eligibility

1. An individual may qualify for payment of the Medicare Part B premium under this coverage group during the three months immediately prior to the month of application, but in no case is there eligibility prior to January 1, 1993.
2. An individual qualifies for benefits under this coverage group for every month in which the individual meets the criteria described in paragraph A.

D. Income Criteria

1. The Department uses AABD income criteria (Cross-Reference: 5000), including deeming methodology, to determine eligibility for this coverage group except for the following:
 - a. the annual cost of living percentage increase received by SSA and SSI recipients each January is disregarded when determining eligibility in the first three months of each calendar year;
 - b. for eligibility to exist the income must be less than a percentage of the Federal Poverty Level for the appropriate needs group size, as described in paragraph A.
2. The income to be compared with the Federal Poverty Level is the applied income for MAABD individuals living in the community (Cross Reference: 5045). This is true whether the individual lives in an LTCF or in the community.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 02-13-01

Transmittal: UP-01-04

2540.95 page 2

Section:

Categorical Eligibility Requirements

Type:

POLICY

Chapter:

Medicaid Coverage Groups

Program:

MAABD-CN

Subject:

Specified Low Income Medicare Beneficiaries

2540.95 | E. Asset Criteria

The asset limit for this coverage group is twice the SSI asset limit (Cross Reference: 4005.10).

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-93**Transmittal: UP-93-11****P-2540.95**

Section:
Categorical Eligibility Requirements**Type:**
PROCEDURES

Chapter:
Medicaid Coverage Groups**Program:**
MAABD-CN

Subject:
Establishing Eligibility for Specified Low Income Medicare Beneficiaries

P-2540.95 Basic Procedures

Follow these procedures at Intake and at each Redetermination for all individuals requesting or receiving Medicaid, and for all individuals losing eligibility for cash benefits or full Medicaid benefits. However, do not follow these procedures if the individual is already eligible for payment of the Medicare Part B premium under another buy-in group.

1. Identify all individuals who might be eligible for Medicaid as SLMB's, including:
 - a. individuals aged 65 and over; and
 - b. individuals less than 65 years old who have been receiving SSA disability benefits for at least two years.
2. Manually determine eligibility under the SLMB coverage group, as described in policy. Remember that income and assets must be within the appropriate limits. Refer to P-4530.26 and 4005.10 for the income and asset limits.
3. Screen the application for the Q03 coverage group. Follow normal procedures, including entering the amount of income and assets.
4. If there is retroactive eligibility (three months prior to the actual date of application but in no case earlier than January 1, 1993), enter as the date of application the earliest date of eligibility.
5. If the individual is not eligible, deny the case on the STAT screen. Use the 570 code or other appropriate worker-entered AU Status Code. Add text to the denial notice to explain the reason for the denial and the correct policy reference. Check to see whether the individual is eligible for Medicaid under another coverage group.
6. If the individual is eligible to receive payment of the Medicare Part B premium under the SLMB coverage group only, follow normal processing procedures. A notice of grant will be generated to inform the individual that the Medicare Part B premium will be paid by the Department as of the effective date of the grant.
7. If the individual is eligible for payment of the Medicare Part B premium as a SLMB **and** under another buy-in group, grant under that group unless the individual wants only the SLMB benefit. In such a case, follow the procedures in step 6.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 1-1-88

Transmittal: UP-88-7

2540.96

Section:

Categorical Eligibility Requirements

Type:

POLICY

Chapter:

Medicaid Coverage Groups

Program:

MAABD-MN

Subject:

Medically Needy Aged, Blind and Disabled

2540.96 A. Coverage Group Description

This group includes individuals who:

1. meet the MAABD categorical eligibility requirements of age, blindness or disability; and
2. are not eligible as categorically needy; and
3. meet the medically needy income and asset criteria.

B. Duration of Eligibility

Individuals qualify for Medicaid as medically needy under this coverage group for every month that they meet all of the above conditions.

C. Income and Asset Criteria

The Department uses the MAABD medically needy income and asset criteria to determine eligibility under this coverage group, including:

1. medically needy deeming rules;
2. the Medically Needy Income Limit (MNIL);
3. the income spend-down process;
4. the medically needy asset limits.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-87**Transmittal: UP-87-2****P-2540.96**

Section:
Categorical Eligibility Requirements**Type:**
PROCEDURES

Chapter:
Medicaid Coverage Groups**Program:**
MAABD-CN

Subject:
Establishing Eligibility for the Medically Needy Aged, Blind and Disabled

- P-2540.96
1. Make sure that the individual meets the categorical requirement of age, blindness or disability.
 2. Determine if the individual would qualify as categorically needy:
 - ° if not, go on.
 3. Determine financial eligibility by using medically needy rules for the treatment of income and assets.
 4. If the individual passes the income and asset tests, authorize MAABD, using the NA, NB or ND program code, as appropriate.
 5. If the individual does not pass the asset test, stop here.
 6. If the individual passes the asset test but has excess income, follow standard spend-down procedures. (cross-reference: 5520)

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 4-01-01

Transmittal: UP-01-21

2540.97

Section:
Categorical Eligibility Requirements

Type:
POLICY

Chapter:
Medicaid Coverage Groups

Program:
MAABD-CN

Subject:
Additional Low Income Medicare Beneficiaries Under 135% of Poverty (Q04)

2540.97 A. Coverage Group Description

This group includes individuals who would be Qualified Medicare Beneficiaries described in 2540.94, except that:

1. their applied income is equal to or exceeds 120 percent of the Federal Poverty Level, but is less than 135 percent of the Federal Poverty Level; or
2. their applied income is less than 135 percent of the Federal Poverty Level, and they have assets valued at more than twice the SSI limit (Cross Reference: 4005.10).

B. Covered Benefits

An individual who qualifies for this coverage group receives payment of the Medicare Part B premium.

C. Duration of Eligibility

1. An individual may qualify for payment of the Medicare Part B premium under this coverage group during the three months immediately prior to the month of application, but in no case is there eligibility prior to January 1, 1998. For those whose assets exceed twice the SSI limit, eligibility cannot begin prior to April 1, 2001.
2. An individual qualifies for benefits under this coverage group for every month in which the individual meets the criteria described in paragraph A, ending December 30, 2002, provided that funding is available to pay such premiums.

D. Income Criteria

1. The Department uses AABD income criteria (Cross Reference 5000), including deeming methodology, to determine eligibility for this coverage group except for the following:
 - a. the annual cost of living percentage increase received by SSA and SSI recipients each January is disregarded when determining eligibility in the first three months of each calendar year;
 - b. for eligibility to exist the income must less than a percentage of the Federal Poverty Level for the appropriate needs group size, as described in paragraph A.

2. The income to be compared with the Federal Poverty Level is the applied

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Date: 4-01-01

Transmittal: UP-01-21

2540.97 page 2

Section:
Categorical Eligibility Requirements

Type:
POLICY

Chapter:
Medicaid Coverage Groups

Program:
MAABD-CN

Subject:
Additional Low Income Medicare Beneficiaries Under 135% of Poverty (Q04)

2540.97 D. 2. Income Criteria (continued)

income for MAABD individuals living in the community (Cross Reference: 5045). This is true whether the individual lives in an LTCF or in the community.

E. Asset Criteria

1. Prior to April 1, 2001, the asset limit for this coverage group is twice the SSI limit (Cross Reference: 4005.10).
2. Effective April 1, 2001 there is no asset limit for this coverage group.

F. Limitations

1. This coverage group is not an entitlement program.
2. Payment under this coverage group is made on a first come, first served basis and is contingent on the availability of funds.
3. Eligibility must be redetermined annually.
4. For calendar years after 1998, individuals who received assistance as QMB, SLMB, QDWI or ALIMB in the last month of the previous year are given preference for program participation for the next calendar year.
5. Individuals who qualify for this coverage group are those who are not otherwise eligible for Medicaid under any other coverage group.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 4-01-01

Transmittal: UP-01-21

P-2540.97

Section:
Categorical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Medicaid Coverage Groups

Program:
MAABD-CN

Subject:
Establishing Eligibility for Additional Low Income Medicare Beneficiaries Under 135% of the Poverty Level (Q04)

P-2540.97 Basic Procedures

Follow these procedures at Intake and at each Redetermination for all individuals requesting or receiving Medicaid, and for all individuals losing eligibility for cash benefits or full Medicaid benefits. However, do not follow these procedures if the individual is already eligible for payment of the Medicare Part B premium under another buy-in group, or is eligible for Medicaid under another coverage group.

1. Identify all individuals who might be eligible for Medicaid as ALIMB's, including:
 - a. individuals aged 65 and over; and
 - b. individuals less than 65 years old who have been receiving SSA disability benefits for at least two years.
2. Manually determine eligibility under the ALIMB coverage group, as described in policy.
 - a. For coverage prior to April 1, 2001, remember that income and assets must be within the appropriate limits. Refer to P-4530.27 and 4005.10 for the income and asset limits.
 - b. For coverage on or after April 1, 2001, remember that income must be within the appropriate limit. Refer to P-4530.27 for the income limit.
3. Screen the application for the Q04 coverage group. Follow normal procedures, including entering the amount of income and assets.
4. If there is retroactive eligibility (three months prior to the actual date of application but in no case earlier than 1-1-98, or, for those with no asset limit, no earlier than 4-1-01), follow the RETRO- Medicaid procedures.
5. If the individual is not eligible, deny the case on the STAT screen. Use the appropriate worker-entered AU Status Code. Add text to the denial notice to explain the reason for the denial and the correct policy reference. Check to see whether the individual is eligible for Medicaid under another coverage group.
6. If the individual is eligible to receive payment of the Medicare Part B premium under the ALIMB coverage group only, follow normal processing procedures. A notice of grant will be generated to inform the individual that the Medicare Part B premium will be paid by the Department as of the effective date of the grant.

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UNIFORM POLICY MANUAL**

Date: 4-01-01

Transmittal: UP-01-21

P-2540.97 page 2

Section:

Categorical Eligibility Requirements

Type:

PROCEDURES

Chapter:

Medicaid Coverage Groups

Program:

MAABD-CN

Subject:

**Establishing Eligibility for Additional Low Income Medicare Beneficiaries Under
135% of the Poverty Level (Q04)**

P-2540.97 Basic Procedures (continued)

7. Since funding for this coverage group is limited, **grant under this coverage group only if the individual is eligible for neither payment of the Medicare Part B premium under another buy-in group, nor for Medicaid under any other coverage group.**
8. Once you have been notified that the program has ended because we have no more money available for these coverage groups, deny all applications that are dated after the program end date using the appropriate worker entered denial codes.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 4-01-01

Transmittal: UP-01-21

2540.98

Section:

Categorical Eligibility Requirements

Type:

POLICY

Chapter:

Medicaid Coverage Groups

Program:

MAABD-CN

Subject:

Additional Low Income Medicare Beneficiaries Under 175% of Poverty (Q05)

2540.98 A. Coverage Group Description

This group includes individuals who would be Additional Low Income Medicare Beneficiaries described in 2540.97, except that their applied income is equal to or exceeds 135 percent of the Federal Poverty Level, but is less than 175 percent of the Federal Poverty Level.

B. Covered Benefits

An individual who qualifies for this coverage group receives payment of that part of the Medicare Part B premium that results from the transfer of the Medicare's home health care costs from Part A to Part B under the Medicare program.

C. Duration of Eligibility

1. An individual may qualify for payment under this coverage group during the three months immediately prior to the month of application, but in no case is there eligibility prior to January 1, 1998. For those whose assets exceed twice the SSI limit, eligibility cannot begin prior to April 1, 2001.
2. An individual qualifies for payment under this coverage group for every month in which the individual meets the criteria described in paragraph A, ending December 30, 2002, provided that funding is available to pay such premiums.

D. Income Criteria

1. The Department uses AABD income criteria (Cross Reference: 5000) including deeming methodology, to determine eligibility for this coverage group except for the following:
 - a. the annual cost of living percentage increase received by SSA and SSI recipients each January is disregarded when determining eligibility in the first three months of each calendar year;
 - b. for eligibility to exist the income must be less than a percentage of the Federal Poverty Level for the appropriate needs group size, as described in paragraph A.
2. The income to be compared with the Federal Poverty Level is the applied income for MAABD individuals living in the community (Cross Reference: 5045). This is true whether the individual lives in an LTCF or in the community.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 4-01-01

Transmittal: UP-01-21

2540.98 page 2

Section:

Categorical Eligibility Requirements

Type:

POLICY

Chapter:

Medicaid Coverage Groups

Program:

MAABD-CN

Subject:

Additional Low Income Medicare Beneficiaries Under 175% of Poverty (Q05)

2540.98 E. Asset Criteria

1. Prior to April 1, 2001, the asset limit for this coverage group is twice the SSI limit (Cross Reference: 4005.10).
2. Effective April 1, 2001 there is no asset limit for this coverage group.

F. Limitations

1. This coverage group is not an entitlement program.
2. Payment under this coverage group is made on a first come, first served basis and is contingent on the availability of funds.
3. Eligibility must be redetermined annually.
4. For calendar years after 1998, individuals who received assistance as a QMB, SLMB, QDWI or ALIMB in the last month of the previous year are given preference for program participation for the next calendar year.
5. Individuals who qualify for this coverage group are those who are not otherwise eligible for Medicaid under any other coverage group.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 4-01-01

Transmittal: UP-01-21

P-2540.98

Section:
Categorical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Medicaid Coverage Groups

Program:
MAABD-CN

Subject:
Establishing Eligibility for Additional Low Income Medicare Beneficiaries Under 175% of the Poverty Level (Q05)

P-2540.98 Basic Procedures

Follow these procedures at Intake and at each Redetermination for all individuals requesting or receiving Medicaid, and for all individuals losing eligibility for cash benefits or full Medicaid benefits. However, do not follow these procedures if the individual is already eligible for payment of the Medicare Part B premium under another buy-in group, or is eligible for Medicaid under another coverage group.

1. Identify all individuals who might be eligible for Medicaid as ALIMB's, including:
 - a. individuals aged 65 and over; and
 - b. individuals less than 65 years old who have been receiving SSA disability benefits for at least two years.
2. Manually determine eligibility under the ALIMB coverage group, as described in policy.
 - a. For coverage prior to April 1, 2001, remember that income and assets must be within the appropriate limits. Refer to P-4530.28 and 4005.10 for the income and asset limits.
 - b. For coverage on or after April 1, 2001, remember that income must be within the appropriate limit. Refer to P-4530.28 for the income limit.
3. Screen the application for the Q05 coverage group. Follow normal procedures, including entering the amount of income and assets.
4. If there is retroactive eligibility (three months prior to the actual date of application but in no case earlier than 1-1-98, or, for those with no asset limit, no earlier than 4-1-01), follow the RETRO-Medicaid procedures.
5. If the individual is not eligible, deny the case on the STAT screen. Use the appropriate worker-entered AU Status Code. Add text to the denial notice to explain the reason for the denial and the correct policy reference. Check to see whether the individual is eligible for Medicaid under another coverage group.
6. If the individual is eligible to receive payment under the ALIMB coverage group only, follow normal processing procedures. A notice of grant will be generated to inform the individual that a portion of the Medicare Part B premium will be paid by the Department as of the effective date of the grant.

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Date: 4-01-01

Transmittal: UP-01-21

P-2540.98 page 2

Section:

Categorical Eligibility Requirements

Type:

PROCEDURES

Chapter:

Medicaid Coverage Groups

Program:

MAABD-CN

Subject:

Establishing Eligibility for Additional Low Income Medicare Beneficiaries Under 175% of the Poverty Level (Q05)

P-2540.98 Basic Procedures (continued)

7. Since funding and benefits for this coverage group are limited, **grant under this coverage group only if the individual is eligible for neither payment of the Medicare Part B premium under another buy-in group, nor for Medicaid under any other coverage group.**
8. Once you have been notified that the program has ended because we have no more money available for these coverage groups, deny all applications that are dated after the program end date using the appropriate worker entered denial codes.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-6-2010

Transmittal: UP-10-11

2545

Section:

Categorical Eligibility Requirements

Type:

POLICY

Chapter:

Categorically Eligible Assistance Units

Program:

SNAP

Subject:

2545 | Categorical eligibility in the Supplemental Nutrition Assistance Program (SNAP) is mandated for assistance units whose members are recipients of certain cash benefits.

| This chapter sets forth the criteria for determining categorical eligibility in SNAP. Rules related to application and redetermination processing for categorically eligible SNAP units are found in Section 1500. Rules related to benefit calculation of these assistance units are found in Section 6000.

Date: 7-6-2010	Transmittal: UP-10-11	2545.05
Section: Categorical Eligibility Requirements		Type: POLICY
Chapter: Categorically Eligible Assistance Units		Program: SNAP
Subject: Which Assistance Units are Categorically Eligible		

An assistance unit is considered categorically eligible for the SNAP program if:

1. all members of the assistance unit receive or are authorized to receive benefits under one or more of the following cash assistance programs:
 - a. TFA, including diversion assistance;
 - b. AABD;
 - c. SSI (except if the individual does not meet the SNAP technical requirement of citizenship status);
 - d. SAGA individual or family assistance;
 - e. Refugee Assistance; or
2. at least one member of the assistance unit receives or is authorized to receive TANF-funded services under the Help for People in Need Program.
3. the assistance unit meets the criteria in section 2545.05 A.1, but payment of benefits or services is not being made because:
 - a. The cash benefits or TANF-funded services are being recouped;
 - b. The cash benefits amount to less than ten (\$10.00) dollars;
 - c. The cash benefit or TANF-funded service is temporarily suspended due to income received in a prior budget month, under retrospective budgeting; and

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Date: 7-6-10

Transmittal: UP-10-11

2545.05 page 2

Section:
Categorical Eligibility Requirements

Type:
POLICY

Chapter:
Categorically Eligible Assistance Units

Program:
SNAP

Subject:
Which Assistance Units are Categorically Eligible

2545.05 A. Categorically Eligible Unit (continued)

4. none of the assistance unit's members have been disqualified, as follows:

a. the assistance unit has not been disqualified from SNAP because of failure to comply with any of the following requirements:

(1) work registration, participation, or job search;

(2) voluntary quit; or

b. an individual in the household has not been disqualified from SNAP for:

(1) committing an intentional program violation; or

(2) failure to comply with the requirements of work registration, participation or job search.

B. Authorized to Receive a Benefit

1. To be considered authorized to receive a benefit, the client must:

a. be determined eligible for the benefit; and

b. must receive notification of the eligibility determination.

2. The client's household is categorically eligible if it meets the conditions of subdivisions B. 1.a. and b. of this section, even if the benefits are not used by the household.

C. Categorical Eligibility Assumed Under Certain Conditions

Categorical eligibility of an assistance unit meeting the conditions of subsection A. of this section is assumed at the time of the SNAP recertification in the absence of a timely cash assistance redetermination.

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UNIFORM POLICY MANUAL**

Date: 7-6-10

Transmittal: UP-10-11

2545.05 page 3

Section:

Categorical Eligibility Requirements

Type:

POLICY

Chapter:

Categorically Eligible Assistance Units

Program:

SNAP

Subject:

Which Assistance Units are Categorically Eligible

2545.05 D. Presence of Other Individuals

1. The institutionalization of a household member does not preclude the members of the assistance unit from being categorically eligible.
2. The presence in the household of the following individuals does not preclude the assistance unit from being considered categorically eligible, even if the individual is the recipient of the benefit or service that confers categorical eligibility:
 - a. ineligible non-citizen (unless the non-citizen is an otherwise mandatory assistance unit member who qualifies for SSI but does not meet the SNAP technical eligibility requirement for citizenship status);
 - b. ineligible student;
 - c. ineligible able bodied adult without dependents (ABAWD). (Cross Reference: 3512).

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 4-1-08

Transmittal: UP-08-07

P-2545.05

Section:
Categorical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Categorically Eligible Assistance Units

Program:
FS

Subject:
Establishing Categorical Eligibility

- P-2545.05 | 1. Determine if all members of the assistance unit are authorized to receive or are receiving TFA (including diversion assistance), TFA, SAGA (Individual or Family), AABD, GA, refugee assistance or SSI, regardless of whether or not payment is actually being made as specified in policy. If the assistance unit member is receiving SSI, make sure that he or she meets the FS technical eligibility criterion for citizenship status.
- | 2. If not all members of the assistance unit meet at least one of the criteria listed in steps 1 or 2 above, stop here because categorical eligibility is not established.
- | 3. If all members of the assistance unit meet at least one of the conditions in steps 1 or 2 above, go on.
- | 4. Review file information to determine if any member of the household, or if the FS assistance unit has been disqualified from FS for:
- IPV;
 - work requirements violation;
 - voluntary quit violation.
- | 5. If any of the above circumstances apply to the assistance unit, stop here because categorical eligibility is not established.
- | 6. If the factors of disqualification of a household member or the assistance unit do not apply, presume the assistance unit has met the requirements regarding the asset limits, gross and net income limits, residency requirements, and information and documentation requirements concerning social security numbers of the unit's members and sponsored non-citizens and is categorically eligible for Food Stamps.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 4/1/08

Transmittal: UP-08-07

P-2545.05 page 2

Section:
Categorical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Categorically Eligible Assistance Units

Program:
FS

Subject:
Establishing Categorical Eligibility

- | | |
|-----------|--|
| P-2545.05 | <ul style="list-style-type: none">7. Assume categorical eligibility to exist at time of recertification in the absence of a timely cash assistance redetermination.8. Apply all Food Stamp work program and monthly reporting requirements to the assistance unit.9. If a member of an otherwise categorically eligible assistance unit is disqualified from FS for the reasons listed in step 6, consider the entire unit as losing its categorical status.10. Advise the unit that the other members of the assistance unit can participate in the program if otherwise eligible but cannot participate solely on the basis of categorical eligibility;11. Inform the unit of any eligibility factor which must now be verified due to loss of categorical status. |
|-----------|--|

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-6-10	Transmittal: UP-10-11	2545.10
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Section: Categorical Eligibility Requirements	Type: POLICY
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Chapter: Categorically Eligible Assistance Units	Program: SNAP
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Subject: Certain Requirements Presumed Met

- | 2545.10 For the purposes of SNAP eligibility, a categorically eligible assistance unit is considered to have met the following requirements:
1. asset limits;
 2. gross and net income limits,
 3. residency requirements; and
 4. information and documentation concerning:
 - a. social security numbers of the unit's members; and
 - b. sponsored non-citizens.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 5-1-91	Transmittal: UP-91-20	2599
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Section: Categorical Eligibility Requirements	Type:
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Chapter: Verification Requirements	Program: AFDC AABD FS
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Subject:	MA
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2599 The following chapter addresses the categorical requirements which must be verified. This chapter also outlines the penalties imposed for failure to satisfy the verification requirements and gives guidelines for acceptable forms of verification.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 5-1-91	Transmittal: UP-91-20	2599.15
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Section: Categorical Eligibility Requirements	Type: POLICY
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Chapter: Verification Requirements	Program: AFDC
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Subject: Determination of the Male Parent	
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- 2599.15 A. If the assistance unit must show relationship to the male parent, that relationship must be verified by the Department.
- B. The penalty for failure to verify relationship of the male parent is:
1. ineligibility of the entire unit if all the children in the unit are claiming to be related to the male parent and relationship is not verified; or
2. ineligibility of the child only when the relationship has been verified for at least one other child in the unit.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-97	Transmittal: UP-97-19	3000
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Section: Technical Eligibility Requirements	Type:	POLICY
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Chapter:	Program:	AFDC AABD MA FS
Subject:		

3000 In order to be eligible an assistance unit must meet certain technical eligibility requirements. These are established by examining the current status and past actions of each applicant or recipient.

Technical eligibility requirements are described as follows:

- Citizenship and Non-citizen Status
- Residency
- Institutional Status
- Student Status
- Transfer of Assets
- Concurrent Assistance
- Striker Status
- Voluntary Quit
- Felony Status

Citizenship, Residency, and Concurrent Assistance apply to all programs. Felony Status applies to the AFDC and Food Stamp programs. Student Status and Voluntary Quit apply only to the Food Stamp program. Striker Status applies to Food Stamps and AFDC. Transfer of Assets and Institutional Status do not apply to AFDC.

The institutional status requirement refers to the assistance unit's eligibility when in an institution. This chapter is not concerned with eligibility of the institution for certification for payment.

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3000.01

Section:
Technical Eligibility Requirements

Type:
POLICY

Chapter:

**Program: AFDC
AABD
MA
FS**

Subject:
Definitions

3000.01 Compensation

Compensation is all money, notes, real or personal property, food, shelter, or services received in exchange for something of value.

Emergency Medical Condition

An emergency medical condition is a medical condition, which, after sudden onset, manifests itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in (i) Placing the patient's health in serious jeopardy; (ii) serious impairment to bodily functions; or (iii) serious dysfunction of any bodily organ or part.

An emergency medical condition includes emergency labor and delivery. An emergency medical condition does not include care or services related to an organ transplant procedure.

Employment Lockout

Employment lockout is when a place of employment is physically closed by an employer due to a labor dispute, or an employer says there is no work until a labor dispute is terminated, or an employer makes work available under less favorable terms or conditions after the labor contract expires, provided the bargaining agent has notified the employer that employees are willing to work under terms and conditions existing under the expiring contract.

Fair Market Value

Fair market value is the amount at which an asset can be sold on the open market in the geographic area involved at the time of the sale or the amount actually obtained as a result of bona fide efforts to gain the highest possible price.

Fiduciary Duty

Fiduciary duty is the duty of a person who stands in a special relationship of trust, confidence, or responsibility in his obligation to others.

Foreseeable Needs

Foreseeable needs are the needs of a person as they would be anticipated to exist by a reasonably prudent individual for the immediately-forthcoming period of time specified in the policy that is determined to be relevant to the type of assistance requested, the date of the application and the date of the transfer.

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Date: 10-1-96

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3000.01 page 2

Section:
Technical Eligibility Requirements

Type:
POLICY

Chapter:

**Program: AFDC
AABD
MA
FS**

Subject:
Definitions

3000.01 Group Living Arrangement

A group living arrangement is a public or private nonprofit residential setting for no more than 16 residents which is certified under section 1616 (e) of the Social Security Act.

Immigrant

An immigrant is a non-citizen or North American Indian born in Canada who is lawfully admitted into the United States for the express purpose of maintaining permanent residence.

Institution

An institution is an establishment that furnishes food, shelter and some treatment or services to four or more persons unrelated to the proprietor.

Institution of Higher Education

An institution of higher education is an educational institution at post-high school level which is accredited by the Department of Higher Education as either a training and technical institution or as a degree-granting institution.

Institution for Mentally Retarded

An institution for mentally retarded is an institution that is primarily for diagnosis, treatment or rehabilitation for the mentally retarded or persons with other developmental disabilities in a protected residential setting.

Intermediate Care Facility (ICF)

An intermediate care facility (ICF) is a medical institution which provides health-related services not available outside of an institution to individuals who do not require hospital care or a skilled nursing facility.

Legally-Enforceable Agreement

A legally-enforceable agreement is a binding and credible arrangement, either oral or written, wherein two or more parties agree to an arrangement in consideration of the receipt of money, property, or services and in which all parties can be reasonably expected to fulfill their parts of the agreement.

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3000.01 page 3

Section:
Technical Eligibility Requirements

Type:
POLICY

Chapter:

Program: AFDC
AABD
MA
FS

Subject:
Definitions

3000.01 Long Term Care Facility (LTCF)

A long term care facility is a skilled nursing facility, intermediate care facility, or other medical institution, where the applicant is required, as a condition of receiving services in such institution under the state medical assistance plan, to spend for costs of medical care all but a minimal amount of any existing income for personal needs.

Mental Disease Facility

A mental disease facility is a hospital, nursing facility or other institution of more than 16 beds, primarily for the diagnosis, treatment or care of persons with mental diseases, not including mental retardation.

Naturalization

Naturalization is the granting of full United States citizenship and the rights and responsibilities thereof.

Non-citizen

A non-citizen is a person born outside of the United States who is a subject or citizen of a foreign country and is not a citizen of the United States.

Principal Wage Earner (FS)

A principal wage earner is whichever individual in a Food Stamp assistance unit earned the most money during the period of time used in respect to voluntary quit provisions.

Public Institution

A public institution is an institution that is the responsibility of a governmental unit or over which a governmental unit exercises administrative control.

Secured Note

A secured note is a written acknowledgment of a debt for which repayment is guaranteed through the assignment of collateral.

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Date: 02-13-01

Transmittal: UP-01-04

3000.01 page 4

Section:

Technical

Eligibility

Type:

POLICY

Requirements

Chapter:

Program:

AFDC

AABD

MA

Subject:

FS

Definitions

3000.01 Skilled Nursing Facility

A skilled nursing facility is an institution which provides daily inpatient medical services ordered by and provided under the direction of a physician and 24 hour nursing services.

Strike

A strike includes any concerted stoppage of work by employees (including a stoppage by reason of the expiration of a collective-bargaining agreement) and any concerted slow-down or other concerted interruption of operations by employees.

Transfer of an Asset

A transfer of an asset is the conveyance of interest in property, the disposal of an asset in some other way or the failure to exercise one's right to property.

Transferee

A transferee is an individual to whom ownership of an asset is conveyed by another individual.

Transferor

A transferor is an individual of any age who conveys the ownership of an asset to another individual.

Tuberculosis Facility

A tuberculosis facility is an institution primarily for the diagnosis, treatment or care of persons with tuberculosis.

Uncompensated Value

Uncompensated value is the difference between the fair market value of an asset and the compensation received.

Undue Influence

Undue influence is causing another party through misrepresentation, deceit, fraud, or any other improper means to do something that would otherwise not be done.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Date: 7-1-97**Transmittal: UP-98-3****3003**

Section:**Technical Eligibility Requirements****Type:****POLICY**

Chapter:**Eligibility for AFDC****Program:****AFDC**

Subject:

3003 The AFDC program has been largely replaced by the Jobs First program which includes TFA cash assistance. However, the UPM contains rules throughout that refer to the AFDC program. Only assistance units selected for the control group can continue to participate in the AFDC program. This chapter describes which households are subject to the AFDC rules described in UPM. Households that are subject to the AFDC rules can only apply for and receive AFDC benefits. Households that are subject to the AFDC rules may not apply for, or receive, Jobs First benefits, including TFA cash benefits.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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3003.05

Section:

Technical Eligibility Requirements

Type:

POLICY

Chapter:

Eligibility for AFDC

Program:

AFDC

Subject:

AFDC Policies and Procedures

- 3003.05 A. All of the policies and procedures of UPM that pertain to the AFDC program pertain only to families randomly assigned to the control group of the Jobs First program.
- B. Only families assigned to the control group can continue to participate in the AFDC program. All other families in the State are subject to the policies and procedures applicable to the Jobs First program.
- C. Households that are subject to AFDC rules may not apply for, or receive, Jobs First benefits. Households that are subject to the Jobs First rules may not apply for or receive AFDC benefits.

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Technical Eligibility Requirements				POLICY
Chapter:		Program:		AFDC
Citizenship				AABD
				MA
Subject:				FS

3005 An individual must be either a citizen or an eligible non-citizen in order to receive benefits from any program. This chapter describes those individuals who are citizens and eligible non-citizens.

Only eligibility factors in relation to citizenship or non-citizen status are in this chapter. For the treatment of income and assets of ineligible non-citizens and sponsored non-citizens refer to sections 5000 Treatment of Income and 4000 Treatment of Assets.

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Section:

Technical Eligibility Requirements

Type:

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Chapter:

Citizenship

Program:

**AFDC
AABD
MA**

Subject:

Citizens and Eligible Non-citizens

3005.05 In order to receive benefits from any assistance program an individual must be either a citizen or an eligible non-citizen.

A. Citizens

A citizen of the United States is any of the following:

1. an individual born in the continental United States, Alaska or Hawaii;
2. an individual born in an outlying United States territory which is:
 - a. Guam;
 - b. Virgin Islands;
 - c. Puerto Rico;
3. an individual administratively treated as a citizen by the Immigration and Naturalization Service (INS), such as, but not limited to those born in:
 - a. American Samoa, including Swain's Islands;
 - b. the Northern Mariana Islands;
4. a naturalized citizen;
5. a child under 18 years of age whose parents are citizens or who have been naturalized;
6. an individual who meets a specific INS condition for citizenship as applicable, such as, but not limited to:
 - a. an individual born in a foreign country when at least one parent is a United States citizen;
 - b. a foreign-born spouse of a citizen;
 - c. a foreign-born child adopted by a citizen.

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Section:
Technical Eligibility Requirements

Type:
POLICY

Chapter:
Citizenship

Program: AFDC

Subject:
Citizens and Eligible Non-citizens

3005.05 B. Eligible Non-Citizens

An eligible non-citizen is one who is either:

1. lawfully admitted to the United States for permanent residence as an immigrant; or
2. permanently residing in the United States under color of law (PRUCOL), as determined by INS, including, but not limited to, the following categories:
 - a. a non-citizen who entered the United States before January 1, 1972 and who has resided in the United States continuously since that date;
 - b. a non-citizen granted political asylum by the United States Attorney General;
 - c. a refugee, including a conditional entrant refugee;
 - d. a parolee admitted to the United States at the discretion of the United States Attorney General for a definite period of time;
 - e. a non-citizen residing in the U.S. pursuant to an indefinite stay of deportation;
 - f. a non-citizen residing in the U.S. pursuant to an indefinite voluntary departure;
 - g. a non-citizen on whose behalf an immediate relative petition has been approved and whose family is covered by the petition and who are entitled to voluntary departure and whose departure the INS does not contemplate enforcing;
 - h. a non-citizen who has filed an application for adjustment of status that the INS has accepted as "properly filed" and whose departure the INS does not contemplate enforcing;
 - i. a non-citizen granted a stay of deportation by court order, statute or regulation, or by individual determination of the INS, whose departure the INS does not contemplate enforcing;

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Type:
POLICY

Chapter:
Citizenship

Program: AFDC

Subject:
Citizens and Eligible Non-citizens

3005.05 B. Eligible Non-citizens (continued)

- j. a non-citizen granted voluntary departure whose departure the INS does not contemplate enforcing;
 - k. a non-citizen granted deferred action status;
 - l. a non-citizen residing in the U.S. under orders of supervision;
 - m. a non-citizen granted suspension of deportation and whose departure the INS does not contemplate enforcing;
 - n. a non-citizen whose deportation has been withheld;
 - o. any other non-citizen living in the U.S. with the knowledge and permission of the INS and whose departure the INS does not contemplate enforcing, including permanent non-immigrants and persons granted Extended Voluntary Departure due to conditions in the non-citizen's home country based on a determination by the Secretary of State; or
3. classified by the INS as a newly legalized non-citizen and meets certain requirements described at 3005.15; or
4. a North American Indian born in Canada who:
- a. has maintained residence in the United States since entry; and
 - b. is at least one-half American Indian blood.

C. Non-citizens Eligible Due to a Medical Emergency

A non-citizen who does not fall into one of the categories listed in B is eligible for MA only, if he or she has an emergency medical condition.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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P-3005.05

Section:
Technical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Citizenship

Program: **AFDC**
 AABD
 FS
 MA

Subject:
Determining Eligibility

- P-3005.05
1. Record pertinent statements from the assistance unit regarding which members are citizens and which are non-citizens.
 2. Verify citizenship or non-citizen status of each member of the assistance unit for whom verification is required as found in the verification chapter on citizenship status. (Cross reference: 3099.03, 3099.04)
 3. For each non-citizen who is sponsored require:
 - name and last known address of the sponsor; and
 - information from the sponsoring organization about its ability to support the non-citizen.
 4. Deny assistance to:
 - ineligible non-citizens;
 - non-citizens who refuse or fail to verify status;
 - individuals required to verify citizenship who fail or refuse to do so.
 5. For each non-citizen who requires treatment of an emergency medical condition and who does not otherwise meet eligibility criteria regarding non-citizen status:
 - Grant Medicaid to cover only the period of the emergency treatment if the non-citizen meets all other eligibility requirements.
 - If the emergency condition is expected to continue and it can be determined when the emergency will end, set a tickler for that month to review the need of emergency treatment.
 - If it can not be determined when the emergency will end, set a tickler for 3 months to review the need of emergency treatment.

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Section:
Technical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Citizenship

Program: **AFDC**
 AABD
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Subject:
Determining Eligibility

P-3005.05 5. (continued)

- On the tickler date, contact the assistance unit and ask if the emergency still exists.
- If the need for emergency medical treatment is still claimed, verify the need through the medical provider.
- If the emergency still exists, set another tickler to review the need of emergency treatment.
- When the recipient is no longer in need of emergency medical treatment, take steps to discontinue assistance effective the end of the month.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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3005.06

Section:

Technical Eligibility Requirements

Type:

POLICY

Chapter:

Citizenship

Program: FS

Subject:

Citizens and Eligible Non-Citizens

3005.06 In order to receive Food Stamp benefits, an individual must be either a citizen or an eligible non-citizen.

A. Citizens

A citizen of the United States is any of the following:

1. an individual born in the continental United States, Alaska or Hawaii;
2. an individual born in an outlying United States territory which is:
 - a. Guam;
 - b. Virgin Islands;
 - c. Puerto Rico;
3. an individual administratively treated as a citizen by the Immigration and Naturalization Service (INS), such as, but not limited to those born in:
 - a. American Samoa, including Swain's Islands;
 - b. the Northern Mariana Islands;
4. a naturalized citizen;
5. a child under eighteen years of age whose parents are citizens or who have been naturalized;
6. an individual who meets a specific INS condition for citizenship as applicable, such as, but not limited to:
 - a. an individual born in a foreign country when at least one parent is a United States citizen;
 - b. a foreign-born spouse of a citizen;
 - c. a foreign-born child adopted by a citizen.

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3005.06 page 2

Section:

Technical Eligibility Requirements

Type:

POLICY

Chapter:

Citizenship

Program: FS

Subject:

Citizens and Eligible Non-Citizens

3005.06 B. Eligible Non-Citizens

1. The following non-citizens are eligible:

- a. an individual who is an American Indian born in Canada;
- b. an individual born outside the United States who is a member of an Indian tribe under Section 450b(e) of the Indian Self-Determination and Education Assistance Act;
- c. an individual who is a member of the Hmong or Highland Laotian tribes that helped the United States military during the Vietnam era, and who are legally living in the United States, and their spouses or surviving spouses and unmarried dependent children;
- d. an individual granted asylum under Section 208 of the Immigration and Nationality Act;
- e. an individual admitted as a refugee under Section 207 of the Immigration and Nationality Act.;
- f. an individual whose deportation is withheld under Section 243(h) or 241(b)(3) of the Immigration and Nationality Act;
- g. an individual who is a Cuban or Haitian entrant as defined in Section 501(e) of the Refugee Education Assistance Act of 1980;
- h. an individual who is an Amerasian immigrant under section 584 of the Foreign Operations, Export Financing and Related Program Appropriations Act;
- i. an individual who is a Lawful Permanent Resident with a military connection. The individual must be a veteran on active duty or a spouse or child of a veteran or active duty service number;
- j. an individual who is a Lawful Permanent Resident who has earned, or can be credited with, forty qualifying quarters of work;
- k. an individual lawfully admitted to the United States for permanent residence and currently under age eighteen;

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Chapter:

Citizenship

Program: FS

Subject:

Citizens and Eligible Non-Citizens

3005.06 B. Eligible Non-Citizens (continued)

1. an individual both lawfully admitted to the United States for permanent residence and age sixty-five or older on or before August 22, 1996
- m. an individual lawfully admitted to the United States for permanent residence who is disabled or blind and a recipient of disability or blindness benefits from Supplemental Security Income (SSI), Social Security Disability (SSD), a disability related Medicaid program, state supplement or a total disability benefit from the Veteran's Administration; or
- n. an individual lawfully admitted to the United States for permanent residence age sixty-five or older in receipt of SSI who does not have a disability established by the Social Security Administration, may qualify if determined disabled by the Department.
2. The following non-citizens are eligible when they are lawfully admitted to the United States and have resided in the United States for 5 years:
 - a. an individual who is a Lawful Permanent Resident;
 - b. an individual paroled into the United States for at least one year under Section 212(d)(5) of the Immigration and Naturalization Act;
 - c. an individual granted conditional entry under Section 203(a)(7) of the Immigration and Naturalization Act in effect prior to April 1, 1980; or
 - d. an individual who is a battered spouse, battered child or parent of a child of a battered person with a petition pending under Section 204(a)(1)(A) or (B) or 244(a)(3) of the Immigration and Naturalization Act.

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Section:
Technical Eligibility Requirements

Type:
POLICY

Chapter:
Citizenship

Program: FS

Subject:
Citizens and Eligible Non-Citizens

3005.06 C. Qualifying Quarters

A qualifying quarter is one where coverage is credited under Title II of the Social Security Act through December 31, 1996. Any qualifying quarter after December 31, 1996 is one in which the applicant, spouse or parent did not receive any Federal means-tested public benefits. The following benefits are not considered to be Federal means-tested:

1. Medicaid payment for an emergency medical condition;
2. Short-term non-cash in-kind emergency disaster relief;
3. Assistance or payments under the National School Lunch Act;
4. Assistance or payments under the Child Nutrition Act of 1966;
5. Public health assistance (not Medicaid) for immunizations with respect to immunizable diseases and to testing and treatment of symptoms of communicable diseases whether or not such symptoms are caused by a communicable disease;
6. Services, or assistance from programs such as soup kitchens, crisis counseling and intervention, and short-term shelter specified by the Attorney General of the United States in the Attorney General's sole and unreviewable discretion after consultation with appropriate Federal agencies and departments, which;
 - a. deliver in-kind services at the community level, including through public or private nonprofit agencies; and
 - b. do not condition the provision of assistance, the amount of assistance provided on the individual recipient's income or resources; and
 - c. are necessary for the protection of life or safety;

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Type:
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Chapter:
Citizenship

Program: FS

Subject:
Citizens and Eligible Non-Citizens

3005.06 C. Qualifying Quarters (continued)

7. Payments for foster care and adoption assistance under parts B and E of Title IV of the Social Security Act for a parent or child who would be eligible to have such payments made on the child's behalf under such part, but only if the foster or adoptive parent or parents of such child is a qualified non-citizen who is:
 - a. a non-citizen who is lawfully admitted for permanent residence under the Immigration and Nationality Act; or
 - b. a non-citizen who is granted asylum under section 208 of such Act; or
 - c. a refugee who is admitted to the United States under section 207 of such Act; or
 - d. a non-citizen who is paroled into the United States under section 212 (d)(5) of such Act for a period of at least 1 year; or
 - e. a non-citizen whose deportation is being withheld under section 243 (h) of such Act; or
 - f. a non-citizen who is granted conditional entry pursuant to section 203 (a)(7) of such Act as was in effect prior to April 1, 1980;
8. Student assistance from programs under titles IV, V, IX, and of the Higher Education Act of 1965, and Titles III, VII, and VIII of the Public Health Service Act.
9. Benefits from means-tested programs under the Elementary and Secondary Education Act of 1965;

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POLICY

Chapter:

Citizenship

Program: FS

Subject:

Citizens and Eligible Non-Citizens

3005.06 C. Qualifying Quarters (continued)

10. Benefits under the Head Start Act;
11. Benefits under the Job Training Partnership Act.

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Date: 02-13-01

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3005.07

Section:
Technical Eligibility Requirements

Type:
POLICY

Chapter:
Citizenship

Program: AABD

Subject:
Eligible Non-citizens

3005.07 A. Eligible for the First Seven Years under INS Status

An eligible non-citizen is one who has had his or her current INS status for less than seven years, and:

1. is admitted to the U.S. as a refugee under section 207 of the Immigration and Nationality Act; or
2. is granted asylum under section 208 of such act; or
3. whose deportation is being withheld under section 243(h) of such act (as in effect immediately before the effective date of section 307 of division C of Public Law 104-208) or section 241(b)(3) of such act (as amended by section 305(a) of division C of Public Law 104-208); or
4. is granted status as a Cuban and Haitian entrant under section 501 (e) of the Refugee Education Assistance Act of 1980; or
5. is admitted to the U.S. as an Amerasian immigrant pursuant to section 584 of the Foreign Operations, Export Financing, and Related Programs Appropriations Act, 1988 (as contained in section 101 (e) of Public Law 100-202 and amended by the 9th proviso under MIGRATION AND REFUGEE ASSISTANCE in title II of the Foreign Operations, Export Financing, and Related Programs Appropriations Act, 1989, Public Law 100-461, as amended).

B. Eligible with No Time Limit

An eligible non-citizen is one who:

1. is lawfully admitted to the U.S. for permanent residence under the Immigration and Nationality Act and:
 - a. has worked 40 qualifying quarters of coverage as defined under title II of the Social Security Act or can be credited with such qualifying quarters as provided in 3005.06; and
 - b. in the case of any such qualifying quarter creditable for any period beginning after December 31, 1996, did not receive any federal means-tested public benefit as provided in 3005.06 during any such period; or

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Type:

POLICY

Chapter:

Citizenship

Program:

AABD

Subject:

Eligible Non-citizens

3005.07

B. Eligible with No Time Limit (continued)

2. is lawfully residing in the state and is:
 - a. a veteran (as defined in section 101, 1101, or 1301, or as described in section 107 of title 38, United States Code) with a discharge characterized as an honorable discharge and not on account of alienage and who fulfills the minimum active-duty service requirements of section 5303A(d) of title 38 U.S.C.; or
 - b. on active duty (other than active duty for training) in the Armed Forces of the United States; or
 - c. the spouse or unmarried dependent child of an individual described in subparagraph a or b or the unmarried surviving spouse of a deceased individual described in subparagraph a or b if the marriage fulfills the requirements of section 1304 of title 38, U.S.C.; or
3. was lawfully residing in the U.S. as of August 22, 1996 and:
 - a. was receiving SSI as of that date; or
 - b. is blind or disabled, as defined in section 1614(a)(2) or 1614(a)(3) of the Social Security Act; or
4. is an American Indian born in Canada to whom the provisions of section 289 of the Immigration and Nationality Act apply; or
5. is a member of an Indian tribe under section 4 (e) of the Indian Self-Determination and Education Assistance Act; or
6. is lawfully residing in the United States and who was a member of a Hmong or Highland Laotian Tribe at the time that tribe rendered assistance to United States personnel during the Viet Nam era. The individual's spouse, surviving spouse and unmarried dependent children are also eligible.

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3005.08

Section:
Technical Eligibility Requirements

Type:
POLICY

Chapter:
Citizenship

Program: MA

Subject:
Eligible Non-citizens

3005.08 A. Eligible Non-citizens -- Arriving in U.S. prior to 8/22/96

An eligible non-citizen is one who arrives in the U.S. prior to August 22, 1996 and:

1. is admitted to the U.S. as a refugee under section 207 of the Immigration and Nationality Act; or
2. is granted asylum under section 208 of such act; or
3. whose deportation is being withheld under section 243(h) of such act (as in effect immediately before the effective date of section 307 of division C of Public Law 104-208) or section 241(b)(3) of such act (as amended by section 305(a) of division C of Public Law 104-208); or
4. is lawfully admitted to the U.S. for permanent residence under such act; or
5. is paroled into the U.S. under section 212 (d) of such act for a period of at least one year; or
6. is granted conditional entry pursuant to section 203 (a) (7) of such act as in effect prior to April 1, 1980; or
7. is lawfully residing in the state and is:
 - a. a veteran (as defined in section 101, 1101, or 1301, or as described in section 107 of title 38, United States Code) with a discharge characterized as an honorable discharge and not on account of alienage and who fulfills the minimum active-duty service requirements of section 5303A(d) of title 38 U.S.C.; or
 - b. on active duty (other than active duty for training) in the Armed Forces of the United States; or
 - c. the spouse or unmarried dependent child of an individual described in subparagraph a or b or the unremarried surviving spouse of a deceased individual described in subparagraph a or b if the marriage fulfills the requirements of section 1304 of title 38, U.S.C.; or
8. is granted status as a Cuban and Haitian entrant under section 501 (e) of the Refugee Education Assistance Act of 1980; or

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Section:

Technical Eligibility Requirements

Type:

POLICY

Chapter:

Citizenship

Program:

MA

Subject:

Eligible Non-citizens

3005.08 A. Eligible Non-citizens – Arriving in U.S. prior to 8/22/96 (continued)

9. is admitted to the U.S. as an Amerasian immigrant pursuant to section 584 of the Foreign Operations, Export Financing, and Related Programs Appropriations Act, 1988 (as contained in section 101 (e) of Public Law 100-202 and amended by the 9th proviso under MIGRATION AND REFUGEE ASSISTANCE in title II of the Foreign Operations, Export Financing, and Related Programs Appropriations Act, 1989, Public Law 100-461, as amended); or
10. is an American Indian born in Canada to whom the provisions of section 289 of the Immigration and Nationality Act apply; or
11. is a member of an Indian tribe under section 4 (e) of the Indian Self-Determination and Education Assistance Act; or
12. is receiving SSI; or
13. has been battered or subjected to extreme cruelty in the U.S. by a spouse or parent, or by a member of the spouse or parent's family living with the non-citizen and the spouse or parent allowed such battery or cruelty to occur, but only if:
 - a. the Department determines that the battery or cruelty has contributed to the need for medical assistance; and
 - b. the non-citizen has been approved or has an application pending with the INS under which he or she appears to qualify for:
 - (1) status as a spouse or child of a U.S. citizen pursuant to clause (ii), (iii) or (iv) of section 204(a)(1)(A) of the Immigration and Nationality Act; or
 - (2) classification pursuant to clause (ii) or (iii) of section 204(a)(1)(B) of such act; or
 - (3) suspension of deportation and adjustment of status pursuant to section 244(a)(3) of such act; or
 - (4) status as a spouse or child of a U.S. citizen pursuant to clause (i) of section 204(a)(1)(A) of such act, or classification pursuant to clause (i) of section 204(a)(1)(B) of such act; and

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Transmittal: UP-05-23

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Section:
Technical Eligibility Requirements

Type:
POLICY

Chapter:
Citizenship

Program: MA

Subject:
Eligible Non-citizens

3005.08 A. 13. Eligible Non citizens – Arriving in U.S. prior to 8/22/96 (continued)

c. the individual responsible for such battery or cruelty is not presently residing with the person subjected to such battery or cruelty; or

14. is a non-citizen whose child has been battered or subjected to extreme cruelty in the U.S. by a spouse or parent of the non-citizen (without the active participation of the non-citizen in the battery or cruelty), or by a member of the spouse or parent's family living with the non-citizen and the spouse or parent allowed such battery or cruelty to occur, but only if the criteria in subparagraph 13 a, b and c above are met; or

15. is a non-citizen child living with a parent who has been battered or subjected to extreme cruelty in the U.S. by that parent's spouse or by a member of the spouse's family living with the parent and the spouse allowed such battery or cruelty to occur, but only if the criteria in subparagraph 13 a, b and c above are met; or

16. is lawfully residing in the United States and who was a member of a Hmong or Highland Laotian Tribe at the time that tribe rendered assistance to United States personnel during the Viet Nam era. The individual's spouse, surviving spouse and unmarried dependent children are also eligible.

B. Eligible Non-citizens -- Arriving in U.S. on or after 8/22/96

An eligible non-citizen is one who arrives in the U.S. on or after August 22, 1996 and:

1. is admitted to the U.S. as a refugee under section 207 of the Immigration and Nationality Act; or

2. is granted asylum under section 208 of such act; or

3. whose deportation is being withheld under section 243(h) of such act (as in effect immediately before the effective date of section 307 of division C of Public Law 104-208) or section 241(b)(3) of such act (as amended by section 305(a) of division C of Public Law 104-208); or

4. is lawfully residing in the state and is:

a. a veteran (as defined in section 101, 1101, or 1301, or as described in section 107 of title 38, United States Code) with a discharge characterized as an honorable discharge and not on account of alienage and who fulfills the minimum active-duty service requirements of

section 5303A(d) of title 38 U.S.C.; or
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POLICY

Chapter:
Citizenship

Program: MA

Subject:
Eligible Non-citizens

3005.08 B. 4. Eligible Non-citizens -- Arriving in U.S. on or after 8/22/96 (continued)

- b. on active duty (other than active duty for training) in the Armed Forces of the United States; or
- c. the spouse or unmarried dependent child of an individual described in subparagraph a or b or the unmarried surviving spouse of a deceased individual described in subparagraph a or b if the marriage fulfills the requirements of section 1304 of title 38, U.S.C.; or
- 5. is granted status as a Cuban and Haitian entrant under section 501 (e) of the Refugee Education Assistance Act of 1980; or
- 6. is admitted to the U.S. as an Amerasian immigrant pursuant to section 584 of the Foreign Operations, Export Financing, and Related Programs Appropriations Act, 1988 (as contained in section 101 (e) of Public Law 100-202 and amended by the 9th proviso under MIGRATION AND REFUGEE ASSISTANCE in title II of the Foreign Operations, Export Financing, and Related Programs Appropriations Act, 1989, Public Law 100-461, as amended); or
- 7. is an American Indian born in Canada to whom the provisions of section 289 of the Immigration and Nationality Act apply; or
- 8. is a member of an Indian tribe under section 4 (e) of the Indian Self-Determination and Education Assistance Act; or
- 9. is receiving SSI; or
- 10. has lawfully resided in the U.S. for at least five years and:
 - a. is lawfully admitted to the U.S. for permanent residence under the Immigration and Nationality Act; or
 - b. is paroled into the U.S. under section 212 (d) of such act for a period of at least one year; or
 - c. is granted conditional entry pursuant to section 203 (a) (7) of such act as in effect prior to April 1, 1980; or
 - d. has been battered or subjected to extreme cruelty in the U.S. by a spouse or parent, or by a member of the spouse or parent's family living with the non-citizen and the spouse or parent allowed such battery or cruelty to occur, but only if:
 - (1) the Department determines that the battery or cruelty has

contributed to the need for medical assistance; and

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Section:

Technical Eligibility Requirements

Type:

POLICY

Chapter:

Citizenship

Program:

MA

Subject:

Eligible Non-citizens

3005.08 B. 10. d. Eligible Non-citizens – Arriving in U.S. on or after 8/22/96 (continued)

(2) the non-citizen has been approved or has an application pending with the INS under which he or she appears to qualify for:

(a) status as a spouse or child of a U.S. citizen pursuant to clause (ii), (iii) or (iv) of section 204(a)(1)(A) of the Immigration and Nationality Act; or

(b) classification pursuant to clause (ii) or (iii) of section 204(a)(1)(B) of such act; or

(c) suspension of deportation and adjustment of status pursuant to section 244(a)(3) of such act; or

(d) status as a spouse or child of a U.S. citizen pursuant to clause (i) of section 204(a)(1)(A) of such act, or classification pursuant to clause (i) of section 204(a)(1)(B) of such act; and

(3) the individual responsible for such battery or cruelty is not presently residing with the person subjected to such battery or cruelty; or

e. is a non-citizen whose child has been battered or subjected to extreme cruelty in the U.S. by a spouse or parent of the non-citizen (without the active participation of the non-citizen in the battery or cruelty), or by a member of the spouse or parent's family living with the non-citizen and the spouse or parent allowed such battery or cruelty to occur, but only if the criteria in subparagraph d (1), (2) and (3) above are met; or

f. is a non-citizen child living with a parent who has been battered or subjected to extreme cruelty in the U.S. by that parent's spouse or by a member of the spouse's family living with the parent and the spouse allowed such battery or cruelty to occur, but only if the criteria in subparagraph d (1), (2) and (3) above are met; or

11. is lawfully residing in the United States and who was a member of a Hmong or Highland Laotian Tribe at the time that tribe rendered assistance to United States personnel during the Viet Nam era. The individual's spouse, surviving spouse and unmarried dependent children are also eligible.

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Date: 7-1-03

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Section:

Technical Eligibility Requirements

Type:

POLICY

Chapter:

Citizenship

Program:

MA

Subject:

Eligible Non-citizens

3005.08 C. Non-citizens Eligible Due to a Medical Emergency

A non-citizen who does not fall into one of the categories listed in A or B is eligible for MA only to cover an emergency medical condition and only if the non-citizen is otherwise eligible for Medicaid.

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Date: 7-1-97

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3005.09

Section:
Technical Eligibility Requirements

Type:
POLICY

Chapter:
Citizenship

Program:
AFDC

Subject:
Additional Requirements for Non-Citizens

3005.09 A. Residency of Non-Citizens

1. An eligible non-citizen who entered the United States on or after August 22, 1996 must reside in the State for six months prior to becoming eligible for AFDC.
2. This requirement does not apply to the following non-citizens:
 - a. a non-citizen granted asylum under section 208 of INA; or
 - b. a non-citizen admitted as a refugee under section 207 of INA; or
 - c. a non-citizen whose deportation was withheld under section 243 (h) of INA; or
 - d. a non-citizen who lawfully resides in the United States and who meets one of the following criteria:
 - (1) is a veteran with an honorable discharge and who was not discharged due to non-citizen status; or
 - (2) is on active duty (other than duty for training) with the US armed forces; or
 - (3) is the spouse or unmarried dependent child of an individual described in subparagraph (1) or (2); or
 - e. a non-citizen who was determined eligible prior to July 1, 1997; or
 - f. a victim of domestic violence; or
 - g. a non-citizen with mental retardation.

B. Applying for Citizenship

1. Non-citizens must pursue citizenship to the maximum extent allowed by law.
2. Non-citizens who are incapable of pursuing citizenship due to a medical condition or a language barrier are exempt from this provision.
3. Victims of domestic violence are exempt from this provision.
4. Non-citizens with mental retardation are exempt from this requirement.

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Date: 4-1-87	Transmittal: UP-87-1	3010
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Section:	Type:
Technical Eligibility Requirements	POLICY

Chapter:	Program:	AFDC
Residency		AABD
		MA
Subject:		FS

3010 Residency in the state is a technical eligibility requirement for all programs. This chapter provides the basis for establishing the residency of any individual.

Criteria for determining when residency has been terminated is also included in this chapter.

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Date: 4-1-88**Transmittal: UP-88-21****3010.05**

Section:
Technical Eligibility Requirements**Type:**
POLICY**Chapter:**
Residency**Program: AFDC
AABD**

Subject:
Establishing Residency

- 3010.05 A. Residency in the state is a technical eligibility requirement for AFDC and AABD.
- B. There is no durational residency requirement.
- C. An otherwise eligible assistance unit is not required to reside in a permanent dwelling or have a fixed mailing address.
- D. There are two separate conditions either of which establishes residency:
1. Intending to Remain
- a. Adult
- Adults meet the residency requirement who:
- (1) live in the state not for a temporary purpose; and
- (2) indicate intent to remain in the state:
- (a) permanently; or
- (b) indefinitely within the foreseeable future.
- b. Dependent Children - AFDC
- Dependent children who are not in the state for a temporary purpose meet the residency requirement.
2. Seeking Employment
- a. Adults
- Adults also meet the residency requirement who:
- (1) live in the state; and
- (2) have entered the state with a job commitment or seeking employment, whether or not currently employed; and
- (3) are not receiving a money payment from another state.

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Section:

Technical Eligibility Requirements

Type:

POLICY

Chapter:

Residency

Program:

**AFDC
AABD**

Subject:

Establishing Residency

3010.05 D. 2. Seeking Employment (continued)

b. Dependent Children - AFDC

The Dependent children's residency under this condition is based on the caretaker relative's residency.

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Date: 4-1-87

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P-3010.05

Section:
Technical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Residency

Program: **AFDC**
 AABD
 MA
 FS

Subject:
Basic Procedures to Establish Residency

- P-3010.05
1. Find out where the assistance unit lives, and where is has lived for the past two years.
 2. Verify the assistance unit's current address for everyone who has an address.
 3. If assistance was received outside of connecticut in the past 90 days, find out when assistance was discontinued.
 4. Ask an AFDC assistance unit which recently moved to this state, if they came with a job commitment or looking for work.
 5. If the assistance unit has no address and has applied for cash assistance, question:
 - their intent in coming to Connecticut;
 - their reason for remaining;
 - any other circumstances pertinent to their being in the state.
 6. Inform the assistance unit that any absence from the state must be reported.

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Date: 4-1-88	Transmittal: UP-88-21	3010.10
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Section: Technical Eligibility Requirements	Type: POLICY
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Chapter: Residency	Program: MA
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Subject: Basic Provisions	
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3010.10 A. General Provisions

The residency requirement for Medical Assistance is met by living in the state and in some instances meeting other conditions. These other conditions are based on whether or not the individual is in an institution and whether or not the individual is capable of indicating intent to remain in the state.

B. Institutionalization

For the purpose of this chapter institutions include:

1. establishments that furnish food, shelter, and some treatment or services to four or more individuals unrelated to the proprietor; and
2. licensed foster care homes which provide food, shelter and supportive services to one or more persons unrelated to the proprietor; and
3. medical facilities providing medical care and services to patients on a continuing basis.

C. Capability of Indicating Intent

Capability of indicating intent to remain in the state affects how an individual establishes residency. The following are considered incapable for the purposes of this eligibility requirement:

1. an individual with an IQ of 49 or less;
2. an individual with a mental age of 7 or less;
3. an individual judged legally incompetent;
4. an individual who is medically or psychologically incapable of indicating intent;
5. an individual who is designated an AFDC dependent child.

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Date: 1-1-88

Transmittal: UP-88-7

3010.10 page 2

Section:

Technical Eligibility Requirements

Type:

POLICY

Chapter:

Residency

Program:

MA

Subject:

Basic Provisions

3010.10 D. Residency Requirement Divisions

The residency requirement is different for each of the following groups:

1. those who are not institutionalized who are capable of indicating intent;
2. those who are not institutionalized who are not capable of indicating intent;
3. those who are not institutionalized who do not need to establish intent;
4. those who are institutionalized and capable of indicating intent;
5. those who are institutionalized and incapable of indicating intent.

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Date: 4-1-87**Transmittal: UP-87-1****P-3010.10**

Section:
Technical Eligibility Requirements**Type:**
PROCEDURES

Chapter:
Residency**Program: MA**

Subject:
Residency Procedures for MA

- P-3010.10
1. Consider the following factors in deciding whether an individual is a resident:
 - is the individual capable of indicating intent;
 - is the individual age 21 or older or less than age 21;
 - is the individual receiving benefits from Connecticut or another state;
 - what is the reason for being in Connecticut;
 - is the individual in an institution.
 2. When an individual meets the residency requirements in more than one state, resolve disputes regarding who accepts responsibility by considering the following:
 - the reason another state took part in the individual's move to Connecticut;
 - the permanence of the arrangement;
 - family ties in this state.
 3. Contact the other state agency and, if available, members of the individual's family in order to get a picture of the situation which is as complete as possible.
 4. Discuss all of the information with the case supervisor.
 5. Obtain final approval of your decision from the program supervisor.

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Date: 1-1-88	Transmittal: UP-88-7	3010.15
Section: Technical Eligibility Requirements		Type: POLICY
Chapter: Residency		Program: MA
Subject: Non-Institutionalized Individuals		

3010.15 A. Capable of Indicating Intent

1. Individual Criteria

 This group of individuals includes those who are:

- a. age 21 and over; and both of the following:
 - (1) capable of indicating intent; and
 - (2) not receiving State Supplement;
- b. under age 21; and all of the following:
 - (1) capable of indicating intent; and
 - (2) age 18 or over; or under age 18 if emancipated, married or abandoned by parents with no appointed guardian; and
 - (3) not receiving IV-E maintenance payments; and
 - (4) not eligible for MA based on blindness or disability.

2. Residency Requirement

 The residency requirement for this group is met by living in the state and meeting one of the additional following requirements:

- a. indicates intent to remain permanently or indefinitely; or
- b. whether or not currently employed, entered the state either:
 - (1) with a job commitment; or
 - (2) seeking employment.

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Section:
Technical Eligibility Requirements

Type:
POLICY

Chapter:
Residency

Program:
MA

Subject:
Non-Institutionalized Individuals

3010.15 B. Incapable of Indicating Intent

The residency requirement is met by living in the state, for individuals who are both:

1. age 21 or over; and
2. incapable of indicating intent.

C. No Intent Requirement

1. Blind or Disabled

The residency requirement is met by living in the state for individuals who are both:

- a. under age 21; and
- b. eligible for MA based on blindness or disability.

2. State Supplement Recipients

An individual who receives a State Supplement paid by Connecticut is a resident.

3. Recipients of IV-E Payments

An individual who receives IV-E payments made by any state and who lives in this state is a resident.

4. All Others Under Age 21

The residency requirement is met for individuals under age 21:

- a. who live in Connecticut not for a temporary purpose; and
- b. whose parent or guardian is a resident.

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Date: 12-1-90**Transmittal: UP-90-27****P-3010.15**

Section:
Technical Eligibility**Type:**
PROCEDURES

Chapter:
Residency**Program: MA**

Subject:
Determining Temporary Absence

- P-3010.15 1. Consider the following factors when deciding whether or not an individual who is absent from the State intends to remain a resident of Connecticut. Remember that, in the Medicaid program, there is no specific maximum time period required for an absence to be considered temporary.
- Can the individual establish a specific reason for leaving Connecticut and indicate a return date?
 - Does the individual still continue to pay rent or a mortgage on an established place of residence in the State?
 - Has the individual purchased bus or plane tickets or made other plans which show that he or she plans to return to the State within a definite time period?
 - Does the individual plan to return to the State within a time period which is related to the reason for his or her temporary absence?
 - Has the individual secured employment in another state?
 - Does the individual routinely leave Connecticut for extended periods of time?
 - Has the individual moved his or her belongings from an apartment or living arrangement in the State to one in another state?
 - Does the individual rent or maintain an established residence in another state?
 - Has the individual registered to vote or registered a vehicle in another state?

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Date: 12-1-90

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P-3010.15 page 2

Section:
Technical Eligibility

Type:
PROCEDURES

Chapter:
Residency

Program: MA

Subject:
Determining Temporary Absence

- P-3010.15 2. Decide whether or not the individual continues to be eligible for Medicaid in the State based on consideration of the above factors.
- Consider an individual who can state a specific reason for absence and who can give a date or time period for return to be temporarily absent and still a resident of this State.
 - Consider an individual who cannot state a specific reason for absence, who states he or she wants to return sometime, but does not know when, to be indefinitely absent and not a resident of this State.
 - Use the degree to which the individual has set up an independent living arrangement in the other state, and the degree to which he or she has lost the living arrangement in this State, to support or refute the individual's statement about the reason for the absence and the intent to return.
3. Consider an individual who has found employment in another state to have the intent to remain in that state.
4. Consider an individual who has applied for or is granted Medicaid in another state as having the intention to remain a resident of that state.

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Date: 1-1-88	Transmittal: UP-88-7	3010.20
Section: Technical Eligibility Requirements		Type: POLICY
Chapter: Residency		Program: MA
Subject: Institutionalized Individuals		

3010.20 A. Placement by Another State

When another State places an individual in a Connecticut institution that State is the State of residence. For all other institutionalized individuals residency determinations depend on the individual's capability of indicating intent.

B. Capable of Indicating Intent

1. This group of individuals includes those who are capable of indicating intent and:
 - a. under age 21 provided the individual is emancipated or married; or
 - b. age 21 or over.
2. The residency requirement for this group is met if the individual lives in Connecticut with the intent to remain permanently or indefinitely.

C. Incapable of Indicating Intent or Under Age 21

1. This group of individuals includes those who are:
 - a. under age 21 and not emancipated or married; or
 - b. age 21 and over, if they became incapable of indicating intent before age 21.
2. The residency requirement for this group is met by establishing that one of the following circumstances applies:
 - a. a parent or guardian who applied for the individual is a resident of Connecticut;
 - b. Connecticut is the State of residence of a parent or guardian and the applicant is in a Connecticut institution;
 - c. a parent or guardian lived in Connecticut on the date the individual was placed in a Connecticut institution;
 - d. an application was made by a Connecticut resident other than a parent or guardian, in the absence of a parent or guardian, for an individual in a Connecticut institution.

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Chapter: Residency	Program: MA
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Subject: Institutionalized Individuals

3010.20 D. Incapable of Indicating Intent After Age 21

The residency requirement for this group is met by the physical presence in Connecticut of the individual, except when another State makes the placement.

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Date: 1-1-88**Transmittal: UP-88-7****3010.25**

Section:**Technical Eligibility Requirements****Type:****POLICY**

Chapter:**Residency****Program:****MA**

Subject:**Disputed Residence**

3010.25 Disputed Residence

An applicant who meets the residency requirement for Medicaid in more than one state is entitled to prompt assistance from one state or the other. To resolve disputes the following considerations should be taken into account:

- A. No durational residence requirement can be applied.
- B. Residence in the state prior to entering an institution is not a requirement.
- C. Any action by a state constitutes state placement except:
 - 1. providing basic information about another state's Medical Assistance; or
 - 2. providing basic information about the availability of health care services in another state.
- D. If one state cannot agree to accept responsibility, the dispute must be resolved by granting assistance in the state in which the individual is physically present.

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Date: 1-1-88

Transmittal: UP-88-7

3010.30

Section:

Technical Eligibility Requirements

Type:

POLICY

Chapter:

Residency

Program:

FS

Subject:

Establishing Residency

- 3010.30 A. Residency in the state is a technical eligibility requirement for Food Stamps. An individual meets the residency requirement by living in Connecticut.
- B. Intent to remain in the state is not a requirement. Vacationers in Connecticut from out of state, however, are not considered residents of this state.
- C. There is no durational residency requirement.
- D. No individual may establish residence in more than one place in any one month, except women and children moving into shelters for battered women.
- E. An otherwise eligible assistance unit is not required to reside in a permanent dwelling or have a fixed mailing address.

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Date: 1-1-88

Transmittal: UP-88-7

3010.35

Section:

Technical Eligibility Requirements

Type:

POLICY

Chapter:

Residency

Program:

**AFDC
AABD
MA**

Subject:

Temporary Absence

3010.35 A temporary absence does not constitute abandonment of residency or interrupt continuity if intent to return is indicated once the purpose of the absence has been accomplished.

The following conditions must be met:

A. AFDC and State Supplement

1. The individual must maintain a place of residence in Connecticut.
2. The individual must intend to return to Connecticut within 30 days of leaving.

B. MA

1. There is no specific time limit for temporary absence.
2. Residence is considered abandoned if another state grants Medicaid.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-87	Transmittal: UP-87-1	3015
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Section: Technical Eligibility Requirements	Type:	POLICY
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Chapter: Institutional Status	Program:	AABD MA FS
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Subject:

3015 Residents of certain types of institutions are ineligible for assistance under the AABD, MA and FS programs. This chapter gives the distinguishing characteristics of certain institutions and describes how residing in these institutions affects eligibility.

There is no technical eligibility requirement for AFDC regarding institutional status. Eligibility factors regarding an institutionalized AFDC assistance unit member are found in Categorical Eligibility Requirements 2500 and Assistance Unit Composition 2000.

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Date: 12-5-08

Transmittal: UP-09-06

3015.05

Section:
Technical Eligibility Requirements

Type:
POLICY

Chapter:
Institutional Status

**Program: AABD
MA**

Subject:
Institutional Requirements

3015.05 Residents of certain institutions qualify for AABD or MA if they are otherwise eligible. Residents of other institutions are ineligible.

A. Eligible Institutionalized Residents

1. Residents of the following institutions meet the eligibility requirement regarding institutional status for AABD or MA:
 - a. general hospitals;
 - b. long term care facilities which are not tuberculosis or mental disease facilities including:
 - (1) skilled nursing facilities;
 - (2) intermediate care facilities;
 - (3) institutions for the mentally retarded.
 - c. publicly operated commercial residences of no more than 16 residents;
 - d. child care institutions for children under the following circumstances:
 - (1) the child receives Title IV-E foster care payments; and
 - (2) the institution is operated by a private non-profit agency or a public child care institution that accommodates no more than twenty-five children and is approved or licensed by the Department of Children and Families or the Department of Public Health.
 - e. educational or vocational institutions.
 - f. other public institutions, other than mental disease facilities and tuberculosis facilities, where the resident is residing voluntarily.
2. Residents of the following institutions meet the institutional status requirement for AABD or MA if they meet specific age requirements:
 - a. tuberculosis facilities if the resident is age 65 or older;
 - b. mental disease facilities if the resident is:
 - (1) age 65 or over; or

(2) under age 21; or

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Section:
Technical Eligibility Requirements

Type:
POLICY

Chapter:
Institutional Status

Program: AABD
MA

Subject:
Institutional Requirements

3015.05 A. 2. b. Eligible Institutionalized Residents (continued)

(3) between ages 21 and 22 only if services were received on the 21st birthday and continue to be received after the 21st birthday. The institutional status requirement continues to be met until the earliest of the following:

- (a) the date services end; or
- (b) the 22nd birthday.

B. Ineligible Institutionalized Residents

Residents of the following institutions are not eligible for AABD:

1. correctional facilities, unless residing there voluntarily;
2. tuberculosis facilities, except as noted above in 3015.05 A.2.;
3. mental disease facilities, except as noted above in 3015.05 A.2.;
4. other public institutions not specifically referred to above if the resident is confined involuntarily.
5. Residents of these institutions are also not eligible for MA, except as noted below in 3015.05 C.

C. Limited Durational MA Eligibility of Otherwise Ineligible Institutionalized Residents - Suspension of Eligibility

For a period of twenty-four months following the month of admission, residents of institutions noted above in 3015.05 B. meet the institutional requirement for MA for the following purposes:

1. to qualify for the Medicare Part D Low Income Subsidy;
2. to the extent permitted by federal law, for administrative costs related to the resident's care.

Residents eligible under this subsection are not eligible for payment of medical services, except for inpatient or convalescent care during a period of conditional release. (Cross-reference 3015.10 B.) Eligibility for payment of services is suspended for the twenty-four month period. Upon expiration of the twenty-four month durational eligibility period residents of these institutions are totally

ineligible for MA.

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Date: 4-1-87**Transmittal: UP-87-1****P-3015.05**

Section:
Technical**Type:**
PROCEDURES

Chapter:
Institutional Status**Program:** **AABD**
 MA

Subject:
Determining Institutional Status

- P-3015.05 1. Determine the age of an applicant in a tuberculosis or mental disease facility.
2. Get a disability determination from MRT for an MA recipient, who meets the special condition for 21 to 22 year olds.
3. Question the number of residents in a publicly operated commercial residence to confirm that it does not exceed 16 residents:
- ° each time a new resident applies; and
- ° at each review of an individual resident's eligibility.
4. Note that there are other eligibility differences for residents of general hospitals vs. long term care facilities, but the technical eligibility requirement is the same. The technical eligibility requirement refers to eligibility of the individual. Institutions must meet other criteria to be approved administratively for payment.

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Date: 11-9-09

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3015.10

Section:

Technical Eligibility Requirements

Type:

POLICY

Chapter:

Institutional Status

Program:

**AABD
MA**

Subject:

Change in Status

- 3015.10 A. A change in institutional status during the month which affects eligibility is not implemented until the end of the month provided eligibility existed on the first of the month.
- B. An individual on conditional release or convalescent leave from an institution for mental diseases is not considered a patient during the period of release provided absence is for at least 24 hours.
- C. An individual age 21 or over, but under age 22, who is eligible based on the receipt of psychiatric services prior to age 21:
1. continues to be eligible during a period of conditional release or convalescent leave from an institution for mental diseases;
2. becomes ineligible on the earlier of the following:
- a. age 22; or
- b. unconditional release from the institution.
- D. An institutionalized individual who qualifies for MA limited durational eligibility (Cross-reference 3015.05 C.)
1. has eligibility for payment of medical services suspended beginning the month following the month of institutionalization, for a maximum period of twenty-four months, and
2. if released from the public institution within the twenty-four month period, eligibility for payment of medical services is reinstated without a reapplication beginning the month of release, or
3. if not released from the public institution by the end of the twenty-four month period, eligibility is discontinued.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 4-1-88**Transmittal: UP-88-21****P-3015.10**

Section:
Technical Eligibility Requirements**Type:**
PROCEDURES

Chapter:
Institutional Status**Program:**
FS

Subject:
Determining Institutional Status

- P-3015.10
1. Before certifying an individual resident of an institution, check that FNS has approved the specific facility as:
 - elderly housing; or
 - a center for drug or alcohol treatment; or
 - a group living arrangement for disabled or blind; or
 - a shelter for battered women.
 2. Refer any questions about FNS approval to Eligibility Services, C.O. which keeps a master list of FNS approved institutions.
 3. Make sure that:
 - the facility has no more than 16 residents; and
 - the facility provides at least two meals per day - the equivalent of 50% of three meals per day.
 4. Refer for other eligibility factors for institutional residents to;
 - 1525 - Eligibility Process; and
 - 2020 - Assistance Unit Composition.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 9-1-94	Transmittal: UP-94-29	3015.15
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Section: Technical Eligibility Requirements	Type: POLICY
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Chapter: Institutional Status	Program: FS
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Subject: Institutional Requirements
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3015.15 Residents of institutions which provide more than 50% of three meals per day are not eligible to participate in the Food Stamp program, except for:

- A. individuals in federally subsidized housing for the elderly built either:
 - 1. under section 202 of the Housing Act of 1959; or
 - 2. under section 236 of the National Housing Act;
- B. narcotics addicts or alcoholics, together with their children, who reside in a facility or treatment center for the purpose of:
 - 1. drug treatment and rehabilitation; or
 - 2. alcohol treatment and rehabilitation;
- C. disabled or blind individuals receiving Social Security or SSI who live in a group living arrangement;
- D. women and children in battered women shelters;
- E. homeless individuals staying in a shelter for the homeless on a temporary basis.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 10-1-91**Transmittal: UP-91-44****3020**

Section:**Technical Eligibility Requirements****Type:****POLICY**

Chapter:**Student Status****Program:****FS**

Subject:

3020 There is a technical eligibility requirement relating to student status only in the Food Stamp program. Other student requirements for AFDC (cross-reference 2500) are categorical requirements.

Some individuals are not eligible to participate in the Food Stamp program because they are students. This chapter gives the conditions which a student must meet in order to qualify for Food Stamps.

For the treatment of income and assets of an ineligible student refer to Treatment of Income 5000 and Treatment of Assets 4000.

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Date: 09-01-06

Transmittal: UP-06-24

3020.05

Section:

Technical Eligibility Requirement

Type:

POLICY

Chapter:

Student Status

Program:

FS

Subject:

Eligible Students

3020.05 Some students must meet specific qualifications in addition to all other eligibility requirements in order to be eligible for Food Stamps.

A. Unconditionally Qualified

Students who are otherwise eligible qualify if they are in:

1. grade school; or
2. secondary school; or
3. on-the-job training programs; or
4. a trade or technical school which does not qualify as an institution of higher education.
 - a. Trade schools or vocational-technical schools are considered as institutions of higher education only for students enrolled for completion of curriculum requiring a high school diploma or the equivalent;
 - b. A junior or community college is an institution of higher education whether or not it requires a high school diploma for admission.

B. Students in Institutions of Higher Education

Students in institutions of higher education who are otherwise eligible qualify if they are any of the following:

1. under 18 years of age or 50 years old or older;
2. physically or mentally unfit;
3. receiving benefits from Temporary Assistance for Needy Families;

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Section:

Technical Eligibility Requirement

Type:

POLICY

Chapter:

Student Status

Program:

FS

Subject:

Eligible Students

3020.05 B. Students in Institutions of Higher Education (continued)

4. responsible for more than 50% of the support or care of a dependent member of the assistance unit who is under age 6, or age 6 or up to age 12 if adequate day care is not available.
 - a. Care or support of a child refer to the major responsibility for physical care.
 - b. When two or more adults in the home share the responsibility for support or care, the adult who provides the physical care for more hours than the other adult is the one who meets the student status eligibility requirement.
5. enrolled less than half-time;
6. enrolled half-time or more if:
 - a. participating in a federally financed work study program during the regular school year. Qualification begins when the school term begins or the work study is approved, whichever is later. Qualification ends on the last day of the month in which the school term ends if there is a break of at least a full month between school terms except when the student participates in work study during the break. Qualification also ends if it becomes known the student has refused a work study assignment; or
 - b. employed a minimum of 20 hours per week and be paid for such employment; or
 - c. self-employed a minimum of 20 hours per week with weekly earnings the equivalent of the Federal minimum wage multiplied by 20 hours;
7. assigned to or placed in the institution of higher education by
 - a. the Job Training Partnerships Act (JTPA) program; or
 - b. a program under section 236 of the Trade Act of 1974; or
 - c. a Food Stamp Employment and Training program ; or

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POLICY

Chapter:
Student Status

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Subject:
Eligible Students

3020.05 B. 7. Students in Institutions of Higher Education (continued)

operated
employment
be
for two months

d. an employment and training program for low income households by a State or local government where one or more components of the program's level of effort is at least equivalent to a food stamp and training program component. The level of effort should be comparable to spending approximately 12 hours a month making job contacts.

8. A single parent enrolled full-time (as determined by the institution) and responsible for the care of a dependent child under age 12 if:
- a. only one natural, adoptive, or stepparent (regardless of marital status) is in the same food stamp household as the dependent child; or
 - b. If no natural, adoptive, or stepparent is present in the same food stamp household as the dependent child, another full-time student in the food stamp household may qualify if the full-time student has parental control over the dependent child and is not living with their spouse.
9. Enrolled as a result of participation in the Job Opportunities and Basic Skills program under Title IV of the Social Security Act or its successor program.

3020.05 C. Student Enrollment

- 1. A student is considered enrolled in school no earlier than the first day of the school term.
- 2. Normal vacations, holidays or recess do not interrupt student status.
- 3. A student who graduates, is suspended, expelled, drops out or does not intend to register for the next normal school term (excluding summer school) loses student status.

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P-3020.05

Section:
Technical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Student Status

Program:
FS

Subject:
Determining Student Eligibility

- P-3020.05
1. Determine whether to include a student in the Food Stamp assistance unit for any household members who are both:
 - between ages 18 and 50; and
 - enrolled in an institution of higher education.
 2. Include those:
 - enrolled less than 1/2 time; or
 - enrolled 1/2 time or more if assigned or placed by JTPA; or
 - in a federally financed work study program; or
 - employed 20 hours per week or more and paid for such employment; or
 - self-employed 20 hours per week or more with average weekly income at least equal to minimum wage x 20 hours.
 3. Require the student to verify employment including work-study, hours and wages. Note that these items are also used in accordance with policy involving:
 - allowable deductions; and
 - income eligibility of the unit; and
 - work requirements; and
 - primary wage earner for voluntary quit.
 4. Include in the assistance unit students in institutions of higher education who are:
 - receiving Temporary Assistance to Needy Families;
 - physically or mentally unfit for work.

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Date: 7-1-97	Transmittal: UP-97-19	3025
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Section: Technical Eligibility Requirements	Type: POLICY
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Chapter: Transfer of Assets	Program: AABD
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Subject:	MA FS
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3025 This chapter describes the technical eligibility requirements in all programs which prohibit the transfer of an asset for the purpose of establishing eligibility or maintaining eligibility. The requirements of the Food Stamp program are described separately from the AABD and MA programs.

Revised policy and procedures regarding asset transfers under the Medicaid program, which pertain to situations not described in this chapter, are found at 3026.

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Date: 7-1-97	Transmittal: UP-97-19	3025.03
Section: Technical Eligibility Requirement	Type: POLICY	
Chapter: Transfer of Assets	Program: AABD MA FS	
Subject: Effective Dates		

3025.03 A. General Principles

1. The Department uses the policy contained in this chapter with respect to the AABD and FS programs under all situations involving a transfer of an asset.
2. The Department considers the following factors to determine whether the policy contained in this chapter is used with respect to the Medicaid program:
 - a. date of application; and
 - b. date the asset was transferred; and
 - c. identity of the transferee.

B. Interspousal Transfers (MA)

If an individual transfers an asset to his or her spouse, the Department uses the policy contained in this chapter if:

1. the date of the individual's application for Medicaid is prior to July 1, 1989;
or
2. the transfer occurs prior to October 1, 1989.

C. Non-Interspousal Transfers (MA)

If an individual transfers an asset to someone other than his or her spouse, the Department uses the policy contained in this chapter if:

1. the date of the individual's application for Medicaid is prior to July 1, 1989;
or
2. the transfer occurred prior to July 1, 1988.

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3025.05

Section:

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Type:

POLICY

Chapter:

Program: AABD

MA

Subject:

Basic Provisions

FS

- 3025.05 A. An individual who transfers an asset for the purpose of establishing or maintaining eligibility is ineligible for any program, subject to the provisions of this chapter.
- B. Such transfers cause ineligibility of the transferor unless:
1. ineligibility would cause undue hardship; or
2. the transferor at the time of the transfer was:
- a. incompetent; or
- b. unduly influenced into making the transfer.
- C. Transfers which affect eligibility are those which occur in the following time frames:
1. within the 24 months immediately preceding the date of application; or
2. at any time after application while the application is pending; or
3. while in receipt of assistance; or
4. within the time frames described in C.1. through C.3. if the transfer involves the assistance unit member's placing an asset into joint ownership with his or her spouse, and:
- a. the spouse subsequently transfers or otherwise liquidates the assets; or
- b. the asset is subsequently placed into the spouse's sole ownership.
- D. A written notice regarding the effect of a transfer of assets is given to applicants at the time of application.

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P-3025.07

Section:
Technical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Transfer of Assets

Program:
**AABD
MA**

Subject:
Defining the "Look Back" Period

AABD, MA

P-3025.07 Establish the 24-month period from within which any transfers would have to be investigated.

1. Identify the application date for applicants.
2. Identify the date of institutionalization for recipients.
3. Count backwards 24 months earlier. For example, a July 10, 1988 application or institutionalization date has a 24 month period from July 10, 1988 to July 10, 1986 inclusive.

MA

1. If the date of application is prior to July 1, 1989, or if any active recipient is institutionalized prior to July 1, 1989, the "look back" period is only 24 months.
2. If the date of application is July 1, 1989 or later, or if an active recipient is institutionalized July 1, 1989 or later, refer to chapter 3026 to determine the "look back" period.

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Section: Technical Eligibility Requirements	Type: POLICY
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Chapter: Transfer of Assets	Program: AABD MA
--	---

Subject: Transfers for the Purpose of Qualifying	
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3025.10 A transfer of an asset is considered to be for the purpose of establishing or maintaining eligibility if all of the following circumstances apply:

- A. Fair market value is not received; and
- B. There is no convincing evidence that the transfer is for another purpose; and
- C. The transferor does not retain sufficient funds for foreseeable needs.

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Section:
Technical Eligibility Requirements**Type:**
PROCEDURES

Chapter:
Transfer of Assets**Program:**
AABD
FS
MA

Subject:
Exploring Transfers

P-3025.10 AABD, MA

1. Explore the possibility of unreported transfers by questioning the possibility of ownership in the past 2 years of:
 - a house;
 - a life use agreement;
 - a car;
 - a savings account;
 - a checking account.
2. Use the following guidelines in investigating savings accounts:
 - examine the savings accounts history during the past 2 years;
 - question any withdrawals which appear to involve transfers that might affect eligibility.
3. Use the following guidelines in investigating checking accounts:
 - establish the normal pattern of payment of expenses by looking at the checking account history for at least the past 6 months;
 - request further information about any amounts in excess of \$500 which are not part of the normal pattern;
 - verify any withdrawals in excess of \$1,000 which are questionable.
4. Examine 2 or more transfers separately for the purpose of the transfer.

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Section:
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Transfer of Assets

Program:
AABD
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MA

Subject:
Exploring Transfers

P-3025.10 AABD, MA (continued)

5. Do not require verification of the details of a transfer under the following circumstances:
 - when the transfer is considered appropriate per policy and no penalty period is imposed; or
 - when the transfer is considered improper and a penalty period has been imposed, but that penalty period has expired in before of the time period for which assistance is being requested.
6. Require verification of the details of a transfer under the following circumstances:
 - when eligibility is affected; or
 - when it is reasonable to expect that future eligibility may be affected.

FS

1. Verify current savings account history for the past 3 months.
2. Examine current checking account history for the past 3 months:
 - to establish the normal pattern of payments of expenses;
 - to question further those amounts which exceed the asset limit.

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P-3025.11

Section:

Technical Eligibility Requirements

Type:

PROCEDURES

Chapter:

Transfer of Assets

Program:

MA

Subject:

Choosing the Correct Policy to Use

- P-3025.11
1. If the date of application is prior to July 1, 1989, or if an active recipient is institutionalized prior to July 1, 1989, follow the policy contained in this chapter.
 2. If the date of application is July 1, 1989 or later, or if an active recipient is institutionalized July 1, 1989 or later, refer to chapter 3026 to determine which policy to use.

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Date: 7-1-97	Transmittal: UP-97-19	3025.15
Section: Technical Eligibility Requirements	Type: POLICY	
Chapter: Transfer of Assets	Program: AABD MA	
Subject: Transfer Not for the Purpose of Qualifying		

3025.15 A. Fair Market Value Received

If fair market value is received, the transfer of the asset is not considered to be for the purpose of establishing or maintaining eligibility.

B. Assets Within Limits

If the total of the uncompensated fair market value of a transferred asset plus all other countable assets does not exceed program limits, the transfer of the asset is not considered to be for the purpose of establishing or maintaining eligibility. In the case of multiple transfers involving one asset, this includes the total uncompensated value of all transfers.

C. Transfer for Another Purpose

If there is convincing evidence that the transfer is exclusively for another purpose, the transfer of the asset is not considered to be for the purpose of establishing or maintaining eligibility.

D. Transfer to or by Legal Owner

A transfer of an asset is not considered to be for the purpose of establishing or maintaining eligibility if:

1. the transferee had entrusted the asset to the transferor with the intent of retaining beneficial interest. There must be clear and convincing evidence to objectively establish this claim; or
2. the individual who receives the asset or who actually makes the transfer:
 - a. holds the asset jointly with the assistance unit at the time of the transfer; and
 - b. is a legal owner of the asset (cross reference: 4010); or

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Chapter:

Transfer of Assets

Program:

**AABD
MA**

Subject:

Transfer Not for the Purpose of Qualifying

3025.15 D. Transfer to or by Legal Owner (continued)

3. the assistance unit transfers the asset to his or her spouse under the following conditions:
 - a. at the time of the transfer the spouses are separated due to institutionalization or other cause; and
 - b. the assistance unit transfers the asset in accordance with the terms of a written agreement with the spouse which was:
 - (1) executed prior to the transfer; and
 - (2) divided the asset into equal shares of separate property.

E. Foreseeable Needs Met

If the transferor retains other counted assets in an amount sufficient to meet the average cost of private nursing home care, as determined by the Department, for a period of no less than 24 months, the transfer of the asset is not considered to be for the purpose of establishing or maintaining eligibility.

F. Excluded Assets - Other Than Home Property

If the asset consists of real or personal property, other than home property, which is excluded from the eligibility determination, the transfer of the asset is not considered to be for the purpose of establishing or maintaining eligibility.

G. Excluded Home Property

Transfers which are not considered to be for the purpose of establishing or maintaining eligibility include those which involve excluded home property:

1. which was transferred prior to 9/3/82; or
2. which was transferred on or after 9/3/82 and the transferor does not enter a long term care facility; or

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Transfer of Assets

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**AABD
MA**

Subject:

Transfer Not for the Purpose of Qualifying

3025.15 G. Excluded Home Property (continued)

3. which was transferred on or after 9/3/82 provided the transferor enters a long term care facility either before or after the transfer, and:
 - a. there is a reasonable expectation that the transferor will be discharged from the facility and returned home; or
 - b. the home is transferred to the transferor's:
 - (1) spouse; or
 - (2) child under age twenty one; or
 - (3) child of any age considered under the Department's criteria for the AABD programs to be blind or disabled.

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P-3025.15

Section:
Technical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Transfer of Assets

Program:
**AABD
MA**

Subject:
Evaluating Transfers

- P-3025.15
1. Make a decision by evaluating all of the available facts.
 2. Count back to determine if there was an asset transfer within 24 months before the month of application. If not, stop here.
 3. Determine if the asset would be excluded if it had not been transferred.
 4. Disregard excluded home property which was transferred before 9/3/82.
 5. Disregard excluded home property which is transferred on or after 9/3/82 unless the transferor is or becomes a resident of a long term care facility.
 6. If the transferor is or becomes a resident of an LTCF, disregard the transfer only if:
 - the stay in the long term care facility is temporary, and the transferor expects to return home; or
 - the transfer was to a spouse, child under 21 years of age or blind or disabled child of any age. If the child does not receive OASDI or SSI as blind or disabled refer to MRT for a medical determination.
 7. If the asset would be excluded based on this determination, stop here.
 8. Determine if fair market value was received in the transfer by comparing the compensation received with the fair market value of the asset transferred.
 - check whether the compensation was received at, after or before the date of the transfer;
 - if the compensation was received before the date of the transfer, check to see if it is of a type which is countable without a legally enforceable agreement;
 - if a legally enforceable agreement is required to count the compensation, gather the information needed, review the circumstances with the supervisor and program supervisor, and document the decision in the case record.
 9. If fair market value was received, stop here.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-97**Transmittal: UP-97-19****P-3025.15 page 2**

Section:
Technical Eligibility Requirements**Type:**
PROCEDURES

Chapter:
Transfer of Assets**Program:**
**AABD
MA**

Subject:
Evaluating Transfers

- P-3025.15 10. If fair market value was not received, but total assets plus the uncompensated value do not exceed the asset limit, stop here.
11. Determine whether the transferor retained sufficient non exempt assets after the transfer to meet foreseeable needs by:
- adding the compensation received to the total of other assets at the time of the transfer.
12. If the transfer occurred prior to 1/1/88 and the total retained was at least \$45,000 , stop here. If the transfer occurred between 1/1/88 and 6/30/89 inclusive, stop if the total retained was at least \$67,000. If the transfer occurred on or after 7/1/89 stop if the total retained was at least \$88,000.
13. If the total retained was less than the amount in #12 consider the following factors as supportive of a conclusion that foreseeable needs were met:
- the individual was in good health with no physical problem that could be anticipated to seriously deteriorate in the next 24 months;
 - the individual was fully self-supporting;
 - the individual was covered by private health benefits;
 - the individual was less than 45 years old;
 - the transfer was prior to the date of unexpected, unanticipated disability. Refer questions about disability onset to MRT.
14. If the circumstances support a decision that foreseeable needs were met, stop here.
15. Consider any transfer remaining to be for the purpose of qualifying for assistance.

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Section:
Technical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Transfer of Assets

Program:
**AABD
MA**

Subject:
Evaluating Transfers

- P-3025.15
16. Continue to investigate whether the transfer merits special consideration.
 17. Consider whether the transfer was the result of undue influence through coercion, deceit or misrepresentation by examining evidence submitted by:
 - a currently competent transferor; or
 - the conservator of a currently incompetent transferor.
 18. Make a preliminary decision about undue influence with Supervisory and P/S approval. Refer to the Resource Unit for investigation if there is insufficient information on which to base a decision.
 19. If the decision is favorable to the transferor, grant assistance and refer to the Resource Unit for investigation of the possibility of recovery.
 20. Evaluate any remaining transfers of assets which are considered to be for the purpose of qualifying for assistance to determine if undue hardship would exist if a decision of ineligibility is made.
 21. Consider undue hardship only if:
 - the transferor is in a long term care facility; and
 - the asset was home property and the transferee no longer has it; and
 - the eviction threat from the facility has been in writing.

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Section:

Technical Eligibility Requirements

Type:

PROCEDURES

Chapter:

Transfer of Assets

Program:

**AABD
MA**

Subject:

Evaluating Transfers

- P-3025.15 22. Grant assistance if undue hardship conditions are met.
23. If a claim is made that the transferor was incompetent at the time of the transfer, consider:
- ° evidence from discussion with family members, conservator, or professional personnel as appropriate; and
 - ° verification through medical or legal records.
24. Grant assistance if incompetence at the time of the transfer is verified and refer to the Resource unit for recovery.

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Date: 7-1-97

Transmittal: UP-97-19

P-3025.18

Section:
Technical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Transfer of Assets

Program:
**AABD
MA**

Subject:
Evaluating Transfers Between Spouses

P-3025.18 **Jointly Owned Personal Property**

1. Consider whether the applicant or recipient is the legal owner of the asset or merely the record owner (see 4010.10).
2. Note the date the asset became jointly owned.
3. If the date is within 24 months prior to application or any time thereafter, assume that the spouse of the applicant or recipient is merely a record owner. Go to step 5.
4. If the date is more than 24 months prior to application, the transfer does not affect eligibility. Stop here.
5. Give the individual a chance to rebut the presumption regarding ownership.
6. If ownership is not successfully rebutted, continue to consider the transfer.

Assistance Unit Sole Owner

1. Disregard a transfer of excluded home property to a spouse even if the applicant or recipient is in an LTCF.
2. Disregard a transfer occurring within 24 months prior to application when the transfer involves placing an asset other than home property into joint ownership with a spouse unless the spouse subsequently sells or otherwise transfers the asset or becomes the sole owner.
3. Disregard a transfer of an asset to a spouse as a result of a written agreement dividing their property into separate equal shares when the agreement was written prior to the transfer and the transfer is in accordance with the terms of the agreement.

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Date: 9-1-97	Transmittal: UP-97-19	3025.20
Section: Technical Eligibility Requirements		Type: POLICY
Chapter: Transfer of Assets		Program: AABD MA
Subject: Compensation		

3025.20 Compensation in exchange for a transferred asset is counted in determining whether fair market value was received. There are certain restrictions in counting compensation which was received before the date of transfer.

A. Compensation Which is Counted

When an asset is transferred, compensation is counted when one of the following applies:

1. Compensation was received at the time of transfer or any time thereafter; or
2. Compensation was received prior to the time of the transfer, but only if one of the following applies:
 - a. Compensation was received in accordance with a legally enforceable agreement; or
 - b. Compensation was in the form of services or payment for services which meet all of the following conditions:
 - (1) the services rendered were of the type provided by a homemaker or a home health aid; and
 - (2) the services were essential to avoid institutionalization of the transferor; and
 - (3) the services were either:
 - (a) provided by the transferee while sharing the home of the transferor; or
 - (b) paid for by the transferee.

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Date: 7-1-97**Transmittal: UP-97-19****3025.20 page 2**

Section:
Technical Eligibility Requirements**Type:**
POLICY

Chapter:
Transfer of Assets**Program:**
**AABD
MA**

Subject:
Compensation

3025.20 B. Value of Compensation

Each form of compensation is assigned a dollar value to compare with the fair market value of the transferred asset.

1. In determining the dollar value of services rendered directly by the transferee, the following amounts are used:
 - a. for all services of the type normally rendered by a homemaker or home health aid, the current state minimum hourly wage for such services;
 - b. for all other types of services, the actual cost.
2. Out-of-pocket payment by the transferee may include capital alterations necessary to allow the transferor continued use of the home to avoid institutionalization.
3. Compensation in the form of real or personal property is compared using its fair market value.
4. The value of a note of indebtedness is the total amount owed.

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Date: 7-1-97**Transmittal: UP-97-19****P-3025.20**

Section:
Technical Eligibility Requirements**Type:**
PROCEDURES

Chapter:
Transfer of Assets**Program:**
**AABD
MA**

Subject:
Determining Fair Market Value

- P-3025.20 1. To determine fair market value of an asset, use sources such as, but not limited to:
- NADA "blue" book of trade-in values for automobiles;
 - real estate conveyance records;
 - marketing appraisals;
 - bank records;
 - passbooks;
 - records of stock transactions;
 - property appraisals performed by the Department;
 - tax assessment records.
2. Consider reducing fair value to the amount received as compensation if:
- circumstances at the time of the transfer prevented getting a better price for the asset; and
 - the transferor made a bona fide effort to get the best price possible; and
 - all reasonable means were used to market the asset; and
 - the transferee was not an individual interested in the transferor's welfare.

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Date: 7-1-97	Transmittal: UP-97-19	3025.25
Section: Technical Eligibility Requirements		Type: POLICY
Chapter: Transfer of Assets		Program: AABD MA
Subject: Special Circumstances		

3025.25 Transfer of an asset which would otherwise be considered to be for the purpose of qualifying for assistance does not cause ineligibility under certain circumstances.

A. Undue Hardship

When an individual would suffer undue hardship if assistance is denied or discontinued as a result of a transfer, the transfer does not cause ineligibility if all of the following conditions are present:

1. The individual is currently a resident of a long term care facility; and
2. The transferred asset was the individual's home property; and
3. The facility has threatened the individual with eviction due to nonpayment; and
4. The transferor establishes that the transferee is no longer in possession of the transferred asset and the transferee has no other assets with which to pay the cost of care.

B. Incompetence

When an individual is incompetent at the time of the transfer, the transfer does not cause ineligibility.

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Section:

Technical Eligibility Requirements

Type:

POLICY

Chapter:

Transfer of Assets

Program:

**AABD
MA**

Subject:

Special Circumstances

3025.25 C. Undue Influence

1. When an individual was unduly influenced into making a transfer, the transfer does not cause ineligibility.
 - a. If the transferor is competent at the time the Department is dealing with the transfer, the individual must provide detailed information about the circumstances to the Department's satisfaction.
 - b. If the transferor has become incompetent since the transfer and is incompetent at the time the Department is dealing with the transfer, the transferor's conservator must provide the information.
2. Undue influence may exist in certain situations involving jointly held assets in which a joint holder either gains sole ownership or liquidates an asset which was held jointly with the assistance unit, without the knowledge or consent of the assistance unit.

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Date: 7-1-97**Transmittal: UP-97-19****P-3025.25**

Section:
Technical Eligibility Requirements**Type:**
PROCEDURES

Chapter:
Transfer of Assets**Program:**
**AABD
MA**

Subject:
Preliminary Decision and Rebuttal

- P-3025.25
1. Make sure that you have, at least, the following information to determine that a transfer has been made:
 - the type of asset transferred;
 - how the asset was transferred;
 - the date the transfer occurred.
 2. If you do not have enough information to determine that the individual has actually disposed of the asset, discuss the situation with your supervisor, and deny or discontinue assistance based on insufficient information, if appropriate. If you do have enough information, continue with step 3.
 3. After discussion with the Supervisor and obtaining supervisory approval, make a preliminary decision of ineligibility when the facts lead to the conclusion that a transfer of assets has been:
 - for the purpose of qualifying; or
 - not exclusively for some other reason.
 4. Provide written notice to the transferor containing:
 - the decision; and
 - the reasons for the decision; and
 - the right to rebut the position of the Department within 10 days.
 5. Give interpretive help if requested.
 6. Review any material presented in rebuttal with the Supervisor to determine if it supports a change in decision.
 7. Take into consideration all evidence presented, including the transferor's statement as to the reason for the transfer.

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Transfer of Assets

Program:

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Subject:

Preliminary Decision and Rebuttal

- P-3025.25 8. Weigh the evidence presented in the rebuttal in accordance with policy, noting particularly:
- provision for foreseeable needs;
 - unusual or unexpected circumstances;
 - further information which affects the computation of fair value.
9. Record the analysis and result of the rebuttal.

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Date: 7-1-97	Transmittal: UP-97-19	3025.30
Section: Technical Eligibility Requirements	Type: POLICY	
Chapter: Transfer of Assets	Program: AABD MA	
Subject: Notification and Rebuttal		

3025.30 A. Notification

1. Prior to denial or discontinuance an individual is notified of the Department's decision that a transfer of an asset was for the purpose of qualifying for assistance.
2. The notification includes a clear explanation of both:
 - a. the reason for the decision; and
 - b. the right of the individual to rebut the issue within the time limit established by the Department.

B. Rebuttal

1. An individual who is notified of the Department's determination that an asset was for the purpose of qualifying for assistance may rebut this determination prior to the implementation of the negative action.
2. Rebuttal must include:
 - a. the individual's statement as to the reason for the transfer; and
 - b. objective evidence, which is:
 - (1) that evidence which rational people agree is real or valid; and
 - (2) documentary or non-documentary.
3. A successful rebuttal clears this eligibility requirement.

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Date: 7-1-97**Transmittal: UP-97-19****P-3025.30**

Section:
Technical Eligibility Requirements**Type:**
PROCEDURES

Chapter:
Transfer of Assets**Program:**
**AABD
MA**

Subject:
Calculating the Penalty Period

- P-3025.30
1. Calculate the penalty period using the steps that follow.
 2. Start with the fair market value of the transferred asset.
 3. Deduct from this amount any compensation received which is acceptable per policy.
 4. Deduct also any allowable adjustments.
 5. Divide the remainder by either \$500 or the average monthly cost of care in a skilled nursing facility, as follows:
 - use \$500 per month for each complete month in which the transferor is not in a long term care facility starting with the month of transfer;
 - use \$1825 for each complete month the transferor is in a long term care facility prior to 1/1/88; use \$2825 for each complete month after and including January 1988 through June 1989; use \$2968 for each complete month beginning with July 1, 1989;
 - use \$500 plus the actual cost of care for any month when the transferor is partly in a long term care facility and partly in the community.
 6. For two or more transfers:
 - start the computation with the month of the first transfer;
 - follow steps 2 through 4 for each succeeding transfer in chronological order;
 - determine the correct factor amount for each succeeding month from step 5 above;
 - add the remaining uncompensated value, if any, from each transfer to the uncompensated value of the next succeeding transfer as of the month of the next transfer.

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P-3025.30 page 2

Section:
Technical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Transfer of Assets

Program:
**AABD
MA**

Subject:
Calculating the Penalty Period

- P-3025.30
7. The result of the calculation above will be the number of whole months of the penalty period plus a partial amount of uncompensated value.
 8. Use the partial amount to determine the last day of the penalty period in the next month by the following method:
 - divide \$500, \$1825, \$2825 or \$2968, whichever is appropriate in that specific month, by the number of days in that month;
 - use the resulting figure to divide into the remaining uncompensated value figure;
 - the result will be the number of full days of the penalty period remaining in the final month;
 9. When the final month of the penalty period is one in which the transferor is partly in the community and partly in long term care, and the remaining uncompensated value is less than \$500, compute a daily figure, as follows:
 - use \$16.67 for each day in the community;
 - use \$16.67 plus the daily cost of care in the facility, plus each day's allowable medical expenses for each day the transferor is in a long term care facility;
 - subtract the appropriate figure for each day;
 - the last day of the penalty period will be the last day the remaining uncompensated value has been absorbed by the daily rate or allowable medical expenses.
 10. When the final month of the penalty period is one in which the transferor is partly in the community and partly in long term care, and the remaining uncompensated value is more than \$500:
 - deduct \$500;
 - subtract from the balance each day's actual cost of care in the facility plus ;
 - the last day of the penalty period is the last day the daily figure is completely met by the remainder.

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Section: Technical Eligibility Requirements	Type:	POLICY
Chapter: Transfer of Assets	Program:	AABD MA
Subject: Penalty		

3025.35 A. Who is Affected

If the Department determines that a transfer of an asset is for the purpose of establishing or maintaining eligibility, a penalty period applies as follows:

1. the transferor is ineligible as of the date of transfer;
2. a needy dependent child's eligibility for MA is not affected by the transfer of an asset by a relative.

B. Basic Penalty Period

1. The penalty period begins as of the first day of the month in which the improper transfer occurs.
2. In cases involving improper transfers of jointly held assets, the penalty period begins as of the first day of the month in which the first of the following occurs:
 - a. the asset is placed into the sole ownership of the joint holder; or
 - b. the joint holder transfers or otherwise liquidates the asset.
3. The length of the penalty period is computed as follows:
 - a. for any full month in which the individual is a resident of a long term care facility, ineligibility is for the number of months equal to the result of dividing the uncompensated value by the current average monthly cost of medical assistance to a patient in a skilled nursing facility;
 - b. all other transferors are ineligible for the number of months equal to the result of dividing the uncompensated value by \$500.

C. Allowable Adjustments

The penalty period may be shortened by a reduction in the amount of the uncompensated value. The uncompensated value is reduced either initially or during the penalty period, by additional medical expenses or a change in living arrangements.

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Type:

POLICY

Chapter:

Transfer of Assets

Program:

**AABD
MA**

Subject:

Penalty

3025.35 C. Allowable Adjustments (continued)

1. Additional Medical Expenses

Medical expenses which may be used to shorten the penalty period are:

- a. payments made by the transferor, or on behalf of the transferor by another person, for a medical expense incurred if the expense:
 - (1) is incurred for care in a hospital; and
 - (2) is not covered by benefits from any third party insurance or through any local, state, or federal program; and
 - (3) is not for the services of a private physician;
- b. the actual amounts of unpaid hospital expenses incurred by the transferor provided:
 - (1) the transferor produces clear and convincing evidence that the transferee has no assets with which the expense can be paid; and
 - (2) the expense is not subject to payment by third party insurance.

2. Changes in Living Arrangements

Changes in living arrangements when the transferor moves between the community and a long term care facility may change the penalty period. These changes are calculated as follows:

- a. for any full calendar month in which the applicant has resided in a facility, the basic penalty period is recalculated using the current average monthly cost of medical assistance to a patient in a skilled nursing facility;

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Transfer of Assets

Program:

**AABD
MA**

Subject:

Penalty

3025.35 C. 2. Changes in Living Arrangements (continued)

- b. in any calendar month in which the applicant is in a facility for less than a full month:
 - (1) the basic penalty period is calculated by using a divisor of \$500.00; and
 - (2) the cost of care in the facility for that month is deducted from the remaining uncompensated value as an adjustment to the calculation.

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P-3025.35

Section:
Technical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Transfer of Assets

Program:
**AABD
MA**

Subject:
Withdrawn Application

- P-3025.35
1. Continue to process an application involving a transfer of assets after it is withdrawn.
 2. Document all known information.
 3. Calculate the penalty period to the best of your ability, using the information you have.
 4. Stamp the case record to avoid destruction.
 5. Maintain the record in the district office for the entire penalty period.
 6. Use the penalty period as a basis for decisions on any reapplication during the period.

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Date: 7-1-97	Transmittal: UP-97-19	3025.40
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Section: Technical Eligibility Requirements	Type: POLICY
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Chapter: Transfer of Assets	Program: AABD MA
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Subject: Withdrawal	
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- 3025.40 A. An applicant's decision to withdraw a written application does not interrupt processing of the information regarding an asset transfer.
- B. If the information processed supports the decision that the transfer was for the purpose of qualifying for assistance, a penalty period is calculated to the extent possible.
- C. The eligibility decision made on the withdrawn application regarding the asset transfer applies to any subsequent applications made by the transferor during the penalty period.
- D. The penalty period may be recalculated if additional information is presented for a reapplication.

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P-3025.40

Section:
Technical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Transfer of Assets

Program:
**AABD
MA**

Subject:
Adjustments

- P-3025.40
1. Recalculate the penalty period any time the transferor presents evidence indicating a change in living arrangements from the community to a long term care facility or hospitalization.
 2. Follow the steps in P-3025.25 in making the adjustment for a change in living arrangement.
 3. For hospital costs allow payments made by either the transferor or another person on behalf of the transferor, when the expenses were:
 - ° not covered by third party insurance or any local, state or federal program; and
 - ° not for the services of a private physician.
 4. Allow also outstanding hospital bills within the limitations in 3. above, provided the transferor satisfactorily demonstrates that the transferee has no assets available for this purpose.
 5. Deduct hospital expenses in chronological order on the basis of the date incurred. Use daily charges as necessary, to calculate the adjustment.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 4-1-87**Transmittal: UP-87-1****3025.45**

Section:**Technical Eligibility Requirement****Type:****POLICY**

Chapter:**Transfer of Assets****Program:****FS**

Subject:**Basic Provisions**

- 3025.45 A. An individual is ineligible who transfers an asset for the purpose of establishing or maintaining eligibility.
- B. Transfer of assets policy applies to:
1. applicants; and
2. recipients; and
3. ineligible members of the household whose assets are counted in determining eligibility.
- C. Transfers which affect eligibility are those which occur:
1. within the 90 days immediately preceding the date of application; or
2. at any time after application while the application is pending; or
3. while in receipt of assistance.
- D. A transfer is considered to be for the purpose of establishing or maintaining eligibility if both of the following circumstances apply:
1. fair market value is not received; and
2. there is no convincing evidence that the transfer is for another purpose.
- E. A transfer is not considered to be for the purpose of establishing or maintaining eligibility when countable assets including the uncompensated fair market value of the transferred asset are within program limits.

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Date: 7-1-97

Transmittal: UP-97-19

P-3025.45

Section:
Technical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Transfer of Assets

Program:
**AABD
MA
FS**

Subject:
Documenting Transfers

- P-3025.45
1. Document the details of every asset transfer investigated in determination of eligibility.
 2. Note for the record:
 - the type of asset transferred;
 - the date of the transfer;
 - the names of the transferor and transferee;
 - the type and amount of compensation, if any;
 - the reason for the transfer;
 - any disputes about ownership of the asset.
 3. If there is a dispute about ownership, determine and document:
 - who has physical possession;
 - who originally purchased the asset;
 - who paid any ongoing expenses of the asset;
 - why and under what conditions an asset is held by one individual for another.
 4. Complete a W495 on every transfer case which is investigated regardless of whether the result is eligibility or ineligibility.
 5. File one copy in the case record, send a copy to the Chief of Resources, C.O. and place the third copy in the special file against which future applications will be checked.
 6. Stamp the folder so the case record will not be destroyed.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Date: 09-01-03

Transmittal: UP-04-17

3025.50

Section:

Technical Eligibility Requirement

Type:

POLICY

Chapter:

Transfer of Assets

Program:

FS

Subject:

Penalty

3025.50 If the Department determines that a transfer of an asset was made for the purpose of establishing or maintaining eligibility, the assistance unit is ineligible.

A. Basic Penalty Period

The basic penalty period begins:

1. for an applicant with the month of application;
2. for a recipient with the first month after the expiration of the required notification period.

B. Length of Penalty

1. The length of the penalty period is up to one year starting the first month after the month the notice of adverse action (cross reference: 1500.01 - Advance Notice) has expired, unless the household has requested a fair hearing and continued benefits.
2. An assistance unit is disqualified based on the amount of the uncompensated value of the transferred asset which when added to other countable assets exceeds the asset limit. The length of the penalty is as follows:

Excess Asset Value

Length of Penalty

up to \$ 249.99.....	1 month
\$ 250 to \$ 999.99.....	3 months
\$1,000 to \$2,999.99.....	6 months
\$3,000 to \$4,999.99.....	9 months
\$5,000 and up.....	12 months

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 4-1-07**Transmittal: UP-07-02****3028**

Section:**Technical Eligibility Requirements****Type:****POLICY**

Chapter:**Transfer of Assets****Program: MA**

Subject:

3028 This chapter describes the technical eligibility requirement in the Medicaid program pertaining to the transfer of an asset for less than fair market value, for transfers that occur prior to February 8, 2006.

The material contained in this chapter pertains only to the Medicaid program. Policy and procedures concerning transfers of assets in the cash and Food Stamp programs are contained elsewhere in this section, as are the Medicaid policy and procedures existing with respect to transfers of assets occurring on or after February 8, 2006.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Date: 10-1-93

Transmittal: UP-94-21

P-3028.01

Section:
Technical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Transfer of Assets

Program: MA

Subject:
Defining the "Look Back" Period

- P-3028.01
1. To evaluate transfers, count back 30 months from:
 - ° the date of application, if the applicant is institutionalized as of the date of application; or
 - ° the date of institutionalization, if the individual:
 - is receiving Medicaid while living in the community, but subsequently becomes institutionalized; or
 - applies for Medicaid while living in the community, but becomes institutionalized while the application is pending.
 2. If the 30 month period extends to a date prior to August 11, 1993, do not look back further than the 30th month.
 3. If you do not reach a date prior to August 11, 1993 by the 30th month, continue counting retrospectively until you have either reached August 11, 1993 or the 36th month, whichever occurs first.
 4. To define the look-back period involving a payment made from an irrevocable trust which **could have been** made to or for the benefit of the individual, but which was made other than for that purpose, follow steps 1 through 3.
 5. Follow steps 1 and 2 to define the look-back period involving:
 - ° payments from a revocable trust other than those made to or for the benefit of the individual; and
 - ° the establishment of an irrevocable trust in which no payments can be made to the individual under any circumstances.
 6. If you do not reach a date prior to August 11, 1993 by the 30th month, continue counting retrospectively until you have either reached August 11, 1993 or the 60th month, whichever occurs first.

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Chapter: Transfer of Assets	Program: MA
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Subject: Effective Dates	
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3028.03 The Department uses the policy contained in this chapter to evaluate asset transfers, including the establishment of certain trusts, if:

1. the individual is requesting Medicaid benefits for October 1, 1993 or later; and
2. the transfer occurred or the trust was established on or after August 11, 1993 but prior to February 8, 2006.

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P-3028.03

Section:
Technical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Transfer of Assets

Program: MA

Subject:
Looking for Transfers

- P-3028.03
1. Explore the possibility of unreported transfers by questioning the potential of ownership of the following in the "look back" period:
 - a house;
 - a car;
 - a savings account;
 - a checking account;
 - a trust, annuity or similar asset;
 - a lump-sum.
 2. Use the following guidelines in investigating savings accounts:
 - examine the savings accounts history during the "look back" period months;
 - question any withdrawals which appear to involve transfers that might affect eligibility.
 3. Use the following guidelines in investigating checking accounts:
 - establish the normal pattern of payment of expenses by looking at the checking account history for at least the past 6 months;
 - request further information about any amounts in excess of \$500 which are not part of the normal pattern;
 - verify any withdrawals in excess of \$1,000 which are questionable;
 - use prudent judgement in determining whether a withdrawal requires verification;
 - accept reasonable explanations, especially if the individual was in good health and not institutionalized at the time of the withdrawal.
 4. Examine two or more transfers separately for the purpose of the transfer, unless the transfers occurred during the same month.

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Type:

PROCEDURES

Chapter:

Transfer of Assets

Program:

MA

Subject:

Choosing the Correct Policy to Use

P-3028.04

Use the policy contained in chapter 3028 only if:

- the transfer occurs or the trust is established on or after August 11, 1993 but prior to February 8, 2006; and
- Medicaid benefits are requested for the month of October 1993 or subsequent months.

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Section:
Technical Eligibility Requirements

Type:
POLICY

Chapter:
Transfer of Assets

Program: MA

Subject:
Basic Provisions

3028.05 A. General Statement

There is a period established, subject to the conditions described in this chapter, during which institutionalized individuals are not eligible for certain Medicaid services when they or their spouses dispose of assets for less than fair market value on or after the look-back date specified in paragraph C. This period is called the penalty period, or period of ineligibility.

B. Individuals Affected

1. The policy contained in this chapter pertains to institutionalized individuals and to their spouses.
2. An individual is considered institutionalized if he or she is receiving:
 - a. LTCF services; or
 - b. services provided by a medical institution which are equivalent to those provided in a long-term care facility; or
 - c. home and community-based services under a Medicaid waiver (cross references: 2540.64 and 2540.92).

C. Look-Back Date for Transfers

1. Except as described in paragraphs 3 and 4 below, the look-back date for transfers of assets is a date that is 36 months before the first date on which both the following conditions exist:
 - a. the individual is institutionalized; and
 - b. the individual is either applying for or receiving Medicaid.
2. With respect to payments from the corpus or income generated by the corpus of an irrevocable trust which is permitted to be paid to or for the benefit of the individual, but which is instead paid other than to or for the benefit of the individual, the look-back date is the same as described in paragraph 1 (Cross Reference: 3028.11 C. 2).
3. With respect to payments from a revocable trust other than those made to or for the benefit of the individual, the look-back date is a date that is 60 months before the first date on which both the following conditions exist:
 - a. the individual is institutionalized; and

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Transfer of Assets

Program: MA

Subject:

Basic Provisions

3028.05 C. 3. Look-Back Date for Transfers (continued)

b. the individual is either applying for or receiving Medicaid.

(Cross Reference: 3028.11 B. 2)

4. With respect to an irrevocable trust from which, or any income generated by the corpus from which, no payment could be made to the individual under any circumstances, the look-back date is the same as described in paragraph 3 (Cross Reference: 3028.11 C. 3).

D. Transfers Attributable to Individual or Spouse

1. The Department considers transfers of assets made within the time limits described in paragraph C on behalf of an institutionalized individual or his or her spouse by a guardian, conservator, person having power of attorney or other person or entity so authorized by law to have been made by the individual or spouse.
2. In the case of an asset that the individual holds in common with another person or persons in joint tenancy, tenancy in common, or similar arrangement, the Department considers the asset (or affected portion of such asset) to have been transferred by the individual when the individual or any other person takes an action to reduce or eliminate the individual's ownership or control of the asset.

E. Start of the Penalty Period

The penalty period begins:

1. the first day of the month during which assets are transferred for less than fair market value, if this month is not part of any other period of ineligibility caused by a transfer of assets; or
2. the first day following a period of ineligibility caused by a previous transfer of assets, if the transfer under examination occurred during a period of ineligibility caused by a previous transfer of assets.

F. Length of the Penalty Period

1. The length of the penalty period is determined by dividing the total

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Transfer of Assets

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Subject:
Basic Provisions

3028.05 F. 1. Length of the Penalty Period (continued)

uncompensated value of all assets transferred on or after the look-back date described in paragraph C by the average monthly cost to a private patient for LTCF services in Connecticut.

a. For applicants, the average monthly cost for LTCF services is based on the figure as of the month of application.

b. For recipients, the average monthly cost for LTCF services is based on the figure as of:

(1) the month of institutionalization; or

(2) the month of the transfer, if the transfer involves the home, or the proceeds from a home equity loan, reverse mortgage or similar instrument improperly transferred by the spouse while the institutionalized individual is receiving Medicaid, or if a transfer is made by an institutionalized individual while receiving Medicaid (Cross Reference: 3028.15).

2. Except as described in subparagraph 3 below, each transfer is evaluated separately and a penalty period established consisting of a number of whole months and/or a partial month based on that particular transfer.

3. If multiple transfers occur in the same month, the uncompensated values are added together and the transfers are treated as a single transfer for that month. A single penalty period is then calculated.

G. Medicaid Eligibility During the Penalty Period

1. During the penalty period, the following Medicaid services are not covered:

a. LTCF services; and

b. services provided by a medical institution which are equivalent to those provided in a long-term care facility; and

c. home and community-based services under a Medicaid waiver.

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Transfer of Assets

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Basic Provisions

3028.05 G. Medicaid Eligibility During the Penalty Period (continued)

2. Payment is made for all other Medicaid services during a penalty period if the individual is otherwise eligible for Medicaid.

H. Transfers Affecting Both Spouses

1. If a transfer made by an individual results in a penalty period for the individual, the penalty period is apportioned between the individual and spouse if:
 - a. the spouse either is or becomes eligible for Medicaid; and
 - b. the spouse is also institutionalized; and
 - c. some portion of the penalty against the individual remains at the time conditions a and b are met.
2. When a penalty period is apportioned between spouses as described above, the penalty period for each spouse is equal in length to one half the length remaining at the time.
3. If, for some reason, one spouse no longer is subject to his or her portion of the penalty period described in paragraph 2, the remaining portion of the penalty period applicable to both spouses is served by the remaining spouse.

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P-3028.06

Section:
Technical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Transfer of Assets

Program: MA

Subject:
Identifying Institutionalized Individuals

- P-3028.06
1. Make sure that the policy contained in this chapter is appropriate to use, as described in P-3028.04.
 2. Look for possible transfers made by the individual or his or her spouse, or by someone legally authorized to act on behalf of the individual or spouse.
 3. Remember that the policy in this chapter affects only the eligibility for payment of LTCF services under the Medicaid program with respect to those individuals classified as institutionalized.
 4. If a non-institutionalized individual has made a transfer which could affect future benefits, document the case record as described in P-3028.40.
 5. If an institutionalized individual, his or her spouse, or someone legally authorized to act on their behalf has made a transfer, use the policy contained in this chapter to determine whether the benefits of the institutionalized individual will be affected.

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Section:
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Chapter:
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Program: MA

Subject:
Considering the Type of Assets Transferred

- P-3028.07
1. Determine whether the asset transferred was the individual's or the spouse's home or the proceeds from a home equity loan, reverse mortgage or similar instrument. Remember that when any of these assets are transferred after the first month of Medicaid eligibility, the transfer must be examined when it is made by **either** spouse.
 2. Consider the intent behind changes in living arrangements on a case by case basis. For example, if the individual went to live with someone else for what was considered a temporary period immediately prior to entering an institution, do not consider the temporary arrangement a home unless there is clear intent to establish a new permanent residence there.
 3. If the asset was the home, disregard the transfer if the transferee is the individual's spouse, child, or sibling in accordance with policy (Cross Reference: 3028.10).
 4. If the individual transferred his or her home to someone other than those described in step 3, evaluate the transfer based on the policy described in this chapter.
 5. If the asset transferred was something other than the home, evaluate the transfer based on the policy described in this chapter.

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3028.10

Section:
Technical Eligibility Requirements

Type:
POLICY

Chapter:
Transfer of Assets

Program: MA

Subject:
Transfers Not Resulting in a Penalty

3028.10 The transfers described in this subject do not render an individual ineligible for Medicaid or subject to a penalty period.

A. Transfer of the Home

1. An individual or his or her spouse may transfer his or her home without penalty to his or her:
 - a. spouse; or
 - b. child under age 21; or
 - c. child of any age if the child is considered to be blind or disabled under criteria for SSI eligibility; or
 - d. sibling, if the sibling:
 - (1) has an equity interest in the home; and
 - (2) was residing there for a period of at least one year before the date the individual is institutionalized; or
 - e. son or daughter, other than one described in sub-paragraphs b and c, who:
 - (1) was residing in the home for a period of at least two years immediately before the date the individual is institutionalized; and
 - (2) provided care to the individual which avoided the need of institutionalizing him or her during those two years.
2. For purposes of this chapter, the word "home" refers to:
 - a. the real property used as principal residence by an institutionalized individual immediately prior to his or her institutionalization; or
 - b. the real property used as principal residence by the spouse of the institutionalized individual; or
 - c. the real property used as principal residence by an individual receiving home and community-based services under a Medicaid waiver.

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Chapter:
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Subject:
Transfers Not Resulting in a Penalty

3028.10 B. Transfers Made to or for the Benefit of Spouses

1. Subject to the provisions in paragraph 2 below, an individual may transfer assets of any type without penalty to his or her spouse, or to a third party for the sole benefit of such spouse.
2. Subject to the provisions in subparagraphs a and b below, in or after the month of initial Medicaid eligibility, an institutionalized spouse may transfer assets without penalty to his or her community spouse, or to a third party for the sole benefit of such spouse.
 - a. The amount of the assets transferred must be no greater than that amount needed to raise the community spouse's assets up to the CSPA.
 - b. The transfer must be made as soon as practicable, allowing for such time as necessary for the community spouse to obtain a court order for support.
3. The individual's spouse may transfer assets of any type without penalty to a third party for the sole benefit of himself or herself.

C. Transfers to a Disabled Child

An institutionalized individual or his or her spouse may transfer assets of any type without penalty to:

1. his or her child who is considered to be blind or disabled under the criteria for SSI eligibility; or
2. a trust, including a trust described at 4030.80 D. 6, established for the sole benefit of his or her child who is considered to be blind or disabled under criteria for SSI eligibility.

D. Transfers to Certain Trusts

An institutionalized individual or his or her spouse may transfer assets of any type without penalty to a trust, including a trust described at 4030.80 D. 6, established for the sole benefit of an individual under age 65 who is considered to be disabled under criteria for SSI eligibility.

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Chapter:
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Program: MA

Subject:
Transfers Not Resulting in a Penalty

3028.10 E. Transfers Made Exclusively for Reasons Other than Qualifying

An institutionalized individual or his or her spouse may transfer an asset without penalty if he or she provides clear and convincing evidence that the transfer was made exclusively for a purpose other than qualifying for assistance.

F. Transferor Intended to Transfer at Fair Market Value

An institutionalized individual or his or her spouse may transfer an asset without penalty if the individual demonstrates with clear and convincing evidence that he or she intended to dispose of the asset at fair market value.

G. Transfer Made for Other Valuable Consideration

An institutionalized individual or his or her spouse may transfer an asset without penalty if it is demonstrated with clear and convincing evidence that he or she intended to dispose of the asset in return for other valuable consideration. The value of the other valuable consideration must be equal to or greater than the value of the transferred asset in order for the asset to be transferred without penalty. (Cross Reference: 3028.20)

H. Return of Transferred Asset

1. An institutionalized individual is not penalized based on the transfer of an asset if the entire asset has been returned prior to the date on which Medicaid is requested.
2. A penalty period caused by the transfer of an asset ends as of the date that the entire asset is returned to the individual.
3. If only part of the transferred asset is returned, the penalty period is adjusted, and expires as of the later of the following dates:
 - a. the date that the partial asset is returned; or
 - b. the last day of the adjusted penalty period, as described below.
4. The adjusted penalty period described in paragraph 3 above is based on the uncompensated value of the original transfer minus the value of the part of the asset which is returned.

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Section:

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Type:

POLICY

Chapter:

Transfer of Assets

Program:

MA

Subject:

Transfers Not Resulting in a Penalty

3028.10 I. Transferor Subject to Undue Hardship

An institutionalized individual is not penalized based on the transfer of an asset if the Department determines that denial of payment for services would create an undue hardship.

J. "For the Sole Benefit of"

The phrase "for the sole benefit of" an individual, as described in paragraphs B, C and D above, means that the asset, trust or similar device benefits no one but the individual, either at the time of the transfer or establishment of the trust, or at any time in the future, except as described below.

1. With respect to the establishment of a trust, the trust may provide for a reasonable fee to be paid to the trustee for managing the trust.
2. If a beneficiary is named to receive the transferred asset, or whatever is left of it, at the time of the individual's death, the transfer or trust is still considered to have been made for the sole benefit of the individual if:
 - a. the Department is named as the primary beneficiary of the asset, up to the amount of Medicaid payments paid on behalf of the individual; and
 - b. the designated beneficiary or beneficiaries receive any amount that remains.

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3028.11

Section:
Technical Eligibility Requirements

Type:
POLICY

Chapter:
Transfer of Assets

Program: MA

Subject:
Transfers Involving Trusts

3028.11 A. General Principles

1. The Department considers the converting of an asset into the form of a trust or similar asset to be a transfer to the extent that it is no longer available to the individual.
2. The Department considers payments made from trusts other than those made to or for the benefit of the individual to be transfers of assets.

B. Revocable Trusts

1. The Department does not consider the converting of an asset into the form of a revocable trust to be a transfer of the asset because the assets in the trust are considered available to the individual since he or she can revoke the trust.
2. The Department considers payments from a revocable trust other than those made to or for the benefit of the individual to be assets transferred by the individual as described in this chapter.

C. Irrevocable Trusts

1. The Department does not consider the converting of an asset into the form of an irrevocable trust to be a transfer to the extent that payments from the trust can be made to the individual under any circumstances, and are therefore considered available assets.
2. The Department considers payments from that portion of the corpus or income generated by the corpus of an irrevocable trust described in paragraph 1 other than those made to or for the benefit of the individual to be a transfer of assets by the individual as described in this chapter.
3. The Department considers the converting of an asset into the form of an irrevocable trust from which no payment could be made to the individual under any circumstances as a transfer of assets, as described in this chapter, effective the later of the following dates :
 - a. the date of the establishment of the trust; or
 - b. the date on which payment to the individual is made unavailable.
4. The Department considers the following as separate transfers of assets as of the date they are added to an irrevocable trust described in paragraph 3 above:

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Transfers Involving Trusts

3028.11 C. 4. Irrevocable Trusts (continued)

- a. additional funds placed into the trust by the individual, spouse, or other person or entity described at 4030.80 D, to the extent that the additional funds cannot be paid to or for the benefit of the individual under any circumstances; and
- b. income generated by the corpus of the trust, to the extent that this income cannot be paid to or for the benefit of the individual under any circumstances.

D. Exceptions

The transfer of asset penalties do not apply to the following trusts:

- 1. a trust containing the assets of an individual under age 65 who is disabled, under criteria for SSI eligibility, if:
 - a. the trust is established for the benefit of such individual by his or her parent, grandparent, or legal guardian, or by a court; and
 - b. the State will receive all amounts remaining in the trust upon the death of the individual, up to an amount equal to the total amount of Medicaid benefits paid on behalf of the individual.
- 2. a trust that meets the following conditions:
 - a. the trust is established and managed by a non-profit association; and
 - b. a separate account is maintained for each beneficiary of the trust, but, for purposes of investment and management of the funds, the trust pools these accounts; and
 - c. accounts in the trust are established solely for the benefit of individuals who are disabled, under criteria for SSI eligibility, by the individuals, their parent, grandparent or legal guardian, or by a court; and
 - d. to the extent that the amounts remaining in the individual's account upon his or her death are not retained by the trust, the trust pays to the State from such remaining amount an amount equal to the total amount of Medicaid benefits paid on behalf of the individual.

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Subject:

Transfers Involving Trusts

3028.11 E. Undue Hardship

1. The Department does not impose a period of ineligibility based on a transfer of assets involving a trust upon determining that to do so would cause an undue hardship on the individual.
2. The Department uses the criteria described in this chapter to determine whether undue hardship exists.

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Section:
Technical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Transfer of Assets

Program: MA

Subject:
Considering Transfers Made to or by Spouses

- P-3028.11
1. Disregard any transfer the individual makes to his or her community spouse, or to a third party, such as a conservator or guardian, for the sole benefit of the community spouse. Do not disregard a transfer made to a trustee for the benefit of the community spouse unless the transfer is made for the sole benefit of the spouse, as described in policy.
 2. Disregard the transfer of either spouse's home to the other spouse or to another qualifying individual as listed in policy.
 3. Disregard any transfer other than that of the home or the proceeds from a home equity loan, reverse mortgage or similar instrument made by the community spouse after the end of the first month of eligibility for the institutionalized spouse.
 4. Disregard a transfer made by either spouse if the institutionalized spouse would have been eligible if either spouse still had the asset. To make this determination follow the procedures outlined at P-3028.16.
 5. When determining if a penalty is necessary, follow the policy and procedures for an applicant or recipient regardless of which spouse actually made the transfer.

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P-3028.12

Section:
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Type:
PROCEDURES

Chapter:
Transfer of Assets

Program: MA

Subject:
Considering Transfers Made to Children

- P-3028.12
1. Disregard any transfer the individual makes to his or her blind or disabled son or daughter, as described in policy. Also disregard any transfer the individual makes to a trust established for the sole benefit of his or her blind or disabled child.
 2. Disregard the transfer of the individual's home to the individual's minor child, as described in policy.
 3. Disregard the transfer of the individual's home to his or her adult son or daughter, other than those described in step 1, according to policy.
 4. For transfers made to children not described in policy, evaluate the transfer based on the policy in this chapter.

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Section:
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Type:
PROCEDURES

Chapter:
Transfer of Assets

Program: MA

Subject:
Considering Transfers Made to Siblings

- P-3028.13
1. Disregard the transfer to the individual's siblings of the individual's home subject to the conditions described in policy.
 2. For transfers made to siblings not described above, and for transfers of assets other than the home made to siblings, evaluate the transfer based on the policy found in this chapter.

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3028.15

Section:
Technical Eligibility Requirements

Type:
POLICY

Chapter:
Transfer of Assets

Program:
MA

Subject:
Transfer Made Exclusively for Reasons Other Than Qualifying

3028.15 An institutionalized individual or the individual's spouse is considered to have transferred an asset exclusively for a purpose other than qualifying for assistance under circumstances which include, but are not limited to, the following:

A. Undue Influence

1. If the transferor is competent at the time the Department is dealing with the transfer, the individual must provide detailed information about the circumstances to the Department's satisfaction.
2. If the transferor has become incompetent since the transfer and is incompetent at the time the Department is dealing with the transfer, the transferor's conservator must provide the information.
3. The Department may pursue a legal action against the transferee if the Department determines that undue influence caused the transfer to occur.

B. Foreseeable Needs Met

The Department considers a transferor to have met his or her foreseeable needs if, at the time of the transfer, he or she retained other income and assets to cover basic living expenses and medical costs as they could have reasonably been expected to exist for the next 36 months, or, in the case of transfers to trusts or similar devices, the next 36 or 60 months, as described at 3028.05 C.

C. Transfer to or by Legal Owner

The Department considers a transfer to have been made to return the asset to its legal owner if:

1. the individual proves with clear and convincing evidence that the transferee had entrusted the asset to him or her with the intent of retaining beneficial interest; or
2. the individual who receives the asset or who actually makes the transfer:
 - a. holds the asset jointly with the assistance unit at the time of the transfer; and
 - b. is a legal owner of the asset (Cross Reference: 4010).

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Subject:**Transfer Made Exclusively for Reasons Other Than Qualifying**

3028.15 D. Transferred Asset Would Not Affect Eligibility if Retained

The Department considers a transfer to be made for purposes other than to qualify when:

1. the institutionalized individual would have been eligible if the transferor had retained the asset; and
2. the transferred asset was not the institutionalized individual's or the spouse's home; and
3. the transferred asset was not the proceeds of a home equity loan, reverse mortgage or similar instrument that reduces the institutionalized individual's or the spouse's equity in his or her home.

E. Post Eligibility Transfers Made by the Institutionalized Individual's Spouse

The Department considers a transfer to be made for purposes other than to qualify when:

1. the spouse transferred the asset after the first month of eligibility for the institutionalized individual has passed; and
2. the transferred asset was not the institutionalized individual's or the spouse's home; and
3. the transferred asset was not the proceeds of a home equity loan, reverse mortgage or similar instrument that reduces the institutionalized individual's or the spouse's equity in his or her home.

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Section:
Technical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Transfer of Assets

Program: MA

Subject:
Considering Transfers Involving Trusts

- P-3028.15
1. Do not consider the conversion of an asset into the form of a trust to be a transfer of an asset to the extent that:
 - the trust is revocable; or
 - the trust is irrevocable, but the trustee is able to disperse funds from the trust to the individual.
 2. Consider the conversion of an asset into the form of an irrevocable trust to be a transfer of an asset to the extent that the trustee cannot disperse funds from the trust to or for the benefit of the individual under any circumstances.
 3. Consider as a separate transfer of assets an addition made to an irrevocable trust described in step 2 if the addition consists of:
 - funds added to the corpus of the trust by the individual, spouse, or other person or entity described in policy acting on the individual's behalf, to the extent that the funds cannot be paid to the individual under any circumstances; or
 - income generated by the corpus of the trust, to the extent that the income cannot be paid to the individual under any circumstances.
 4. Consider a payment made from a trust for a purpose other than to or for the benefit of the individual to be a transfer of assets if:
 - the trust is revocable; or
 - the trust is irrevocable, but the payment **could have been made** to or for the benefit of the individual.
 5. In the case of an irrevocable trust described in step 2, if the penalty period has expired and the individual is being granted Medicaid benefits, refer the case to the Attorney General's office for their review if the trust was established within the 60 month look-back period described in policy.
 6. Do not apply the transfer of assets penalty based on trusts involving the following grantors, if the trust arrangement meets the criteria described in policy:
 - disabled individuals under 65; and
 - disabled individuals of any age whose trust is managed by a non-profit organization.

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Date: 10-1-93

Transmittal: UP-94-21

P-3028.15 page 2

Section:
Technical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Transfer of Assets

Program: MA

Subject:
Considering Transfers Involving Trusts

- P-3028.15 7. Refer cases described in step 6 to the Attorney General's office for their review if the case is being granted and the trust was established within the 60 month look-back period described in policy.
8. If the Attorney General's office is able to dissolve the trust in cases described in steps 5 or 6, consider the funds in the trust to be an available asset.

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Date: 10-1-93

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P-3028.16

Section:
Technical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Transfer of Assets

Program: MA

Subject:
Evaluating Transfers Made for Another Purpose

P-3028.16 Disregard any transfer made for a purpose other than to qualify for benefits. Either the institutionalized individual or his or her spouse may transfer an asset for a purpose other than to qualify the institutionalized individual for Medicaid benefits.

1. Undue Influence

If the transferor is still competent, require him or her to provide detailed information concerning the transfer.

Explain that his or her cooperation may be required if the Department initiates a legal action against the transferee.

If the transferor is no longer competent, require his or her conservator to provide the information concerning the transfer.

Make a preliminary decision about undue influence with Supervisor and Program Supervisor approval. Refer to the Resource Unit for investigation if there is insufficient information on which to base a decision.

If the decision is favorable to the transferor, do not impose a penalty period, but refer to the Resource Unit for investigation of the possibility of recovery.

2. Foreseeable Needs Met

Consider the following factors as supportive of a conclusion that foreseeable needs were met:

- the transferor was in good health with no physical problem that could be anticipated to seriously deteriorate in the 36 months (or, in the case of trusts, 36 or 60 months, as described in policy) immediately following the transfer. Require medical reports from the individual's physician and send the information to the MRT for review;
- the transferor was fully self-supporting;

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Chapter:
Transfer of Assets

Program: MA

Subject:
Evaluating Transfers Made for Another Purpose

P-3028.16 2. Foreseeable Needs Met (continued)

- the transferor was covered by private health benefits;
- the transferor was less than 45 years old.

Consider these to be factors tending to refute the claim that foreseeable needs were met:

- the transferor was 55 years of age or older;
- the transferor made the transfer despite suffering from a chronic medical condition or after a sudden onset of disability;
- the transferor was not self-supporting;
- the transferor had no private health insurance benefits.
- the transferor or his or her spouse was institutionalized when the transfer was made.

If the circumstances support a decision that foreseeable needs were met, disregard the transfer.

3. Transfer to or by Legal Owner

- Refer to chapter 4010 to evaluate this argument.
- If the argument is valid, disregard the transfer.

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Section:
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Type:
PROCEDURES

Chapter:
Transfer of Assets

Program: MA

Subject:
Evaluating Transfers Made for Another Purpose

P-3028.16 4. Transferred Asset Would Not Affect Eligibility if Retained

Do not impose a penalty when the institutionalized individual would have been eligible for assistance if the individual or his or her spouse still had the transferred asset. Remember the exception to this rule regarding the transfer of the home or proceeds of a home equity loan, reverse mortgage or similar instrument that reduces equity in the home. To determine how retention of the asset would affect eligibility, determine if the transfer occurred before or after the start of the institutionalized spouse's first period of institutionalization.

- For transfers made before the individual was institutionalized:
 - * add the transferred asset to the assets used in the assessment of spousal assets;
 - * determine a new spousal share and a new CSPA based on the assessment including the transferred asset;
 - * add the assets left at the time of application to the transferred asset;
 - * if the result is equal to or less than the total of the new CSPA and the asset limit, the transferred asset would not affect eligibility if retained;
 - * if the result is greater than the total of the new CSPA and the asset limit, impose a penalty based on the total amount transferred.
- For transfers made after the individual was institutionalized:
 - * compare the total of the transferred asset plus any assets already protected to the CSPA established in the eligibility determination;
 - * if the total is equal to or less than the total of the CSPA and the asset limit, the transfer would not have affected eligibility;
 - * if the total is greater than the total of the CSPA and the asset limit, the individual is ineligible. A penalty is imposed based on the total amount transferred.
- For multiple transfers made before or after the individual was institutionalized, add all the transfers together before determining the intent of the transfer.

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Section:
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Type:
PROCEDURES

Chapter:
Transfer of Assets

Program: MA

Subject:
Evaluating Transfers Made For Another Purpose

P-3028.16 4. Transferred Asset Would not Affect Eligibility if Retained (continued)

- | ° Remember that when either spouse transfers his or her home or the proceeds of a home equity loan, reverse mortgage or similar instrument the transfer cannot be considered to be made for reasons other than to qualify, and will result in the imposition of a penalty period, unless the transfer is made to certain persons described in policy.

5. Post Eligibility Transfers Made by the Institutionalized Individual's Spouse

- | ° Do not impose a penalty when the spouse of the institutionalized individual transfers an asset after the first month of eligibility when it is determined that the asset is neither the home nor the proceeds of a home equity loan, reverse mortgage or similar instrument.
- | ° Do not impose a penalty when it is determined that the spouse of an institutionalized individual transferred the home or the proceeds of a home equity loan, reverse mortgage or similar instrument to a qualifying individual as listed in policy.

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P-3028.17

Section:
Technical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Transfer of Assets

Program: MA

Subject:
Evaluating Intent to Receive Fair Value or Other Valuable Consideration

- P-3028.17
1. Disregard the transfer if the transferor intended to transfer the asset at fair market value. Consider the following factors when evaluating this argument:
 - Did circumstances at the time of the transfer prevent the transferor from getting a better price for the asset?
 - Was the transferee a friend or relative of the individual? If not, give more credibility to the claim that the transferor attempted to obtain the best price possible.
 - Did the transferor make a bonafide effort to get the best price possible?
 - Did the transferor use all reasonable means to market the asset?
 2. Disregard the transfer if the transferor intended to make the transfer for other valuable consideration, as defined in policy.
 - Make sure the transferor received services or payment for services of the type provided by a homemaker or a home health aide. If the transferee provided the services personally, make sure that he or she was living with the transferor while providing the services.
 - Make sure these services eliminated the need to institutionalize the transferor for at least two years. Obtain a medical report attesting to the transferor's need for institutionalization without the services.
 - Refer the case to the Medical Review Team at Central Office for a determination regarding the validity of the claim that the transferee provided other valuable consideration.
 - Make sure that the value of the other valuable consideration is at least equal to the value of the transferred asset. Otherwise, compute a period of ineligibility, as described at P-3028.30.

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P-3028.18

Section:
Technical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Transfer of Assets

Program: MA

Subject:
Determining Undue Hardship

P-3028.18 **Undue Hardship Claim Process**

Refer to P-3028.25 regarding procedures for notifying the individual of:

- the Department's preliminary decision that an improper transfer of assets has occurred; and
- the time limit for the individual to claim undue hardship; and
- the time limit for the Department to notify the individual of its final decision and to explain the individual's appeal rights.

Criteria for Undue Hardship

After consulting with the Supervisor, do not impose a penalty period if:

- the institutionalized individual has been threatened with eviction from an LTCF or medical institution and the individual has exhausted all legal methods to prevent the eviction; or
- the medical provider has threatened to terminate home and community-based services provided under a Medicaid waiver; and
- the transferee no longer has the asset and has no other assets of comparable value to pay the cost of care; and
- there is no other family member or other individual or organization willing and able to provide care to the individual.

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3028.20

Section:
Technical Eligibility Requirements

Type:
POLICY

Chapter:
Transfer of Assets

Program: MA

Subject:
Transfers Made in Return for Other Valuable Consideration

3028.20 A. General Principles

1. Other valuable consideration may be received either prior to or subsequent to the transfer.
2. If the transfer occurred on or after July 1, 2001, the value of the other valuable consideration, computed as described in subparagraph 3 below, must be equal to or greater than the value of the transferred asset in order for the asset to be transferred without penalty.
3. The value of the other valuable consideration, as described in paragraph B, is equal to the average monthly cost to a private patient for long-term care services in Connecticut, multiplied by the number of months the transferee avoided the need for the transferor to be institutionalized.

(Cross Reference: P-3028.30)

B. Criteria for Other Valuable Consideration

Other valuable consideration must be in the form of services or payment for services which meet all of the following conditions:

1. the services rendered are of the type provided by a homemaker or a home health aide; and
2. the services are essential to avoid institutionalization of the transferor for a period of at least two years; and
3. the services are either:
 - a. provided by the transferee while sharing the home of the transferor; or
 - b. paid for by the transferee.

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Transfer of Assets

Program: MA

Subject:
Determining Fair Market Value

- P-3028.20
1. To determine fair market value of an asset, use sources such as, but not limited to:
 - NADA "blue" book of trade-in values for automobiles;
 - real estate conveyance records;
 - marketing appraisals;
 - bank records;
 - passbooks;
 - records of stock transactions;
 - property appraisals performed by the Department;
 - tax assessment records.
 2. Determine if fair market value was received in the transfer by comparing the compensation received with the fair market value of the asset transferred.
 - check whether the compensation was received at, after, or before the date of the transfer;
 - if the compensation was received before the date of the transfer, check to see if it is of a type which is countable without a legally enforceable agreement;
 - if a legally enforceable agreement is required to count the compensation, gather the information needed, review the circumstances with the supervisor and program supervisor, and document the decision in the case record.
 3. If fair market value was received, stop here.
 4. If fair market value was not received, evaluate the transfer based on the policy described in this chapter.

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3028.25

Section:

Technical Eligibility Requirements

Type:

POLICY

Chapter:

Transfer of Assets

Program:

MA

Subject:

Undue Hardship

3028.25 A. General Statement

An institutionalized individual is not penalized based on a transfer of assets made by the individual or his or her spouse if denial or discontinuance of payment for services would create an undue hardship.

B. Undue Hardship Conditions

When an individual would be in danger of losing payment for LTCF or equivalent services described at 3028.05 B solely because of the imposition of a penalty period, the Department does not impose such penalty under the following conditions:

1. a. The long-term care facility or medical institution has threatened the individual with eviction due to non-payment and the individual has exhausted all legal methods to prevent the eviction; or
- b. The medical provider has threatened to terminate home and community-based services being provided under a Medicaid waiver; and
2. The transferor establishes that the transferee is no longer in possession of the transferred asset and the transferee has no other assets of comparable value with which to pay the cost of care; and
3. There is no family member or other individual or organization able and willing to provide care to the individual.

C. Notice of Undue Hardship Provision

The Department notifies individuals applying for LTC services that an undue hardship provision exists. This notification is part of the preliminary decision notice that the Department sends to the individual when it determines that he or she has made an improper transfer of assets resulting in a penalty period (Cross Reference: 3028.35).

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Program: MA

Subject:
Undue Hardship

3028.25 D. Undue Hardship Determinations

1. The individual has ten days from the date of the notice described in 3028.25 C to claim undue hardship or to otherwise rebut the Department's decision to impose a penalty period. The Department may grant an extension if the individual so requests and the request is reasonable.
2. If the individual does not claim undue hardship or rebut the Department's preliminary decision to impose a penalty period, the Department sends the individual a final decision notice regarding the penalty period at the time of the disposition of the Medicaid application. This notice contains all the elements of the preliminary notice, and a description of the individual's appeal rights (Cross Reference: 3028.35).
3. If the individual claims undue hardship or rebuts the Department's preliminary decision to impose a penalty period, the Department has ten days from the receipt of such claim or rebuttal to send an interim decision notice to the individual stating that it is either upholding or reversing its preliminary decision.
4. The notification described in 3028.25 D. 3 informs the individual that:
 - a. the Department is reversing its preliminary decision, and is not imposing a penalty period with respect to LTC services; or
 - b. the Department's preliminary decision is upheld, and a penalty period is being established, during which Medicaid will not pay for LTC services.
5. The Department sends a final decision notice regarding the undue hardship/rebuttal issue at the time of the mailing of the notice regarding the disposition of the Medicaid application.

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Type:
PROCEDURES

Chapter:
Transfer of Assets

Program: MA

Subject:
Making a Preliminary Decision and Allowing a Rebuttal

- P-3028.25
1. Make sure that you have, at least, the following information to determine that a transfer has been made:
 - the type of asset transferred;
 - how the asset was transferred;
 - the date the transfer occurred.
 2. If you do not have enough information to determine that the institutionalized individual or his or her spouse has actually disposed of the asset, discuss the situation with your supervisor, and deny or discontinue assistance based on insufficient information, if appropriate. If you do have enough information, continue with step 3.
 3. After discussion with the Supervisor and obtaining supervisory approval, make a preliminary decision to impose a penalty period when the facts lead to the conclusion that a transfer of assets is one which calls for such penalty.
 4. Provide written notice (W-495A) to the institutionalized individual and to his or her spouse when the spouse is the transferor. The notice contains:
 - the decision; and
 - the reasons for the decision; and
 - the right to rebut the decision of the Department within 10 days.
 5. Give interpretive help if requested. Extend the ten day deadline if the individual so requests and the request is reasonable.
 6. Review any material presented in rebuttal with the Supervisor to determine if it supports a change in decision.
 7. Take into consideration all evidence presented, including the transferor's statement as to the reason for the transfer. Allow the individual to claim undue hardship, and evaluate this claim with the Supervisor if the individual makes this claim (Cross Reference: 3028.25).

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Transfer of Assets

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Subject:
Making a Preliminary Decision and Allowing a Rebuttal

- P-3028.25
8. Weigh the evidence presented in the rebuttal in accordance with policy, noting particularly:
 - provision for foreseeable needs;
 - unusual or unexpected circumstances;
 - further information which affects the computation of fair value.
 9. Record the analysis and result of the rebuttal.
 10. Notify the individual of the interim decision in writing (W-495B) within ten days.
 11. If the individual has not rebutted, and has not claimed undue hardship, complete and send the final decision notice (W-495C) to the individual when you dispose of the case.
 12. If the individual has either rebutted or claimed undue hardship, and his or her claim is being denied, complete and send final decision notice (W-495C) to the individual when you dispose of the case.

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3028.30

Section:
Technical Eligibility Requirements

Type:
POLICY

Chapter:
Transfer of Assets

Program: MA

Subject:
Compensation

3028.30 Compensation in exchange for a transferred asset is counted in determining whether fair market value was received.

A. Compensation Which is Counted

1. When an asset is transferred, compensation is counted when it is received at the time of the transfer or any time thereafter.
2. Compensation received prior to the time of the transfer is counted if it was received in accordance with a legally enforceable agreement.
3. Compensation may include the return of the transferred asset to the extent described at 3028.10.

B. Value of Compensation

Each form of compensation is assigned a dollar value to compare with the fair market value of the transferred asset.

1. In determining the dollar value of services rendered directly by the transferee, the Department uses the following amounts:
 - a. for all services of the type normally rendered by a homemaker or home health aid, the current state minimum hourly wage for such services;
 - b. for all other types of services, the actual cost.
2. Out-of-pocket payment by the transferee may include capital alterations necessary to allow the transferor continued use of the home to avoid institutionalization.
3. Compensation in the form of real or personal property is compared using its fair market value.
4. The value of a note of indebtedness is the total amount owed.

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P-3028.30

Section:
Technical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Transfer of Assets

Program: MA

Subject:
Calculating and Imposing the Penalty Period

- P-3028.30
1. Calculate the penalty period using the steps that follow.
 2. Start with the fair market value of the transferred asset.
 3. Deduct from the fair market value any compensation received which is acceptable per policy.
 4. Divide the remainder by the average monthly cost of care to a private patient in a LTCF. This figure is \$9,096.00 from 7/1/07 – 6/30/08, \$9,464.00 from 7/1/08 – 6/30/09, \$9,959.00 from 7/1/09 – 6/30/10, \$10,366.00 from 7/1/10 – 6/30/11, and \$10,586.00 on or after 7/1/11.
 - For applicants, base the cost on the appropriate figure as of the month of application;
 - For recipients, base the cost on the appropriate figure as of the month of institutionalization, if the transfer occurred while the individual was receiving Medicaid in the community, and the transfer did not affect eligibility at that point in time;
 - For recipients, base the cost on the appropriate figure as of the month of the transfer, if the transfer involves either the home transferred by the spouse while the institutionalized individual is receiving Medicaid, or any asset transferred by an institutionalized individual while receiving Medicaid.
 5. The result of the calculation above will be a whole number representing the number of whole months of the penalty period and/or a fraction representing a partial month.
 6. Use the partial amount to determine the last day of the penalty period by the following method:
 - multiply the fraction that represents the partial month described in step 5 by the number of days in the month in which the penalty period expires;
 - the resulting whole number is the day of the month on which the penalty period expires.

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Section:
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Type:
POLICY

Chapter:
Transfer of Assets

Program: MA

Subject:
Notification and Rebuttal

3028.35 A. Notification

1. Prior to denial or discontinuance of LTC Medicaid benefits, the Department notifies the individual and his or her spouse of its preliminary decision that a transfer of an asset is determined to have been improper.
2. The notification includes a clear explanation of both:
 - a. the reason for the decision; and
 - b. the right of the individual or his or her spouse to rebut the issue within ten days.

B. Rebuttal

1. An institutionalized individual, or his or her spouse, who is notified of the Department's determination that an asset transfer was improper, has ten days from the date of the notice to rebut this determination prior to the implementation of the negative action. The Department may grant an extension if the individual so requests and the request is reasonable.
2. Rebuttal must include:
 - a. a statement from the individual or his or her spouse as to the reason for the transfer; and
 - b. objective evidence, which is:
 - (1) evidence which rational people agree is real or valid; and
 - (2) documentary or non-documentary.

C. Rebuttal Process

1. If the individual does not rebut the Department's preliminary decision to impose a penalty period, the Department sends the individual a final decision notice regarding the penalty period at the time of the disposition of the Medicaid application. This notice contains all the elements of the preliminary notice, and a description of the individual's appeal rights.
2. If the individual rebuts the Department's preliminary decision to impose a penalty period, the Department has ten days from the receipt of the rebuttal to send an interim notice to the individual stating that it is either upholding

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Chapter:
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Program: MA

Subject:
Notification and Rebuttal

3028.35 C. 2. Rebuttal Process (continued)

or reversing its preliminary decision.

3. The notification described in 3028.35 C. 2 informs the individual that:

- a. the Department is reversing its preliminary decision, and is not imposing a penalty period with respect to LTC services; or
- b. the Department's preliminary decision is upheld, and a penalty period is being established, during which Medicaid will not pay for LTC services.

4. The Department sends a final decision notice regarding the rebuttal issue at the time of the mailing of the notice regarding the disposition of the Medicaid application.

D. Undue Hardship

Regardless of whether the individual rebuts the Department's decision, the individual may claim that a denial or discontinuance of LTC benefits will cause undue hardship (Cross Reference: 3028.25).

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P-3028.35

Section:
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Type:
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Chapter:
Transfer of Assets

Program: MA

Subject:
Processing Withdrawn Applications

- P-3028.35
1. Continue to process an application involving a transfer of assets after it is withdrawn.
 2. Document all known information. If the application is not signed, do not enter the information into the EMS.
 3. Calculate the penalty period to the best of your ability, using the information you have.
 4. Stamp the case record to avoid destruction.
 5. Maintain the record in the district office for the entire penalty period.
 6. Use the penalty period as a basis for decisions on any reapplication during the period.

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3028.40

Section:

Technical Eligibility Requirements

Type:

POLICY

Chapter:

Transfer of Assets

Program: MA

Subject:

Withdrawals

- 3028.40 A. An applicant's decision to withdraw a written application does not interrupt processing of the information regarding an asset transfer.
- B. If the information processed supports the decision that the transfer was improper, a penalty period is calculated to the extent possible.
- C. The eligibility decision made on the withdrawn application regarding the asset transfer applies to any subsequent applications made by the individual or the individual's spouse during the penalty period.
- D. The penalty period may be recalculated if additional information is presented for a reapplication.

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Technical Eligibility Requirements

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PROCEDURES

Chapter:
Transfer of Assets

Program: MA

Subject:
Documenting Transfers

- P-3028.40
1. Document the details of every asset transfer investigated in determination of eligibility.
 2. Note for the record:
 - the type of asset transferred;
 - the date of the transfer;
 - the names of the transferor and transferee;
 - the type and amount of compensation, if any;
 - the reason for the transfer;
 - any disputes about ownership of the asset.
 3. If there is a dispute about ownership, determine and document:
 - who has physical possession;
 - who originally purchased the asset;
 - who paid any ongoing expenses of the asset;
 - why, and under what conditions an asset is held by one individual for another.
 4. Complete a W495 on every transfer case which is investigated regardless of whether the result is eligibility or ineligibility.
 5. File one copy in the case record, send a copy to the Chief of Resources, C.O., and place the third copy in the special file against which future applications will be checked.
 6. Stamp the folder so the case record will not be destroyed.

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Section:**Technical Eligibility Requirements****Type:****POLICY**

Chapter:**Transfer of Assets****Program: MA**

Subject:

3029 This chapter describes the technical eligibility requirement in the Medicaid program pertaining to the transfer of an asset for less than fair market value. The policy material in this chapter pertains to transfers that occur on or after February 8, 2006.

The material contained in this chapter pertains only to the Medicaid program. Policy and procedures concerning transfers of assets in the cash and Food Stamp programs are contained elsewhere in this section, as are the Medicaid policy and procedures that pertain to transfers occurring prior to February 8, 2006.

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Section:
Technical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Transfer of Assets

Program: MA

Subject:
Defining the "Look Back" Period

- P-3029.01
1. To evaluate transfers, count back 36 months from:
 - the date of application, if the applicant is institutionalized as of the date of application; or
 - the date of institutionalization, if the individual:
 - is receiving Medicaid while living in the community, but subsequently becomes institutionalized; or
 - applies for Medicaid while living in the community, but becomes institutionalized while the application is pending.
 2. If the 36 month period extends to a date prior to February 8, 2006, do not look back further than the 36th month.
 3. If you do not reach a date prior to February 8, 2006 by the 36th month, continue counting retrospectively until you have either reached February 8, 2006 or the 60th month, whichever occurs first.
 4. To define the look-back period involving a payment made from an irrevocable trust which **could have been** made to or for the benefit of the individual, but which was made other than for that purpose, follow steps 1 through 3.
 5. To define the look-back period for transfers involving the following trusts, count back 60 months from the date of application or 60 months from the date of institutionalization, as described in step 1:
 - payments from a revocable trust other than those made to or for the benefit of the individual; and
 - the establishment of an irrevocable trust in which no payments can be made to the individual under any circumstances.

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Date: 4-1-07

Transmittal: UP-07-02

3029.03

Section:

Technical Eligibility Requirements

Type:

POLICY

Chapter:

Transfer of Assets

Program: MA

Subject:

Effective Dates

3029.03 The Department uses the policy contained in this chapter to evaluate asset transfers, including the establishment of certain trusts and annuities, if the transfer occurred, or the trust or annuity was established, on or after February 8, 2006.

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P-3029.03

Section:
Technical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Transfer of Assets

Program: MA

Subject:
Looking for Transfers

- P-3029.03 1. Explore the possibility of unreported transfers by questioning the potential of ownership of the following in the "look back" period:
- a house;
 - a car;
 - a savings account;
 - a checking account;
 - a trust, annuity or similar asset;
 - a lump-sum.
2. Use the following guidelines in investigating savings accounts:
- examine the savings accounts history during the "look back" period months;
 - question any withdrawals which appear to involve transfers that might affect eligibility;
 - use prudent judgment in determining whether a withdrawal requires verification, especially if the withdrawal occurred more than 36 months prior to the date of application;
 - accept reasonable explanations, especially if the individual was in good health and not institutionalized at the time of the withdrawal;
 - as a general rule, be more accepting the lower the withdrawal amount and the earlier the withdrawal date .
3. Use the following guidelines in investigating checking accounts:
- examine checking account history during the "look back" period months;
 - establish the normal pattern of payment of expenses by looking at the checking account history for at least the 6 months prior to institutionalization and each month subsequent to institutionalization;
 - request further information about any withdrawals which are not part of the normal pattern or appear questionable, regardless of when they occurred

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Subject:
Looking for Transfers

P-3029.03 3. (continued)

during the “look back” period;

- use prudent judgment in determining whether a withdrawal requires verification;
 - as a general rule, be more accepting the lower the withdrawal amount and the earlier the withdrawal date;
 - accept reasonable explanations, especially if the individual was in good health and not institutionalized at the time of the withdrawal.
4. Examine two or more transfers separately, unless the transfers occurred during the same month.

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P-3029.04

Section:
Technical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Transfer of Assets

Program: MA

Subject:
Choosing the Correct Policy to Use

- P-3029.04
1. If the date of the transfer or the establishment of the trust or annuity is prior to February 8, 2006, follow the policy contained at Chapter 3028 to evaluate the transfer or the trust or annuity.
 2. Use the policy contained in chapter 3029 only if the transfer occurs or the trust or annuity is established on or after February 8, 2006.

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3029.05

Section:

Technical Eligibility Requirements

Type:

POLICY

Chapter:

Transfer of Assets

Program: MA

Subject:

Basic Provisions

3029.05 A. General Statement

There is a period established, subject to the conditions described in this chapter, during which institutionalized individuals are not eligible for certain Medicaid services when they or their spouses dispose of assets for less than fair market value on or after the look-back date specified in 3029.05 C. This period is called the penalty period, or period of ineligibility.

B. Individuals Affected

1. The policy contained in this chapter pertains to institutionalized individuals and to their spouses.
2. An individual is considered institutionalized if he or she is receiving:
 - a. LTCF services; or
 - b. services provided by a medical institution which are equivalent to those provided in a long-term care facility; or
 - c. home and community-based services under a Medicaid waiver (cross references: 2540.64 and 2540.92).

C. Look-Back Date for Transfers

The look-back date for transfers of assets is a date that is 60 months before the first date on which both the following conditions exist:

1. the individual is institutionalized; and
2. the individual is either applying for or receiving Medicaid.

D. Transfers Attributable to Individual or Spouse

1. The Department considers transfers of assets made within the time limits described in 3029.05 C, on behalf of an institutionalized individual or his or her spouse by a guardian, conservator, person having power of attorney or other person or entity so authorized by law, to have been made by the individual or spouse.

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3029.05 D. Transfers Attributable to Individual or Spouse (continued)

2. In the case of an asset that the individual holds in common with another person or persons in joint tenancy, tenancy in common or similar arrangement, the Department considers the asset (or affected portion of such asset) to have been transferred by the individual when the individual or any other person takes an action to reduce or eliminate the individual's ownership or control of the asset.

E. Start of the Penalty Period

The penalty period begins as of the later of the following dates:

1. the first day of the month during which assets are transferred for less than fair market value, if this month is not part of any other period of ineligibility caused by a transfer of assets; or
2. the date on which the individual is eligible for Medicaid under Connecticut's State Plan and would otherwise be eligible for Medicaid payment of the LTC services described in 3029.05 B based on an approved application for such care but for the application of the penalty period, and which is not part of any other period of ineligibility caused by a transfer of assets.

F. Length of the Penalty Period

1. The length of the penalty period consists of the number of whole and/or partial months resulting from the computation described in 3029.05 F. 2.
2. The length of the penalty period is determined by dividing the total uncompensated value of all assets transferred on or after the look-back date described in 3029.05 C by the average monthly cost to a private patient for LTCF services in Connecticut.
 - a. For applicants, the average monthly cost for LTCF services is based on the figure as of the month of application.
 - b. For recipients, the average monthly cost for LTCF services is based on the figure as of:
 - (1) the month of institutionalization; or
 - (2) the month of the transfer, if the transfer involves the home, or the

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Transfer of Assets

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Subject:

Basic Provisions

3029.05 F. 2. b. (2) Length of the Penalty Period (continued)

proceeds from a home equity loan, reverse mortgage or similar instrument improperly transferred by the spouse while the institutionalized individual is receiving Medicaid, or if a transfer is made by an institutionalized individual while receiving Medicaid (Cross Reference: 3029.15).

3. Uncompensated values of multiple transfers are added together and the transfers are treated as a single transfer. A single penalty period is then calculated, and begins on the date applicable to the earliest transfer.
4. Once the Department imposes a penalty period, the penalty runs without interruption, regardless of any changes to the individual's institutional status.

G. Medicaid Eligibility During the Penalty Period

1. During the penalty period, the following Medicaid services are not covered:
 - a. LTCF services; and
 - b. services provided by a medical institution which are equivalent to those provided in a long-term care facility; and
 - c. home and community-based services under a Medicaid waiver.
2. Payment is made for all other Medicaid services during a penalty period if the individual is otherwise eligible for Medicaid.

H. Transfers Affecting Both Spouses

1. If a transfer made by an individual results in a penalty period for the individual, the penalty period is apportioned between the individual and spouse if:
 - a. the spouse either is or becomes eligible for Medicaid; and
 - b. the spouse is also institutionalized; and
 - c. some portion of the penalty against the individual remains at the time conditions a and b are met.

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3029.05 H. Transfers Affecting Both Spouses (continued)

2. When a penalty period is apportioned between spouses as described in 3029.05 H. 1, the penalty period for each spouse is equal to one half the total penalty period remaining at the time.
3. If one spouse no longer is subject to his or her portion of the penalty period described in 3029.05 H. 2, the remaining portion of the penalty period applicable to both spouses is served by the remaining spouse.

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Type:
PROCEDURES

Chapter:
Transfer of Assets

Program: MA

Subject:
Identifying Institutionalized Individuals

- P-3029.06
1. Make sure that the policy contained in this chapter is appropriate to use, as described in P-3029.04.
 2. Look for possible transfers made by the individual or his or her spouse, or by someone legally authorized to act on behalf of the individual or spouse.
 3. Remember that the policy in this chapter affects only the eligibility for payment of LTC services under the Medicaid program with respect to those individuals classified as institutionalized.
 4. If a non-institutionalized individual has made a transfer that could affect future benefits, document the case record as described in P-3029.40.
 5. If an institutionalized individual, his or her spouse, or someone legally authorized to act on their behalf has made a transfer, use the policy contained in this chapter to determine whether the benefits of the institutionalized individual will be affected.

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Transfer of Assets

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Subject:
Considering the Type of Assets Transferred

- P-3029.07
1. Determine whether the asset transferred was the individual's or the spouse's home or the proceeds from a home equity loan, reverse mortgage or similar instrument. Remember that when any of these assets are transferred after the first month of Medicaid eligibility, the transfer must be examined when it is made by **either** spouse.
 2. Consider the intent behind changes in living arrangements on a case by case basis. For example, if the individual went to live with someone else for what was considered a temporary period immediately prior to entering an institution, do not consider the temporary arrangement a home unless there is clear intent to establish a new permanent residence there.
 3. If the asset was the home, disregard the transfer if the transferee is the individual's spouse, child, or sibling in accordance with policy (Cross Reference: 3029.10).
 4. If the individual transferred his or her home to someone other than those described in step 3, evaluate the transfer based on the policy described in this chapter.
 5. If the asset transferred was something other than the home, evaluate the transfer based on the policy described in this chapter.

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Section:
Technical Eligibility Requirements

Type:
POLICY

Chapter:
Transfer of Assets

Program: MA

Subject:
Transfers Not Resulting in a Penalty

3029.10 The transfers described in 3029.10 do not render an individual ineligible for Medicaid payment of long-term care services.

A. Transfer of the Home

1. An individual or his or her spouse may transfer his or her home without penalty to his or her:
 - a. spouse; or
 - b. child under age 21; or
 - c. child of any age if the child is considered to be blind or disabled under criteria for SSI eligibility; or
 - d. sibling, if the sibling:
 - (1) has an equity interest in the home; and
 - (2) was residing there for a period of at least one year before the date the individual is institutionalized; or
 - e. son or daughter, other than one described in 3029.10 A. 1. b and 3029.10 A. 1 c, who:
 - (1) was residing in the home for a period of at least two years immediately before the date the individual is institutionalized; and
 - (2) provided care to the individual which avoided the need of institutionalizing him or her during those two years.
2. For purposes of this chapter, the word "home" refers to:
 - a. the real property used as principal residence by an institutionalized individual immediately prior to his or her institutionalization; or
 - b. the real property used as principal residence by the spouse of the institutionalized individual; or
 - c. the real property used as principal residence by an individual receiving home and community-based services under a Medicaid waiver.

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Transfers Not Resulting in a Penalty

3029.10 B. Transfers Made to or for the Benefit of Spouses

1. Subject to the provisions in 3029.10 B. 2, an individual may transfer assets of any type without penalty to his or her spouse, or to a third party for the sole benefit of such spouse.
2. Subject to the provisions in subparagraphs a and b below, in or after the month of initial Medicaid eligibility, an institutionalized spouse may transfer assets without penalty to his or her community spouse, or to a third party for the sole benefit of such spouse.
 - a. The amount of the assets transferred must be no greater than that amount needed to raise the community spouse's assets up to the CSPA.
 - b. The transfer must be made as soon as practicable, allowing for such time as necessary for the community spouse to obtain a court order for support.
3. The individual's spouse may transfer assets of any type without penalty to a third party for the sole benefit of himself or herself.

C. Transfers to a Disabled Child

An institutionalized individual, or his or her spouse, may transfer assets of any type without penalty to:

1. his or her child who is considered to be blind or disabled under the criteria for SSI eligibility; or
2. a trust, including a trust described at 4030.80 D. 6, established for the sole benefit of his or her child who is considered to be blind or disabled under criteria for SSI eligibility.

D. Transfers to Certain Trusts

An institutionalized individual or his or her spouse may transfer assets of any type without penalty to a trust, including a trust described at 4030.80 D. 6, established for the sole benefit of an individual under age 65 who is considered to be disabled under criteria for SSI eligibility.

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Transfer of Assets

Program: MA

Subject:
Transfers Not Resulting in a Penalty

3029.10 E. Transfers Made Exclusively for Reasons Other than Qualifying

An otherwise eligible institutionalized individual is not ineligible for Medicaid payment of LTC services if the individual, or his or her spouse, provides clear and convincing evidence that the transfer was made exclusively for a purpose other than qualifying for assistance.

F. Transferor Intended to Transfer at Fair Market Value

An institutionalized individual, or his or her spouse, may transfer an asset without penalty if the individual provides clear and convincing evidence that he or she intended to dispose of the asset at fair market value.

G. Transfer Made for Other Valuable Consideration

An institutionalized individual, or his or her spouse, may transfer an asset without penalty if the individual provides clear and convincing evidence that he or she intended to dispose of the asset in return for other valuable consideration. The value of the other valuable consideration must be equal to or greater than the value of the transferred asset in order for the asset to be transferred without penalty. (Cross Reference: 3029.20)

H. Return of Transferred Asset

1. An institutionalized individual is not penalized based on the transfer of an asset if the entire asset has been returned.
2. If only part of the transferred asset is returned, the penalty period is adjusted.
3. The adjusted penalty period described in 3029.10 H. 2 is based on the uncompensated value of the original transfer minus the value of the part of the asset that is returned.
4. The part of the asset that is returned to the individual is considered available to the individual during the time period from the date of its transfer to the date of its return, and remains available for as long as the individual has the legal right, authority or power to liquidate it.

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Transfers Not Resulting in a Penalty

3029.10 I. Transferor Subject to Undue Hardship

The Department waives the penalty period associated with the transfer of an asset if the Department determines that denial of payment for services would create an undue hardship. In such cases, the Department may pursue recovery against the transferee, if appropriate (Cross Reference: 3029.25).

J. "For the Sole Benefit of"

The phrase "for the sole benefit of" an individual, as described in 3029.10 B, C and D, means that the asset, trust or similar device benefits no one but the individual, either at the time of the transfer or establishment of the trust, or at any time in the future, except as described below.

1. With respect to the establishment of a trust, the trust may provide for a reasonable fee to be paid to the trustee for managing the trust.
2. If a beneficiary is named to receive the transferred asset, or whatever is left of it, at the time of the individual's death, the transfer or trust is still considered to have been made for the sole benefit of the individual if:
 - a. the Department is named as the primary beneficiary of the asset, up to the amount of Medicaid payments paid on behalf of the individual; and
 - b. the designated beneficiary or beneficiaries receive any amount that remains.

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Section:
Technical Eligibility Requirements

Type:
POLICY

Chapter:
Transfer of Assets

Program: MA

Subject:
Transfers Involving Trusts

3029.11 A. General Principles

1. The Department considers the converting of an asset into the form of a trust or similar asset to be a transfer to the extent that it is no longer available to the individual.
2. The Department considers payments made from trusts other than those made to or for the benefit of the individual to be transfers of assets.

B. Revocable Trusts

1. The Department does not consider the converting of an asset into the form of a revocable trust to be a transfer of the asset because the assets in the trust are considered available to the individual since he or she can revoke the trust.
2. The Department considers payments from a revocable trust other than those made to or for the benefit of the individual to be assets transferred by the individual as described in this chapter.

C. Irrevocable Trusts

1. The Department does not consider the converting of an asset into the form of an irrevocable trust to be a transfer to the extent that payments from the trust can be made to the individual under any circumstances, and are therefore considered available assets.
2. The Department considers payments from that portion of the corpus or income generated by the corpus of an irrevocable trust described in paragraph 1 other than those made to or for the benefit of the individual to be a transfer of assets by the individual as described in this chapter.
3. The Department considers the converting of an asset into the form of an irrevocable trust from which no payment could be made to the individual under any circumstances as a transfer of assets, as described in this chapter, effective the later of the following dates :
 - a. the date of the establishment of the trust; or
 - b. the date on which payment to the individual is made unavailable.
4. The Department considers the following as separate transfers of assets as of the date they are added to an irrevocable trust described in 3029.11 C. 3:

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3029.11 C. 4. Irrevocable Trusts (continued)

- a. additional funds placed into the trust by the individual, spouse, or other person or entity described at 4030.80 D, to the extent that the additional funds cannot be paid to or for the benefit of the individual under any circumstances; and
- b. income generated by the corpus of the trust, to the extent that this income cannot be paid to or for the benefit of the individual under any circumstances.

D. Exceptions

The transfer of asset penalties do not apply to the following trusts:

- 1. a trust containing the assets of an individual under age 65 who is disabled, under criteria for SSI eligibility, if:
 - a. the trust is established for the benefit of such individual by his or her parent, grandparent, or legal guardian, or by a court; and
 - b. the State will receive all amounts remaining in the trust upon the death of the individual, up to an amount equal to the total amount of Medicaid benefits paid on behalf of the individual.
- 2. a trust that meets the following conditions:
 - a. the trust is established and managed by a non-profit association; and
 - b. a separate account is maintained for each beneficiary of the trust, but, for purposes of investment and management of the funds, the trust pools these accounts; and
 - c. accounts in the trust are established solely for the benefit of individuals who are disabled, under criteria for SSI eligibility, by the individuals, their parent, grandparent or legal guardian, or by a court; and
 - d. to the extent that the amounts remaining in the individual's account upon his or her death are not retained by the trust, the trust pays to the State from such remaining amount an amount equal to the total amount of Medicaid benefits paid on behalf of the individual.

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Transfers Involving Trusts

3029.11 E. Undue Hardship

1. The Department waives the penalty period associated with a transfer of assets involving a trust upon determining that to do so would cause an undue hardship on the individual. In such cases, the Department may pursue recovery against the transferee, if appropriate.
2. The Department uses the criteria described in this chapter to determine whether undue hardship exists.

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Subject:
Considering Transfers Made to or by Spouses

- P-3029.11
1. Except as described below, disregard any transfer the individual makes to his or her community spouse, or to a third party, such as a conservator or guardian, for the sole benefit of the community spouse.
 - Do not disregard a transfer made to a trustee for the benefit of the community spouse unless the transfer is made for the sole benefit of the spouse, as described in policy.
 - Do not disregard a transfer the individual makes to his or her community spouse after the effective date of eligibility, if the community spouse already has assets equal to his or her CSPA.
 2. Disregard the transfer of either spouse's home to the other spouse or to another qualifying individual as listed in policy.
 3. Disregard any transfer other than that of the home or the proceeds from a home equity loan, reverse mortgage or similar instrument made by the community spouse after the end of the first month of eligibility for the institutionalized spouse.
 4. Disregard a transfer made by either spouse if the institutionalized spouse would have been eligible if either spouse still had the asset. To make this determination follow the procedures outlined at P-3029.16.
 5. When determining if a penalty is necessary, follow the policy and procedures for an applicant or recipient regardless of which spouse actually made the transfer.

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Subject:	Treatment of Annuities			

3029.12 A. Annuities Purchased by or on Behalf of Annuitants Applying for Medical Assistance for Nursing Facility or Other Long-Term Care Services

The Department shall consider the purchase of an annuity by, or on behalf of, an annuitant who has applied for nursing facility or other long-term care services to be a transfer for less than fair market value unless:

1. the annuity is:
 - a. an annuity described in subsection (b) or (q) of section 408 of the Internal Revenue Code of 1986; or
 - b. purchased with proceeds from an account or trust described in subsection (a), (c), or (p) of section 408 of such Code; a simplified employee pension (within the meaning of section 408(k) of such Code); or a Roth IRA described in section 408A of such Code; and
 - c. the Department is:
 - i. named as a remainder beneficiary in the first position for at least the total amount of medical assistance paid on behalf of the annuitant; or
 - ii. named as a remainder beneficiary in the second position after the community spouse or minor or disabled child and is named in the first position if such spouse or a representative of such child disposes of any such remainder for less than fair market value; or
2. the annuity:
 - a. is irrevocable and non-assignable; and
 - b. is actuarially sound (as determined in accordance with actuarial publications of the Office of the Chief Actuary of the Social Security Administration); and
 - c. provides for payments in equal amounts during the term of the annuity, with no deferral and no balloon payments made; and
 - d. the Department is:

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3029.12 A. Annuities Purchased by or on behalf of Annuitants Applying for Medical Assistance for Nursing Facility or Other Long-Term Care Services (continued)

- i. named as a remainder beneficiary in the first position for at least the total amount of medical assistance paid on behalf of the institutionalized individual; or
- ii. named as a remainder beneficiary in the second position after the community spouse or minor or disabled child and is named in the first position if such spouse or a representative of such child disposes of any such remainder for less than fair market value.

B. Annuities Purchased By or On Behalf of the Community Spouses of An Individual Applying for Medical Assistance for Nursing Facility or Other Long-Term Care Services

The Department shall consider the purchase of an annuity, by or on behalf of the community spouse of an individual who has applied for medical assistance with respect to nursing facility services or other long-term care services, to be a transfer for less than fair market value unless:

1. the Department is named as a remainder beneficiary in the first position for at least the total amount of medical assistance paid on behalf of the institutionalized individual; or
2. the Department is named as a remainder beneficiary in the second position after the minor or disabled child and is named in the first position if such child or a representative of such child disposes of any such remainder for less than fair market value.

C. Payments Made from an Annuity

The department shall consider any payment made from an annuity purchased with the assets of an applicant or recipient of long-term care medical services, or his or her spouse, as an asset transferred for less than fair market value unless the payment is made to:

1. the applicant or recipient of long-term care medical services; or
2. the spouse of an applicant or recipient of long-term care medical services;
or

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- 3029.12 A. Payments Made from an Annuity (continued)
3. the child of an applicant or recipient of long-term care medical services or his or her spouse, provided such child is considered blind or disabled under the criteria for SSI eligibility; or
 4. a trust as defined in 4030.80, D.1.

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Considering Transfers Made to Children

- P-3029.12
1. Disregard any transfer the individual makes to his or her blind or disabled son or daughter, as described in policy. Also disregard any transfer the individual makes to a trust established for the sole benefit of his or her blind or disabled child.
 2. Disregard the transfer of the individual's home to the individual's minor child, as described in policy.
 3. Disregard the transfer of the individual's home to his or her adult son or daughter, other than those described in step 1, according to policy.
 4. For transfers made to children not described in policy, evaluate the transfer based on the policy in this chapter.

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Date:	4-1-07	Transmittal:	UP-07-02	3029.13
Section:	Technical Eligibility Requirements			Type: POLICY
Chapter:	Transfer of Assets			Program: MA
Subject:	Purchase of Life Use			

3029.13 Funds used to purchase life use of another person's home are considered to be a transfer of assets for less than fair market value if the purchaser resides in the home for less than one year after the date of the purchase.

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P-3029.13

Section:
Technical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Transfer of Assets

Program: MA

Subject:
Considering Transfers Made to Siblings

- P-3029.13
1. Disregard the transfer to the individual's siblings of the individual's home subject to the conditions described in policy.
 2. For transfers made to siblings not described above, and for transfers of assets other than the home made to siblings, evaluate the transfer based on the policy found in this chapter.

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Date:	4-1-07	Transmittal:	UP-07-02	3029.14
Section:	Technical Eligibility Requirements			Type: POLICY
Chapter:	Transfer of Assets			Program: MA
Subject:	Purchase of a Mortgage Note, Loan or Installment Contract			

- 3029.14
- A. If an individual or his or her spouse uses his or her funds to purchase a mortgage note, loan, installment contract or similar financial instrument, the Department may consider such a transaction a transfer of assets for less than fair market value.
 - B. The purchase of a bona fide mortgage note, loan, installment contract or similar financial instrument is not considered a transfer of assets for less than fair market value if the mortgage note, loan, installment contract or similar financial instrument:
 - 1. has a repayment term that is actuarially sound (as determined in accordance with actuarial publications of the Office of the Chief Actuary of the Social Security Administration); and
 - 2. provides for payments to be made in equal amounts during the term of the loan, with no deferral and no balloon payments; and
 - 3. prohibits the cancellation of the balance upon the death of the lender.
 - C. A mortgage note, loan, installment contract or similar financial instrument is considered bona fide only if:
 - 1. a repayment agreement is in place at the time the funds are dispersed; and
 - 2. repayment is made to:
 - a. the individual applying for or receiving LTC services under Medicaid; or
 - b. the individual's spouse; or
 - c. the child of the individual or spouse, provided the child is considered blind or disabled under the criteria for SSI eligibility.
 - D. An individual or spouse who purchases a mortgage note, loan, installment contract or similar financial instrument that does not meet the criteria described in 3029.14 B and C is considered to have made a transfer of assets for less than fair market value.
 - E. The uncompensated value involving the purchase of a mortgage note, loan, installment contract or similar financial instrument that does not meet the

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3029.14

E. (continued)

criteria described in 3029.14 B and C is considered the outstanding balance due as of the date of the institutionalized individual's application for Medicaid benefits.

- F. Notwithstanding any other provision of this paragraph, the Department evaluates a mortgage note, loan, installment contract or similar financial instrument, and the income stream derived from any such instrument, as an available asset.
- G. The Department considers the individual payments derived from a mortgage note, loan, installment contract or similar financial instrument as counted income.

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Date: 4-1-07

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3029.15

Section:
Technical Eligibility Requirements

Type:
POLICY

Chapter:
Transfer of Assets

Program:
MA

Subject:
Transfer Made Exclusively for Reasons Other Than Qualifying

3029.15 An institutionalized individual or the individual's spouse is considered to have transferred an asset exclusively for a purpose other than qualifying for assistance under circumstances which include, but are not limited to, the following:

A. Undue Influence

1. If the transferor is competent at the time the Department is dealing with the transfer, the individual must provide detailed information about the circumstances to the Department's satisfaction.
2. If the transferor has become incompetent since the transfer and is incompetent at the time the Department is dealing with the transfer, the transferor's conservator must provide the information.
3. The Department may pursue a legal action against the transferee if the Department determines that undue influence caused the transfer to occur.

B. Foreseeable Needs Met

The Department considers a transferor to have met his or her foreseeable needs if, at the time of the transfer, he or she retained other income and assets to cover basic living expenses and medical costs as they could have reasonably been expected to exist based on the transferor's health and financial situation at the time of the transfer.

C. Transfer to or by Legal Owner

The Department considers a transfer to have been made to return the asset to its legal owner if:

1. the individual proves with clear and convincing evidence that the transferee had entrusted the asset to him or her with the intent of retaining beneficial interest; or
2. the individual who receives the asset or who actually makes the transfer:
 - a. holds the asset jointly with the assistance unit at the time of the transfer; and
 - b. is a legal owner of the asset (Cross Reference: 4010).

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Type:

POLICY

Chapter:

Transfer of Assets

Program: MA

Subject:

Transfer Made Exclusively for Reasons Other Than Qualifying

3029.15 D. Transferred Asset Would Not Affect Eligibility if Retained

The Department considers a transfer to be made for purposes other than to qualify when:

1. the institutionalized individual would have been eligible if the transferor had retained the asset; and
2. the transferred asset was not the institutionalized individual's or the spouse's home; and
3. the transferred asset was not the proceeds of a home equity loan, reverse mortgage or similar instrument that reduces the institutionalized individual's or the spouse's equity in his or her home.

E. Post Eligibility Transfers Made by the Institutionalized Individual's Spouse

The Department considers a transfer to be made for purposes other than to qualify when:

1. the spouse transferred the asset after the first month of eligibility for the institutionalized individual has passed; and
2. the transferred asset was not the institutionalized individual's or the spouse's home; and
3. the transferred asset was not the proceeds of a home equity loan, reverse mortgage or similar instrument that reduces the institutionalized individual's or the spouse's equity in his or her home.

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Section:
Technical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Transfer of Assets

Program: MA

Subject:
Considering Transfers Involving Trusts

- P-3029.15
1. Do not consider the conversion of an asset into the form of a trust to be a transfer of an asset to the extent that:
 - the trust is revocable; or
 - the trust is irrevocable, but the trustee is able to disperse funds from the trust to the individual.
 2. Consider the conversion of an asset into the form of an irrevocable trust to be a transfer of an asset to the extent that the trustee cannot disperse funds from the trust to or for the benefit of the individual under any circumstances.
 3. Consider as a separate transfer of assets an addition made to an irrevocable trust described in step 2 if the addition consists of:
 - funds added to the corpus of the trust by the individual, spouse, or other person or entity described in policy acting on the individual's behalf, to the extent that the funds cannot be paid to the individual under any circumstances; or
 - income generated by the corpus of the trust, to the extent that the income cannot be paid to the individual under any circumstances.
 4. Consider a payment made from a trust for a purpose other than to or for the benefit of the individual to be a transfer of assets if:
 - the trust is revocable; or
 - the trust is irrevocable, but the payment **could have been made** to or for the benefit of the individual.
 5. In the case of an irrevocable trust described in step 2, if the penalty period has expired and the individual is being granted Medicaid benefits, refer the case to the Attorney General's office for their review if the trust was established within the 60 month look-back period described in policy.
 6. Do not apply the transfer of assets penalty based on trusts involving the following grantors, if the trust arrangement meets the criteria described in policy:
 - disabled individuals under 65; and
 - disabled individuals of any age whose trust is managed by a non-profit organization.

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Chapter:
Transfer of Assets

Program: MA

Subject:
Considering Transfers Involving Trusts

- P-3029.15 7. Refer cases described in step 6 to the Attorney General's office for their review if the case is being granted and the trust was established within the 60 month look-back period described in policy.
8. If the Attorney General's office is able to dissolve the trust in cases described in steps 5 or 6, consider the funds in the trust to be an available asset.

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P-3029.16

Section:
Technical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Transfer of Assets

Program: MA

Subject:
Evaluating Transfers Made for Another Purpose

P-3029.16 Disregard any transfer made for a purpose other than to qualify for benefits. Either the institutionalized individual or his or her spouse may transfer an asset for a purpose other than to qualify the institutionalized individual for Medicaid benefits.

1. Undue Influence

If the transferor is still competent, require him or her to provide detailed information concerning the transfer.

Explain that his or her cooperation may be required if the Department initiates a legal action against the transferee.

If the transferor is no longer competent, require his or her conservator to provide the information concerning the transfer.

Make a preliminary decision about undue influence with Supervisor and Program Supervisor approval. Refer to the Resource Unit for investigation if there is insufficient information on which to base a decision.

If the decision is favorable to the transferor, do not impose a penalty period, but refer to the Resource Unit for investigation of the possibility of recovery.

2. Foreseeable Needs Met

Consider the following factors as supportive of a conclusion that foreseeable needs were met:

- the transferor was in good health with no serious medical problems. If questionable, require medical reports from the individual's physician and send the information to the MRT for review;
- the transferor was fully self-supporting;

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Subject:
Evaluating Transfers Made for Another Purpose

P-3029.16 2. Foreseeable Needs Met (continued)

- the transferor was covered by private health benefits that paid for long-term care services.

Consider these to be factors tending to refute the claim that foreseeable needs were met:

- the transferor made the transfer despite suffering from a serious medical condition or after a sudden onset of disability;
- the transferor was not self-supporting;
- the transferor had no private health insurance benefits covering long-term care services;
- the transferor or his or her spouse was institutionalized when the transfer was made.

If the circumstances support a decision that foreseeable needs were met, disregard the transfer.

3. Transfer to or by Legal Owner

- Refer to chapter 4010 to evaluate this argument.
- If the argument is valid, disregard the transfer.

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Type:
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Chapter:
Transfer of Assets

Program: MA

Subject:
Evaluating Transfers Made for Another Purpose

P-3029.16 4. Transferred Asset Would Not Affect Eligibility if Retained

Do not impose a penalty when the institutionalized individual would have been eligible for assistance if the individual or his or her spouse still had the transferred asset. Remember the exception to this rule regarding the transfer of the home or proceeds of a home equity loan, reverse mortgage or similar instrument that reduces equity in the home. To determine how retention of the asset would affect eligibility, determine if the transfer occurred before or after the start of the institutionalized spouse's first period of institutionalization.

- For transfers made before the individual was institutionalized:
 - * add the transferred asset to the assets used in the assessment of spousal assets;
 - * determine a new spousal share and a new CSPA based on the assessment including the transferred asset;
 - * add the assets left at the time of application to the transferred asset;
 - * if the result is equal to or less than the total of the new CSPA and the asset limit, the transferred asset would not affect eligibility if retained;
 - * if the result is greater than the total of the new CSPA and the asset limit, impose a penalty based on the total amount transferred.
- For transfers made after the individual was institutionalized:
 - * compare the total of the transferred asset plus any assets already protected to the CSPA established in the eligibility determination;
 - * if the total is equal to or less than the total of the CSPA and the asset limit, the transfer would not have affected eligibility;
 - * if the total is greater than the total of the CSPA and the asset limit, the individual is ineligible. A penalty is imposed based on the total amount transferred.
- For multiple transfers made before or after the individual was institutionalized, add all the transfers together before determining the intent of the transfer.

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Program: MA

Subject:
Evaluating Transfers Made For Another Purpose

P-3029.16 4. Transferred Asset Would not Affect Eligibility if Retained (continued)

- Remember that when either spouse transfers his or her home or the proceeds of a home equity loan, reverse mortgage or similar instrument the transfer cannot be considered to be made for reasons other than to qualify, and will result in the imposition of a penalty period, unless the transfer is made to certain persons described in policy.

5. Post Eligibility Transfers Made by the Institutionalized Individual's Spouse

- Do not impose a penalty when the spouse of the institutionalized individual transfers an asset after the first month of eligibility when it is determined that the asset is neither the home nor the proceeds of a home equity loan, reverse mortgage or similar instrument that reduces the spouse's equity in the home.
- Do not impose a penalty when it is determined that the spouse of an institutionalized individual transferred the home or the proceeds of a home equity loan, reverse mortgage or similar instrument to a qualifying individual as listed in policy.

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P-3029.17

Section:
Technical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Transfer of Assets

Program: MA

Subject:
Evaluating Intent to Receive Fair Value or Other Valuable Consideration

- P-3029.17
1. Disregard the transfer if the transferor intended to transfer the asset at fair market value. Consider the following factors when evaluating this argument:
 - Did circumstances at the time of the transfer prevent the transferor from getting a better price for the asset?
 - Was the transferee a friend or relative of the individual? If not, give more credibility to the claim that the transferor attempted to obtain the best price possible.
 - Did the transferor make a bonafide effort to get the best price possible?
 - Did the transferor use all reasonable means to market the asset?
 2. Disregard the transfer if the transferor intended to make the transfer for other valuable consideration, as defined in policy.
 - Make sure the transferor received services or payment for services of the type provided by a homemaker or a home health aide. If the transferee provided the services personally, make sure that he or she was living with the transferor while providing the services.
 - Make sure these services eliminated the need to institutionalize the transferor for at least two years. Obtain a medical report attesting to the transferor's need for institutionalization without the services.
 - Refer the case to the Medical Review Team at Central Office for a determination regarding the validity of the claim that the transferee provided other valuable consideration.
 - Make sure that the value of the other valuable consideration is at least equal to the value of the transferred asset. Otherwise, compute a period of ineligibility, as described at P-3029.30.

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P-3029.18

Section:
Technical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Transfer of Assets

Program: MA

Subject:
Determining Undue Hardship

P-3029.18 **Undue Hardship Claim Process**

1. Refer to P-3029.25 regarding procedures for notifying the individual of:
 - the Department's preliminary decision that an improper transfer of assets has occurred; and
 - the time limit for the individual to claim undue hardship; and
 - the time limit for the Department to notify the individual of its final decision and to explain the individual's appeal rights.
2. Allow the LTCF in which the individual is residing to file an undue hardship claim if the individual has given his or her permission.

Criteria for Undue Hardship

After consulting with the supervisor, do not impose a penalty period if:

- the institutionalized individual has been threatened with eviction from an LTCF or medical institution and the individual has exhausted all legal methods to prevent the eviction; or
- the medical provider has threatened to terminate home and community-based services provided under a Medicaid waiver; and
- the transferee no longer has the asset and has no other assets of comparable value to pay the cost of care; and
- there is no other family member or other individual or organization willing and able to provide care to the individual.

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3029.20

Section:
Technical Eligibility Requirements

Type:
POLICY

Chapter:
Transfer of Assets

Program: MA

Subject:
Transfers Made in Return for Other Valuable Consideration

3029.20 A. General Principles

1. Other valuable consideration may be received either prior to or subsequent to the transfer.
2. The value of the other valuable consideration, computed as described in 3029.20 A. 3, must be equal to or greater than the value of the transferred asset in order for the asset to be transferred without penalty.
3. The value of the other valuable consideration, as described in 3029.20 B, is equal to the average monthly cost to a private patient for long-term care services in Connecticut, multiplied by the number of months the transferee avoided the need for the transferor to be institutionalized.

(Cross Reference: P-3029.30)

B. Criteria for Other Valuable Consideration

Other valuable consideration must be in the form of services or payment for services which meet all of the following conditions:

1. the services rendered are of the type provided by a homemaker or a home health aide; and
2. the services are essential to avoid institutionalization of the transferor for a period of at least two years; and
3. the services are either:
 - a. provided by the transferee while sharing the home of the transferor; or
 - b. paid for by the transferee.

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Type:
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Chapter:
Transfer of Assets

Program: MA

Subject:
Determining Fair Market Value

- P-3029.20
1. To determine fair market value of an asset, use sources such as, but not limited to:
 - NADA "blue" book of trade-in values for automobiles;
 - real estate conveyance records;
 - marketing appraisals;
 - bank records;
 - passbooks;
 - records of stock transactions;
 - property appraisals performed by the Department;
 - tax assessment records.
 2. Determine if fair market value was received in the transfer by comparing the compensation received with the fair market value of the asset transferred.
 - check whether the compensation was received at, after, or before the date of the transfer;
 - if the compensation was received before the date of the transfer, check to see if it is of a type which is countable without a legally enforceable agreement;
 - if a legally enforceable agreement is required to count the compensation, gather the information needed, review the circumstances with the supervisor and program supervisor, and document the decision in the case record.
 3. If fair market value was received, stop here.
 4. If fair market value was not received, evaluate the transfer based on the policy described in this chapter.

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3029.25

Section:
 Technical Eligibility Requirements

Type:
 POLICY

Chapter:
 Transfer of Assets

Program: **MA**

Subject:
 Undue Hardship

3029.25 A. General Statement

An institutionalized individual is not penalized based on a transfer of assets made by the individual or his or her spouse if denial or discontinuance of payment for services would create an undue hardship, which exists if the individual would be deprived of:

1. medical care such that his or her life would be endangered; or
2. food, clothing, shelter or other necessities of life.

B. Undue Hardship Conditions

When an individual would be in danger of losing payment for LTCF or equivalent services described at 3029.05 B solely because of the imposition of a penalty period, the Department does not impose such penalty under the following conditions:

1. a. The long-term care facility or medical institution has threatened the individual with eviction due to non-payment and the individual has exhausted all legal methods to prevent the eviction; or
- b. The medical provider has threatened to terminate home and community-based services being provided under a Medicaid waiver; and
2. The transferor establishes that the transferee is no longer in possession of the transferred asset and the transferee has no other assets of comparable value with which to pay the cost of care; and
3. There is no family member or other individual or organization able and willing to provide care to the individual.

C. Notice of Undue Hardship Provision

The Department notifies individuals applying for LTC services that an undue hardship provision exists. This notification is part of the preliminary decision notice that the Department sends to the individual when it determines that he or she has made an improper transfer of assets resulting in a penalty period (Cross Reference: 3029.35).

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Subject:
Undue Hardship

3029.25 D. Undue Hardship Determinations

1. The individual has ten days from the date of the notice described in 3029.25 C to claim undue hardship or to otherwise rebut the Department's decision to impose a penalty period. The Department may grant an extension if the individual so requests and the request is reasonable.
2. If the individual does not claim undue hardship or rebut the Department's preliminary decision to impose a penalty period, the Department sends the individual a final decision notice regarding the penalty period at the time of the disposition of the Medicaid application. This notice contains all the elements of the preliminary notice, and a description of the individual's appeal rights (Cross Reference: 3029.35).
3. If the individual claims undue hardship or rebuts the Department's preliminary decision to impose a penalty period, the Department has ten days from the receipt of such claim or rebuttal to send an interim decision notice to the individual stating that it is either upholding or reversing its preliminary decision.
4. The notification described in 3029.25 D. 3 informs the individual that:
 - a. the Department is reversing its preliminary decision, and is not imposing a penalty period with respect to LTC services; or
 - b. the Department's preliminary decision is upheld, and a penalty period is being established, during which Medicaid will not pay for LTC services.
5. The Department sends a final decision notice regarding the undue hardship/rebuttal issue at the time of the mailing of the notice regarding the disposition of the Medicaid application.

E. Undue Hardship Requests by the LTCF

The individual may give permission for the LTCF in which he or she is residing to file a claim for undue hardship on behalf of the individual.

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Type:
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Chapter:
Transfer of Assets

Program: MA

Subject:
Making a Preliminary Decision and Allowing a Rebuttal

- P-3029.25
1. Make sure that you have, at least, the following information to determine that a transfer has been made:
 - the type of asset transferred;
 - how the asset was transferred;
 - the date the transfer occurred.
 2. If you do not have enough information to determine that the institutionalized individual or his or her spouse has actually disposed of the asset, discuss the situation with your supervisor, and deny or discontinue assistance based on insufficient information, if appropriate. If you do have enough information, continue with step 3.
 3. After discussion with the Supervisor and obtaining supervisory approval, make a preliminary decision to impose a penalty period when the facts lead to the conclusion that a transfer of assets is one which calls for such penalty.
 4. Provide written notice (W-495A) to the institutionalized individual and to his or her spouse when the spouse is the transferor containing:
 - the decision; and
 - the reasons for the decision; and
 - the right to rebut the decision of the Department within 10 days.
 5. Give interpretive help if requested. Extend the ten day deadline if the individual so requests and the request is reasonable.
 6. Review any material presented in rebuttal with the Supervisor to determine if it supports a change in decision.
 7. Take into consideration all evidence presented, including the transferor's statement as to the reason for the transfer. Allow the individual to claim undue hardship, and evaluate this claim with the Supervisor if the individual makes this claim (Cross Reference: 3029.25).

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Subject:
Making a Preliminary Decision and Allowing a Rebuttal

- P-3029.25 8. Weigh the evidence presented in the rebuttal in accordance with policy, noting particularly:
- provision for foreseeable needs;
 - unusual or unexpected circumstances;
 - further information which affects the computation of fair value.
9. Record the analysis and result of the rebuttal.
10. Notify the individual of the interim decision in writing (W-495B) within ten days.
11. If the individual has not rebutted, and has not claimed undue hardship, complete and send the final decision notice (W-495C) to the individual when you dispose of the case.
12. If the individual has either rebutted or claimed undue hardship, and his or her claim is being denied, complete and send final decision notice (W-495C) to the individual when you dispose of the case.

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3029.30

Section:
Technical Eligibility Requirements

Type:
POLICY

Chapter:
Transfer of Assets

Program: MA

Subject:
Compensation

3029.30 Compensation in exchange for a transferred asset is counted in determining whether fair market value was received.

A. Compensation Which is Counted

1. When an asset is transferred, compensation is counted when it is received at the time of the transfer or any time thereafter.
2. Compensation received prior to the time of the transfer is counted if it was received in accordance with a legally enforceable agreement.
3. Compensation may include the return of the transferred asset to the extent described at 3029.10.

B. Value of Compensation

Each form of compensation is assigned a dollar value to compare with the fair market value of the transferred asset.

1. In determining the dollar value of services rendered directly by the transferee, the Department uses the following amounts:
 - a. for all services of the type normally rendered by a homemaker or home health aid, the current state minimum hourly wage for such services;
 - b. for all other types of services, the actual cost.
2. Out-of-pocket payment by the transferee may include capital alterations necessary to allow the transferor continued use of the home to avoid institutionalization.
3. Compensation in the form of real or personal property is compared using its fair market value.

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Date: 7-1-17**Transmittal: UP-17-03****P-3029.30**

Section:
Technical Eligibility Requirements**Type:**
PROCEDURES

Chapter:
Transfer of Assets**Program: MA**

Subject:
Calculating and Imposing the Penalty Period

- P-3029.30
1. Calculate the penalty period using the steps that follow.
 2. Start with the fair market value of the transferred asset.
 3. Deduct from the fair market value any compensation received which is acceptable per policy.
 4. Divide the remainder by the average monthly cost of care to a private patient in a LTCF. This figure is \$9,464.00 from 7/1/08 – 6/30/09, \$9,959.00 from 7/1/09 – 6/30/10, \$10,366.00 from 7/1/10 – 6/30/11, \$10,586.00 from 7/1/11-6/30/12, \$11,183.00 from 7/1/12-6/30/13, \$11,581.00 from 7/1/13-6/30/14, \$11,851.00 from 7/1/14-6/30/15, \$12,170.00 from 7/1/15-6/30/16, from \$12,388.00 from 7/1/16-6/30/17 and \$12,604.00 on or after 7/1/16.
 - ° For applicants, base the cost on the appropriate figure as of the month of application;
 - ° For recipients, base the cost on the appropriate figure as of the month of institutionalization, if the transfer occurred while the individual was receiving Medicaid in the community, and the transfer did not affect eligibility at that point in time;
 - ° For recipients, base the cost on the appropriate figure as of the month of the transfer, if the transfer involves either the home or proceeds from a home equity loan transferred by the spouse while the institutionalized individual is receiving Medicaid, or any asset transferred by an institutionalized individual while receiving Medicaid.
 5. The result of the calculation above will be a whole number representing the number of whole months of the penalty period and/or a fraction representing a partial month.
 6. Use the partial amount to determine the last day of the penalty period by the following method:
 - ° multiply the fraction that represents the partial month described in step 5 by the number of days in the month in which the penalty period expires;
 - ° for penalties beginning as of the first day of a month (for persons receiving LTC Medicaid at the time of the transfer), the resulting whole number is the day of the month on which the penalty period expires;
 - ° for penalties beginning as of the first date the individual would otherwise be eligible (for persons not receiving LTC Medicaid at the time of the transfer), the resulting whole number represents the additional number of days the individual is ineligible.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 4-1-07

Transmittal: UP-07-02

3029.35

Section:
Technical Eligibility Requirements

Type:
POLICY

Chapter:
Transfer of Assets

Program: MA

Subject:
Notification and Rebuttal

3029.35 A. Notification

1. Prior to denial or discontinuance of LTC Medicaid benefits, the Department notifies the individual and his or her spouse of its preliminary decision that a transfer of an asset is determined to have been improper.
2. The notification includes a clear explanation of both:
 - a. the reason for the decision; and
 - b. the right of the individual or his or her spouse to rebut the issue within ten days.

B. Rebuttal

1. An institutionalized individual, or his or her spouse, who is notified of the Department's determination that an asset transfer was improper, has ten days from the date of the notice to rebut this determination prior to the implementation of the negative action. The Department may grant an extension if the individual so requests and the request is reasonable.
2. Rebuttal must include:
 - a. a statement from the individual or his or her spouse as to the reason for the transfer; and
 - b. objective evidence, which is:
 - (1) evidence which rational people agree is real or valid; and
 - (2) documentary or non-documentary.

C. Rebuttal Process

1. If the individual does not rebut the Department's preliminary decision to impose a penalty period, the Department sends the individual a final decision notice regarding the penalty period at the time of the disposition of the Medicaid application. This notice contains all the elements of the preliminary notice, and a description of the individual's appeal rights.
2. If the individual rebuts the Department's preliminary decision to impose a penalty period, the Department has ten days from the receipt of the rebuttal to send an interim notice to the individual stating that it is either upholding

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Date: 4-1-07

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3029.35 page 2

Section:
Technical Eligibility Requirements

Type:
POLICY

Chapter:
Transfer of Assets

Program: MA

Subject:
Notification and Rebuttal

3029.35 C. 2. Rebuttal Process (continued)

or reversing its preliminary decision.

3. The notification described in 3029.35 C. 2 informs the individual that:

- a. the Department is reversing its preliminary decision, and is not imposing a penalty period with respect to LTC services; or
- b. the Department's preliminary decision is upheld, and a penalty period is being established, during which Medicaid will not pay for LTC services.

4. The Department sends a final decision notice regarding the rebuttal issue at the time of the mailing of the notice regarding the disposition of the Medicaid application.

D. Undue Hardship

Regardless of whether the individual rebuts the Department's decision, the individual may claim that a denial or discontinuance of LTC benefits will cause undue hardship (Cross Reference: 3029.25).

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 4-1-07

Transmittal: UP-07-02

P-3029.40

Section:
Technical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Transfer of Assets

Program: MA

Subject:
Documenting Transfers

- P-3029.40
1. Document the details of every asset transfer investigated in determination of eligibility.
 2. Note for the record:
 - the type of asset transferred;
 - the date of the transfer;
 - the names of the transferor and transferee;
 - the type and amount of compensation, if any;
 - the reason for the transfer;
 - any disputes about ownership of the asset.
 3. If there is a dispute about ownership, determine and document:
 - who has physical possession;
 - who originally purchased the asset;
 - who paid any ongoing expenses of the asset;
 - why, and under what conditions an asset is held by one individual for another.
 4. Complete a W495 on every transfer case which is investigated regardless of whether the result is eligibility or ineligibility.
 5. File one copy in the case record, send a copy to the Director of Fraud and Recoveries, C.O., and place the third copy in the special file against which future applications will be checked.
 6. Stamp the folder so the case record will not be destroyed.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-87	Transmittal: UP-87-1	3030
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Section: Technical Eligibility Requirements	Type:	POLICY
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Chapter: Concurrent Assistance	Program:	AFDC AABD
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Subject:		FS MA
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3030 Some programs of assistance may be received concurrently; others may not. This chapter describes by program the other specific programs which may or may not be received at one time.

Other eligibility requirements which are related are in the chapter about residence (cross reference: 3010).

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 4-1-88

Transmittal: UP-88-21

3030.05

Section:	Type:	
Technical Eligibility Requirements		POLICY
Chapter:	Program:	AFDC
Concurrent Assistance		AABD
		FS
Subject:		MA
Concurrent Programs		

3030.05 There is a technical requirement prohibiting the receipt of benefits from two financial assistance programs at the same time. In addition, AABD must be received concurrently with SSI or some countable income other than GA. The Food Stamp program also requires discontinuance of Food Stamp benefits in one state before assistance can be granted in another. Medicaid has no comparable requirements. Programs that can and cannot be received concurrently are as follows:

A. AFDC

 An individual who is receiving AFDC:

1. may receive Food Stamps concurrently;
2. may receive AFDC concurrently with General Assistance (for treatment of the GA payment refer to Treatment of Income Section - 5000)
3. may not receive AFDC concurrently with any of the following:
 - a. Old Age Assistance;
 - b. Aid to the Blind;
 - c. Aid to the Disabled;
 - d. SSI.
4. may not separately receive Medicaid as medically needy;
5. may not receive AFDC as a member of another assistance unit simultaneously.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 5-1-92

Transmittal: UP-92-11

3030.05 page 2

Section: Technical Eligibility Requirements	Type: POLICY
Chapter: Concurrent Assistance	Program: AFDC AABD FS
Subject: Concurrent Programs	MA

3030.05 B. AABD

An individual who is eligible for State Supplement:

1. must be:
 - a. receiving SSI; or
 - b. receiving some other source of countable income in excess of the SSI amount for which the individual would qualify; or
 - c. have income deemed to him or her in excess of the SSI amount for which the individual would qualify;
2. may receive AABD concurrently with Food Stamps;
3. may not receive AABD concurrently with either:
 - a. AFDC; or
 - b. another category of State Supplement;
4. may not separately receive Medicaid as medically needy;

C. MA

An individual who is eligible for MA may receive MA concurrently with any of the following:

1. Food Stamps;
2. General Assistance;
3. AFDC;
4. AABD;

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Date: 1-1-05

Transmittal: UP-05-02

3030.05 page 3

Section: Technical Eligibility Requirements	Type: POLICY
Chapter: Concurrent Assistance	Program: AFDC AABD FS
Subject: Concurrent Programs	MA

3030.05 D. Food Stamps

 An individual who is eligible for Food Stamps:

1. may receive any other program administered by the Department;
2. may receive benefits from the Puerto Rico Nutrition Assistance Program (cross reference 5050.10);
3. may not receive Food Stamps from another state or territory concurrently, except for a resident of a battered women's shelter.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 12-1-89

Transmittal: UP-89-45

P-3030.05

Section:
Technical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Concurrent Assistance

Program: AFDC

Subject:
Ensuring Appropriate Assistance

P-3030.05 AFDC/SSI

1. When an individual qualifies for both AFDC and SSI:
 - explain the programs to the individual;
 - allow the individual to choose between the programs;
 - include any mandatory assistance unit member in the AFDC unit while an SSI decision is pending;
 - discontinue AFDC as soon as SSI is granted to the individual after proper notice.
2. Coordinate the effective date of one program with the discontinuance date of the other program.

Two AFDC Assistance Units

1. When an individual qualifies as an assistance unit member in two AFDC units:
 - refer to assistance unit requirements (2000) to make sure there is a choice;
 - explain to the individual the differences between being in one unit rather than the other.
2. When an eligible child moves from one active assistance unit to another:
 - discontinue assistance to the child as of the end of the month he or she leaves the unit or the first month in which it is administratively possible to do so, whichever is later;
 - grant assistance to the child as a member of the second unit as of the month following the month of discontinuance from the first unit.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Date: 7-1-97**Transmittal: UP-98-3****3030.10**

Section:**Technical Eligibility Requirements****Type:****POLICY**

Chapter:**Concurrent Assistance****Program: AFDC**

Subject:**Fraudulent Receipt In Two or More States**

- 3030.10 A. A person found to have fraudulently represented his or her place of residence in order to receive assistance simultaneously from two or more states is disqualified. For the purposes of this subject, assistance means benefits provided through the Aid to Families with Dependent Children, Temporary Family Assistance, Medicaid, Food Stamps, and Supplemental Security Income programs.
- B. Such finding of fraudulent receipt has to have been through a conviction in Federal or State court.
- C. An individual convicted of such an offense is disqualified from AFDC for a period of ten years.
- D. The period of disqualification begins on the date the individual is convicted in Federal or State Court.
- E. The preceding prohibition shall not apply with respect to a conviction of an individual for any month beginning after the President of the United States grants a pardon with respect to the conduct which was the subject of the conviction.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-87

Transmittal: UP-91-10

P-3030.10

Section:
Technical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Concurrent Assistance

Program: **AFDC**
 AABD
 MA
Subject: **FS**
 Out of State Assistance

P-3030.10 AFDC

1. Assist an individual in arranging discontinuance of AFDC benefits in another state in the following circumstances:
 - the individual verifies correspondence with the former state confirming a request for discontinuance; and
 - the other state has not taken action; and
 - the assistance unit has a budget deficit for which there is an immediate need.
2. If the individual requests it:
 - call the other state; and
 - ask for an estimate discontinuance date.
3. Grant assistance, providing all other eligibility requirements are met.
4. Check the rules regarding Residency (3010) and Treatment of Income (5050) before granting.

AABD, FS

Confirm the last day of benefits with a previous state before granting.

MA

1. Determine that:
 - the individual meets the residency requirement; and
 - the other state has been notified of the change of address.
2. Advise the assistance unit to return all medical cards received from the other state which cover the period of eligibility here.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 9-1-01

Transmittal: UP-04-21

P-3030.15

Section:
Technical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Concurrent Assistance

Program: FS

Subject:
Granting Food Stamps Concurrently

- P-3030.15
1. When an assistance unit moves to a new location and applies for Food Stamps, be sure that Food Stamps have not been granted previously in the former location, except for the following.
 2. If an assistance unit leaves a previous location to enter a battered women's shelter, disregard any duplication in a month caused by the individual's presence in two assistance units in the same month.
 3. If an assistance unit leaves Puerto Rico and received benefits from the Puerto Rico Nutrition Assistance Program (NAP), disregard any duplicate or concurrent assistance caused by receiving benefits from that program.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-87	Transmittal: UP-87-1	3035
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Section:	Type:
Technical Eligibility Requirements	POLICY

Chapter:	Program:
Striker Status	AFDC FS

Subject:

3035 This chapter describes the effects on eligibility of a striker in the assistance unit. Both the AFDC and Food Stamp programs have eligibility requirements in relation to participation in a strike.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-97

Transmittal: UP-98-3

3035.05

Section:
Technical Eligibility Requirements

Type:
POLICY

Chapter:
Striker Status

Program:
AFDC

Subject:
Basic Provisions

- 3035.05 A. The penalty for participating in a strike only applies to applicants of AFDC who go on strike prior to applying for assistance and are still on strike on the date of application for AFDC. It does not apply if the assistance unit was eligible for and receiving assistance the day before the strike.
- B. A penalty is imposed if any of the following individuals are applying for AFDC and are participating in a strike:
1. a parent residing with a child applying for assistance even if the parent is ineligible or disqualified from assistance; or
2. any other adult applicant who would be an eligible member of the assistance unit.
- C. An individual applying for AFDC is considered to be participating in a strike in one of the following ways:
1. the individual does not go to work because he or she is a member of a bargaining unit on strike; or
2. he or she is one of a group of employees in a concerted work stoppage as a result of expiration of a collective bargaining agreement or some other reason directly related to the individual's job; or
3. he or she does not go to work in sympathy with the striking bargaining unit.
- D. An individual is no longer considered a striker when his or her job has been permanently filled or permanently eliminated.
- E. An individual is not considered to be a striker if he or she refuses to cross a picket line due to fear of personal injury or death, when the strike is not by his or her collective bargaining unit.
- F. Penalties due to participation in a strike apply to applicants of AFDC as follows:
1. When the striker is a natural or adoptive parent living in the home, the assistance unit is ineligible. This includes minor parent caretaker relatives.

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Date: 7-1-97

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3035.05 page 2

Section:

Technical Eligibility Requirements

Type:

POLICY

Chapter:

Striker Status

Program:

AFDC

Subject:

Basic Provisions

3035.05 F. (continued)

2. When the striker is a non-parent caretaker relative:
 - a. the individual striker is ineligible for AFDC;
 - b. assistance is given for the child or children only.
 3. When the striker is a child or minor parent who is not a caretaker relative, there is no penalty.
- G. The ineligibility period ends when the striker returns to work.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-87**Transmittal: UP-87-1****P-3035.05**

Section:
Technical Eligibility Requirements**Type:**
PROCEDURES

Chapter:
Striker Status**Program: AFDC**

Subject:
AFDC Procedures for Active Cases

- P-3035.05 1. If a parent or the only eligible dependent child in the assistance unit is a striker:
- send a discontinuance notice for the last day of the month with a note that the action will be voided if the striker notifies us of a return to work before the last day of the month;
 - institute recoupment of the entire month's benefits if the individual is on strike on the last day of the month;
 - void the discontinuance if the striker returns to work before the last day of the month.
2. If eligibility of the assistance unit is not dependent on the striker:
- send a notice to remove the individual from the assistance unit effective the end of the month;
 - compute an overpayment of the individual's share of the AFDC payment for the month;
 - void both of the above actions if the striker returns to work before the last day of the month.
3. Check eligibility of assistance unit members for Medicaid.

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UNIFORM POLICY MANUAL**

Date: 8-1-87	Transmittal: UP-87-8	3035.10
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Section: Technical Eligibility Requirements	Type: POLICY
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Chapter: Striker Status	Program: FS
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Subject: Basic Provisions
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- 3035.10 A. Striker status provisions apply only to members of the assistance unit who are not exempt from work registration (cross-reference: 3510).
- B. An individual is considered to be participating in a strike if he or she is:
1. a member of the bargaining unit on strike; or
2. one of a group of employees in a concerted work stoppage as a result of:
- a. expiration of a collective-bargaining agreement; or
- b. some other reason directly related to the individual's job.
- C. An individual is no longer considered a striker when his or her job has been permanently filled or permanently eliminated.
- D. An individual who refuses to cross a picket line due to fear of personal injury or death is not considered to be a striker if the strike is not in his or her bargaining unit.
- E. Eligibility for Food Stamps for an assistance unit which includes a striker exists if the assistance unit was eligible on the day before the strike. This includes those who are active as well as those qualified for but not receiving benefits.
- F. Food Stamp benefits are not increased to an assistance unit which has lost income due to a striker.
- G. The determination of ongoing eligibility and the amount of assistance is done in the usual manner.
- H. Income of a striker will continue to be counted as it was the day before the strike until:
1. the strike is settled; or
2. the striker leaves the household; or
3. the striker becomes exempt from work requirements.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 4-1-87**Transmittal: UP-87-1****P-3035.10**

Section:
Technical Eligibility Requirements**Type:**
PROCEDURES

Chapter:
Striker Status**Program: AFDC**

Subject:
AFDC Procedures for Applications

- P-3035.10
1. If a parent or the only eligible dependent child in the assistance unit is on strike at the time of application, estimate the duration of the strike based on available information.
 2. Explain to the applicant that the effective date of eligibility can be no earlier than the first of the month in which the strike is settled.
 3. Deny the application if there is no indication based on available information that the strike will end within 45 days of the application date.
 4. Explain the right to reapply.
 5. If there is an indication that the strike will end within 45 days of the application date:
 - continue to process as a pending application;
 - grant within the 45 days if the strike is settled;
 - deny on the 45th day if the strike is not settled.
 6. Check eligibility of assistance unit members for Medicaid.
 7. If the eligibility of the unit is not dependent on the striker, grant assistance to the eligible members of the unit, excluding the striker.
 8. Add the striker when eligibility requirements have been met after the strike is settled.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-87**Transmittal: UP-87-1****P-3035.15**

Section:
Technical Eligibility Requirements**Type:**
PROCEDURES

Chapter:
Striker Status**Program:**
FS

Subject:
Computing Food Stamps for Strikers

- P-3035.15
1. When a member of the assistance unit who is on strike is not exempt from work requirements, find out if the individual's involvement in the strike meets the criteria for participation in the strike.
 2. If it does, examine the financial circumstances of the unit the day before the strike.
 3. If resources the day before the strike were within program limits, determine income.
 4. If income eligibility existed the day before the strike, compare pre-strike income with current income, using income figures from the day before the strike.
 5. Compute Food Stamp benefits using the higher of the two.
 6. Continue to use this income figure for the striker until:
 - the strike is settled; or
 - the striker's current income increases over the pre-strike level.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 8-12-09

Transmittal: UP-09-16

3040

Section:

Technical Eligibility Requirements

Type:

POLICY

Chapter:

Voluntary Quit

Program:

SNAP

Subject:

3040 Under certain conditions an applicant for or recipient of SNAP recipients who voluntarily quits employment is ineligible for a period of time.

This chapter describes:

- the individuals to whom this eligibility requirement applies;
- the circumstances which do and do not constitute a voluntary quit;
- the time limits within which a voluntary quit affects eligibility.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Date: 8-12-09

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3040.05

Section:

Technical Eligibility Requirements

Type:

POLICY

Chapter:

Voluntary Quit

Program:

SNAP

Subject:

Basic Provisions

3040.05 A. Applicants and Recipients

1. The following actions constitute voluntary quit, unless good cause exists as defined in this chapter:
 - a. an individual voluntarily quits employment; or
 - b. an individual voluntarily reduces work hours to less than 30 a week; or
 - c. an individual fails to comply with workfare requirements.
2. When the head of the assistance unit is a mandatory work registrant and is found to have voluntarily quit as noted in A.1. above, the entire assistance unit is ineligible up to a maximum of 180 days.
3. If a member other than the head of the assistance unit is a mandatory work registrant and is found to have voluntarily quit, that individual is ineligible.
4. Employment in this context refers to the most recent job held.
5. A strike against Federal, State or local governments which results in dismissal for participating in such a strike is considered a voluntary quit without good cause.
6. Voluntary quit provisions do not apply to:
 - a. termination of self-employment;
 - b. resigning at the employer's demand.

B. Applicants

1. A voluntary quit which occurred more than 60 days prior to application does not cause ineligibility.
2. The application process is not delayed pending determination that a voluntary quit has occurred.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 8-12-09**Transmittal: UP-09-16****P-3040.05**

Section:
Technical Eligibility Requirements**Type:**
PROCEDURES

Chapter:
Voluntary Quit**Program:**
SNAP

Subject:
Determining a Voluntary Quit

- P-3040.05
1. At the time of application and at any time thereafter if an assistance unit loses a source of earned income, explain the voluntary quit policy.
 2. Determine whether any unemployed assistance unit member who is employable quit within 60 days of applying for SNAP. Include in this determination anyone who quit after application, but before certification.
 3. Do not delay the processing of an application because of an investigation of a quit.
 4. Examine the circumstances to see if the quit meets good cause criteria.
 5. If a determination of voluntary quit is made before assistance is granted, inform the applicant of the date the penalty period ends.
 6. If a determination of voluntary quit is made after assistance is granted:
 - perform adverse action functions; and
 - set the expiration date of the penalty period.

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Date: 8-12-09	Transmittal: UP-09-16	3040.15
Section: Technical Eligibility Requirements	Type: POLICY	
Chapter: Voluntary Quit	Program: SNAP	
Subject: Good Cause		

3040.15 Good cause for voluntarily quitting a job is established by one or more of the following:

| A. Work Requirements - Good Cause (Cross Reference: 3510)

A reason accepted as good cause for non-compliance with other work requirements is considered good cause for a voluntary quit. These include:

1. unsuitability; or
2. circumstances beyond the individual's control; or
3. conditions of employment.

B. Education or Training

Enrollment at least half time in any recognized school, training program or institution of higher education is considered good cause for the principal wage earner to leave employment. This applies when the individual enrolling is either:

1. the employed individual; or
2. another member of the assistance unit, that causes the assistance unit to move.

C. Employment

Gaining other employment is considered good cause when it is:

1. the new employment which has comparable wages or hours to the job quit; or
2. another assistance unit member's new employment, that causes the assistance unit to move and the employed individual to voluntarily quit employment.

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Date: 8-12-09

Transmittal: UP-09-16

3040.15 page 2

Section:

Technical Eligibility Requirements

Type:

POLICY

Chapter:

Voluntary Quit

Program:

SNAP

Subject:

Good Cause

3040.15 D. Special Circumstances of Quit

Certain special circumstances of a voluntary quit are accepted as good cause as follows:

1. when the individual who has quit is under age 60, and the employer recognizes the quit as retirement; or
2. when the job, which was 20 hours or more or the equivalent in earnings, turns out to be less, due to circumstances beyond the individual's control; or
3. when the quit is part of an employment pattern in which workers frequently move from one employer to another, such as migrant farm labor or construction.

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3040.20

Section:

Technical Eligibility Requirements

Type:

POLICY

Chapter:

Voluntary Quit

Program:

SNAP

Subject:

Penalty

3040.20 A. Penalty Period

The penalty for voluntary quit without good cause is as follows:

1. For applicants, the penalty period begins the date of the Food Stamp Program application or the first day of the first month of eligibility and continues as follows:
 - a. For the first offense, the later of:
 - (1) the date the individual cures the voluntary quit; or
 - (2) 90 days after the date the individual became ineligible.
 - b. For the second and subsequent offenses, the later of:
 - (1) the date the individual becomes eligible again; or
 - (2) 180 days after the individual became ineligible.
2. For recipients, the penalty period begins with the first month after the expiration of the appropriate procedures for taking adverse actions and continues as follows:
 - a. For the first offense, the later of:
 - (1) the date the individual cures the voluntary quit; or
 - (2) 90 days after the date the individual became ineligible.
 - b. For the second and subsequent offenses, the later of:
 - (1) the date the individual becomes eligible again; or
 - (2) 180 days after the individual became ineligible.

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Date: 8-12-09

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3040.20 page 2

Section:

Technical Eligibility Requirements

Type:

POLICY

Chapter:

Voluntary Quit

Program:

SNAP

Subject:

Penalty

3040.20 A. Penalty Period (cont.)

3. The number of offenses is determined taking into consideration all previous voluntary quits as well as occurrences of non-compliance with other SNAP employment and training requirements. (Cross Reference: 3510)

B. Changes in the Assistance Unit

1. The penalty for voluntary quit follows the individual.
2. When the ineligible individual who caused the penalty moves into another household as its head, the new unit is ineligible for the remainder of the penalty period up to a maximum of 180 days.

C. Ending the Penalty Period

At any time after the penalty is imposed, the disqualification ends if the individual becomes exempt from work registration for a reason other than registration with an AFDC, TFA or Labor Department work program.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-2-12

Transmittal: UP-12-05

3050

Section:

Technical Eligibility Requirements

Type:

POLICY

Chapter:

Felony Status

Program:

**AABD
SNAP**

Subject:

Non-Financial Eligibility Requirements

3050 An individual who is convicted or charged with a crime that is a felony is only eligible to receive State Supplement or SNAP benefits when certain conditions are met. This chapter describes when these individuals are eligible and when they are not.

This chapter addresses felony status as it pertains to eligibility requirements. For treatment of income and assets of individuals ineligible due to felony status, refer to section 4000, Treatment of Income and section 5000, Treatment of Assets.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

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Felony Status

Program:

SNAP

Subject:

Convicted Drug Felons

- 3050.05 A. A person who has been convicted of any drug-related felony under federal or state law after August 22, 1996, is disqualified from SNAP until such person:
1. Completes a sentence imposed by a court related to such conviction;
 2. commences satisfactorily serving a sentence of a period of probation related to such conviction; or
 3. completes or is in the process of completing a sentence imposed by a court related to such conviction that consists of mandatory participation in a substance abuse treatment program or mandatory participation in a substance abuse testing program
- B. For purposes of this section, a drug-related felony means a felony that has as an element the possession, use or distribution of a controlled substance, as such term is defined in 21 USC 802.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Technical Eligibility Requirement

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| Felony Status

Program: SNAP

Subject:

Fleeing Felons and Parole and Probation Violators

3050.10 A. Fleeing Felons

| An individual fleeing to avoid prosecution or custody for a crime, or an attempt to commit a crime, that would be classified as a felony is not eligible for SNAP.

 B. Parole and Probation Violators

| An individual violating a condition of probation or parole under state or federal law is not eligible for SNAP.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

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P-3050.10

Section:
Technical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Felony Status

Program: FS

Subject:
Fleeing Felons

- P-3050.10
1. Inform the applicant/recipient that you have learned there is a warrant out for his or her arrest.
 2. Once you have informed the individual that there is a warrant, technically he or she at that time becomes "fleeing."
 3. Determine if the applicant/recipient already knew about the warrant.
 4. If the individual knows about the warrant, start procedures to discontinue the case.
 5. If the individual satisfies the warrant before the ten-day adverse action period expires, do not discontinue the case.
 6. If the individual knows about the warrant but claims he or she is not a fleeing felon, advise him or her to contact the court to resolve the issue and start discontinuance procedures.
 7. If the individual does not know about the warrant, allow ten days for the individual to satisfy the warrant and submit documentation to you, regardless of whether he claims to be a fleeing felon or not.
 8. Documentation is a written or oral statement from the Court of jurisdiction that says the individual has satisfied the warrant by appearing in court.
 9. If the individual cannot obtain a written statement, call the Court of jurisdiction for the status of the warrant and narrate what they say.
 10. If the individual does not submit the documentation or ask you to get it for him or her within ten days, start procedures to discontinue the case.
 11. If the individual satisfies the warrant before the ten-day adverse action period expires, do not discontinue the case.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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3050.15

Section:
Technical Eligibility Requirement

Type:
POLICY

Chapter:
Non-Financial Eligibility Requirements

Program: AABD

Subject:
Fleeing Felons and Parole and Probation Violators

3050.15 A. Fleeing Felons

1. An individual fleeing to avoid prosecution for a crime, or attempt to commit a crime, that is a felony or punishable by death or imprisonment for a term of one year or more is not eligible for State Supplement.
2. An individual fleeing to avoid custody or confinement after conviction of a crime that is a felony or punishable by death or imprisonment for a term of one year or more is not eligible for State Supplement.
3. The prohibitions set forth in subdivisions 1 and 2 of the subsection do not apply if:
 - a. A court of competent jurisdiction has:
 1. Found the individual not guilty of the criminal offense;
 2. dismissed the charges related to the criminal offense;
 3. vacated the warrant for arrest of the individual for the criminal offense; or
 4. issued any similar exonerating order; or
 - b. the individual was erroneously implicated in connection with the criminal offense by reason of identity fraud.
4. The commissioner may, for good cause shown based on mitigating circumstances, treat an individual referenced in subdivision 1. or 2. of this subsection as eligible if the offense was nonviolent and not drug-related.

B. Parole and Probation Violators

1. An individual who is in violation of a condition of probation or parole imposed under state or federal law is ineligible for State Supplement.
2. The commissioner may, for good cause shown based on mitigating circumstances, treat an individual referenced in subdivision 1. of this subsection as eligible if the action that resulted in the violation of a condition of probation or parole was nonviolent and not drug-related.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 4-1-87	Transmittal: UP-87-1	3099
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Section:	Type:
Technical Eligibility Requirements	POLICY

Chapter:	Program:	AFDC
Verification Requirements		AABD
		MA
Subject:		FS

3099 This chapter contains the policy and procedures for all programs regarding verification requirements related to each of the technical eligibility requirements. There is a separate subject for each previous chapter topic in this section.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Date: 7/1/06

Transmittal: UP-10-09

3099.03

Section:	Type:
Technical Eligibility Requirements	POLICY
Chapter:	Program:
Verification Requirements	AFDC
	AABD
	SNAP
Subject:	MA
Citizenship and Non-citizen Status	

3099.03 A. Citizens

For those claiming to be U.S. citizens including U.S. nationals as defined by section 101(a) (22) of the Immigration and Nationality Act (8 U.S.C. 1101(a) (22), who apply for or receive MA, their claim of U. S. citizenship or U.S. national status shall be verified to be eligible for MA unless they are otherwise exempt as provided in section 3099.04 N. or during such circumstances as described in section 3099.04 A. 2 and A. 3. For other citizens or U.S. nationals, their claim of U.S. citizenship or U.S. national status needs to be verified only if it is considered questionable by the Department.

B. Non-citizens

1. Non-citizens are required to submit sufficient documentation to the Department to establish eligible non-citizen status.
2. Ineligible non-citizens applying for emergency medical treatment are not required to provide documentation of their non-citizen status.

C. Sponsored Non-citizens

Non-citizens sponsored by public agencies or organizations are required to provide:

1. verification of their dates of entry or dates of admission as lawful permanent residents; and
2. all pertinent available information about their sponsors, including verification of a sponsoring organization's ability to support them.

D. Penalty

The penalty for failure to verify citizenship status is ineligibility of the individual until the requirement is met.

E. Medical Emergency

Non-citizens who do not otherwise meet eligible non-citizen criteria (cross reference UPM section 3005.05), except for an emergency medical condition, are required to submit a statement signed by a physician verifying the need for emergency treatment.

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Transmittal: UP-08-13

P-3099.03

Section:
Technical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Verification

Program: **AFDC**
 AABD
 FS
 MA

Subject:
Citizenship and Non-Citizen Status

- | | |
|-----------|---|
| P-3099.03 | <ol style="list-style-type: none"> 1. Record as appropriate the assistance unit's statements regarding which members are citizens. 2. Verify citizenship of each member of the assistance unit for whom verification is required. 3. Except for those claiming to be U.S. citizens who are requesting MA unless otherwise exempt, for each member whose citizenship is questionable require: <ul style="list-style-type: none"> ◦ birth certificate; or ◦ religious record; or ◦ voter registration card; or ◦ United States passport; or ◦ signed statement from a citizen. 4. For those claiming to be U.S. citizens who are applying for or receiving MA and who are not otherwise exempt, follow the OSD desk guide entitled "Citizenship and Identity Documentation for Medicaid" to verify U. S. citizenship once at time of application or if active, at time of next redetermination. Verify citizenship more than once if later evidence raises a question of the person's citizenship or if the Department's prior record has been destroyed under record retention guidelines. 5. For each alien who is sponsored, require the name and last known address of the sponsor. 6. For each alien sponsored by an organization clarify with the organization any support it is providing. 7. For each alien who does not otherwise meet eligible alien criteria, but who requests coverage for treatment of an emergency medical condition, require a statement signed by a physician, verifying the need for emergency treatment. 8. Deny or discontinue assistance to individuals required to verify citizenship who fail to do so or to those who have not verified eligible alien status. |
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Section:
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Type:
PROCEDURES

Chapter:
Verification

Program: **AFDC**
 FS

Subject:
Citizenship and Non-Citizen Status

P-3099.03 **For AFDC and FS only:**

1. For any illegally residing non-citizen who meets the following criteria, report him or her to the appropriate Central Office program director, depending on the program for which application has been made.

Criteria:

- report to Central Office individuals who you know to be unlawfully present in the United States based on a finding of fact or conclusion of law that is supported by an official, written, finding made by the Bureau of Citizenship and Immigration Services (BCIS) of the Department of Homeland Security or the Executive Office of Immigration Review that has been supplied to the department;
- be sure that the finding regarding illegal status is formal and written, such as in the form of a Final Order of Deportation. If the non-citizen states that no such finding exists, do not request further documentation and do not report him or her to Central Office;
- do not accept the Systematic Alien Verification for Entitlements (SAVE) system response as verification that the individual is unlawfully present in the United States;
- do not accept the individual's own statement or affirmation that he or she is illegally residing in the United States as verification of his or her illegal status for purposes of reporting the individual to Central Office;
- never report any illegally residing non-citizen directly to BCIS;
- for any illegally residing non-citizen who is reported to Central Office, include a copy of the formal written finding regarding his or her illegal status;
- remember that the criteria for reporting illegally residing non-citizens to Central Office are not the same as the criteria for establishing eligibility. For example, you may determine that someone is not a citizen or an eligible non-citizen and therefore not eligible for assistance. However, if this same person has no formal, written finding regarding his or her illegal status, then you would not report this person to Central Office.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-06

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3099.04

Section:

Technical Eligibility Requirements

Type:

POLICY

Chapter:

Verification Requirements

Program:

MA

Subject:

U.S. Citizens

3099.04 A. U. S. Citizens-Basic Provisions

1. Except for those individuals listed in section 3099.04 N. who are exempt, or for individuals listed in 3099.04 A. 2 and A. 3, to be eligible for MA, U.S. citizens applying for or receiving MA shall verify their citizenship by having a successful SSA match or by submitting to the Department one of the documents listed in section 3099.04 B. (Primary Level Documents), or section 3099.04 C. (Secondary Level Documents), or section 3099.04 D. (Third Level Documents) or section 3099.04 E. (Fourth Level Documents). These documents shall be supplied to, and shall be accepted, by the Department, only in sequential order, starting with the Primary Level and progressing through the Fourth Level. The availability of documents in one level shall be exhausted prior to a request for, and submission of, a document in the next level. Such verification shall be required only one time, unless later evidence raises a question about the person's citizenship or the Department's prior record is no longer available to the Department.
2. Individuals are required to provide information to the Department that allows the Department to verify their U.S. citizenship through a match with Social Security Administration (SSA) records, as requested by the Department for this purpose. Verification of U.S. citizenship through this SSA match verifies an individual's U.S. citizenship for purposes of eligibility for MA.
3. Individuals are not required to provide verification of U.S. citizenship in order to be and remain eligible for MA when:
 - a. the Department is in the process of making a reasonable effort to verify U.S. citizenship with the SSA; or
 - b. the Department has successfully matched the individual's citizenship information with the SSA information; or
 - c. the Department has commenced the individual's reasonable opportunity period (ROP) because the SSA match has failed and the ROP has not ended.

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U. S. Citizens

3099.04 B. Primary Level Documents

1. a valid or expired U.S. passport that was originally issued without limitation; or
2. a Certificate of Naturalization (DHS Forms N-550 or N-570); or
3. a Certificate of U.S. Citizenship (DHS Forms N-560 or N-561); or
4. a document received by the Department on or after 7/1/06, issued by a federally recognized Indian tribe, evidencing membership or enrollment in, or affiliation with, such tribe unless tribal lands cross an international border whose membership includes individuals who are not U.S. citizens; or
5. documentation received by the Department on or after 7/1/06, as approved by the Secretary of the U.S. Department of Health and Human Services, from a federally recognized Indian tribal member whose tribal location is located within a state that has an international border and whose tribal membership includes individuals who are not U.S. citizens; or

C. Secondary Level Documents

1. a U.S. public birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (if born on or after January 13, 1941), Guam (if born on or after April 10, 1899), the Virgin Islands of the U.S. (if born on or after January 17, 1917), American Samoa, Swain's Island or the Northern Mariana Islands (if born after November 4, 1986 Northern Mariana Islands local time). These U.S. birth records shall have been recorded by a state, commonwealth, territory or local jurisdiction before the person was 5 years of age; or

2. Evidence of Collective Naturalization

Individuals are considered to be collectively naturalized if they provide evidence of the following;

- a. evidence of birth in Puerto Rico on or after April 11, 1899 and the individual states that he or she was residing in the U.S., a U.S. possession or Puerto Rico on March 1, 1917, and that he or she did not take an oath of allegiance to Spain; or

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Subject:
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3099.04 | C. 2. Evidence of Collective Naturalization (continued)

- | b. evidence that the individual was a Puerto Rican citizen and the individual states that he or she was residing in Puerto Rico on March 1, 1917, and that he or she did not take an oath of allegiance to Spain; or
- | c. evidence of birth in the U.S. Virgin Islands and the individual's statement of residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927; or
- | d. the individual's statement indicating he or she was a resident in the U.S. Virgin Islands as a Danish citizen on January 17, 1917 and residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927, and that he or she did not make a declaration to maintain Danish citizenship; or
- | e. evidence of birth in the U.S. Virgin Islands and the individual's statement indicating residence in the U.S., a U.S. possession or territory or the Canal Zone on June 28, 1932; or
- | f. evidence of birth in the Northern Mariana Islands (NMI) (formerly part of the Trust Territory of the Pacific Islands (TTPI)) or TTPI citizenship and residence in the NMI, the U.S., or a U.S. Territory or possession on November 3, 1986 (NMI local time), and the individual's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time); or
- | g. evidence of TTPI citizenship, continuous residence in the NMI since before November 3, 1981 (NMI local time), voter registration before January 1, 1975, and the individual's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time); or
- | h. evidence of continuous domicile in the NMI since before January 1, 1974 and the individual's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time). If an individual entered the NMI as a nonimmigrant and lived in the NMI since January 1, 1974, this does not constitute continuous domicile and the individual is not a U.S. citizen; or

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Subject: U.S. Citizens	
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3099.04 | C. Secondary Level Documents (continued)

- | 3. a Certificate of Report of Birth (DS-1350); or
- | 4. a Report of Birth Abroad of a U.S. Citizen (form FS-240); or
- | 5. a certificate of birth issued by the Department of State (form FS-545 issued prior to 1991, or DS-1350); or
- | 6. a U.S. Citizen I.D. card (INS Form I-179 issued from 1960 until 1973 or INS Form I-197 issued from 1973 until April 7, 1983); or
- | 7. a Northern Mariana Identification Card (I-873) ; or
- | 8. an American Indian Card (I-872) with the classification code of the Texas Band of Kickapoos abbreviated as “KIC” and a statement on the back denoting U.S. citizenship; or
- | 9. a final adoption decree showing the child’s name and U.S. place of birth; or
- | 10. for an adoption that has not been finalized and the state in which the child was born will not release a birth certificate prior to final adoption, a statement from a state approved adoption agency that shows the child’s name and U.S. place of birth provided the adoption agency certifies that the source of the place of birth information is an original birth certificate; or
- | 11. evidence of U.S. Civil Service employment before June 1, 1976; or
- | 12. a U.S. military record showing a U.S. place of birth; or
- | 13. a U.S. state or territory vital records data match, computerized or manual; or
- | 14. verification from the Systematic Alien Verification for Entitlements (SAVE) system of the United States Department of Homeland Security that indicates U.S. citizenship.

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Subject:
U.S. Citizens

3099.04 | D. Third Level Documents

- | 1. extract of a hospital record on hospital letterhead established at the time of the person's birth that was created at least 5 years before the initial application date and that indicates a U.S. place of birth. A souvenir birth certificate is not considered a hospital record or extract of a hospital record. For children under the age of 16 years, the document shall have been created near the time of birth or at least 5 years before the date of application; or
- | 2. life, health or other insurance record showing a U.S. place of birth that was created at least 5 years before the initial application date and that indicates a U.S. place of birth. For children under the age of 16 years, the document shall have been created near the time of birth or at least 5 years before the date of application; or
- | 3. religious record recorded in the U.S. within 3 months of birth showing the birth occurred in the U.S. and showing either the date of birth or the individual's age at the time the record was made. The record shall be an official record recorded with the religious organization. In questionable cases such as when the child's religious record was recorded near a U.S. international border and the child may have been born outside of the U.S., documentation shall be submitted to verify the information on the religious record for the child or that the mother of the child was in the U.S. at the time of birth. Entries in a family bible are not considered recorded religious records; or
- | 4. early school record showing a U.S. place of birth. The school record shall indicate the name of the child, the date of admission to the school, the date of birth of the child, a U.S. place of birth for the child, and the name(s) and places(s) of birth of the child's parents.

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Subject:
U. S. Citizens

3099.04 | E. Fourth Level Documents

- | 1. Federal or state census record showing U.S. citizenship and the individual's age or a U.S. place of birth and the individual's age; or
- | 2. one of the following documents that show a U.S. place of birth and were created at least 5 years before the application for Medicaid. For children under 16 years of age, the document shall have been created near the time of birth or at least 5 years before the date of application:
 - | a. Seneca Indian tribal census records;
 - | b. Bureau of Indian Affairs tribal census records of the Navajo Indians;
 - | c. U.S. state vital statistics official notification of birth registration;
 - | d. a delayed U.S. public birth record that is recorded more than 5 years after the person's birth;
 - | e. a statement signed by the physician or midwife who was in attendance at the time of birth;
 - | f. the Roll of Alaska Natives maintained by the Bureau of Indian Affairs; or
- | 3. institutional admission papers from a nursing facility, skilled care facility or other institution, created at least 5 years before the initial application date, that indicates a U. S. place of birth ; or
- | 4. medical (clinic, doctor or hospital) record, created at least 5 years before the initial application date, that indicates a U.S. place of birth. For children under the age of 16 years, the document shall have been created near the time of birth or at least 5 years before the date of application. Immunization records maintained by parents, family members, friends or schools are not considered a medical record for purposes of establishing U.S. citizenship; or
- | 5. written affidavits that comply with the following requirements:
 - a. there shall be at least two affidavits by two individuals who have personal knowledge of the event establishing the applicant's or recipient's claim of U.S. citizenship (the two affidavits may be combined in a joint affidavit); and

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3099.04 | E. 5. written affidavits that comply with the following requirements: (continued)

- | b. at least one of the individuals making the affidavit shall not be related by birth, marriage or adoption to the applicant or recipient. Neither of the two individuals shall be the applicant or recipient; and
- | c. in order for the affidavit to be acceptable, the persons making them shall provide proof of their own U.S. citizenship and identity; and
- | d. if the persons making the affidavit have information that explains why documentary evidence establishing the applicant's or recipient's claim of citizenship does not exist or cannot be readily obtained, the affidavit shall contain this information; and
- | e. the Department shall obtain a separate affidavit from the applicant or recipient, or other knowledgeable individual, such as a guardian or representative, explaining why the evidence does not exist or cannot be obtained; and
- | f. the affidavits shall be signed under penalty of perjury; and
- | g. the affidavits are not required to be notarized; and
- | h. written affidavits shall only be accepted as a Fourth Level document if no other Fourth Level documents are available.

| F. Special rules for citizens born outside of the U.S.

| Citizens born outside of the U.S. who were not U.S. citizens at birth, may submit a document listed in section 3099.04 B. (Primary Level Documents) or section 3099.04 C. (Secondary Level Documents) to verify their U.S. citizenship to be eligible for MA. The Department may confirm U.S. citizenship of these individuals if they claim to be naturalized by using the SAVE system. When Primary Level Documents and Secondary Level Documents (including SAVE information) are not available, citizens born outside of the U.S. who claim to have been naturalized may use affidavits as listed in section 3099.04 E. 5. to verify U.S. citizenship.

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Chapter: **Verification Requirements** **Program:** **MA**

Subject: **U.S. Citizens**

3099.04 G. Special rules for children born outside of the U.S.

Adopted or biological children born outside of the U.S. may establish citizenship obtained automatically under section 320 of the Immigration and Nationality Act (8 USC 1431), as amended by the Child Citizenship Act of 2000 (Public Law 106-395, enacted on October 30, 2000). Documentary evidence shall be submitted to the Department to substantiate that the following was true at any time on or after February 27, 2001:

1. at least one parent of the child is a U.S. citizen by either birth or naturalization as verified by the documents listed in section 3099.04; and
 2. the child is under the age of 18; and
 3. the child is residing in the U.S. in the legal and physical custody of the U.S. citizen parent; and
 4. the child was admitted to the U.S. for lawful permanent residence as verified under the requirements of 8 USC 1641 pertaining to verification of qualified alien status. This status may be verified by the SAVE system; and
 5. if adopted, the child satisfies the requirements of section 101(b)(1) of the Immigration and Nationality Act (8 USC 1101(b)(1)) pertaining to international adoptions (admission for lawful permanent residence as IR-3 (child adopted outside the U. S.)), or as IR-4 (child coming to the U.S. to be adopted) with final adoption having subsequently occurred). These classifications may be verified by the SAVE system. When SAVE information is not available for these adopted children, an affidavit as listed in section 3099 E. 5. may be used to verify the child's U.S. citizenship.
- H. The verification of citizenship for an applicant or recipient shall be required only once by the Department, unless later evidence raises a question of the person's citizenship or the Department's prior record has been destroyed pursuant to record retention guidelines.
- I. All documents used to verify citizenship shall be either originals or copies certified by the issuing agency.
- J. Individuals may submit evidence of citizenship without appearing in person. Documents may be submitted in person, by mail or by another individual selected by the applicant or recipient.

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U.S. Citizens

3099.04 | K. The original or certified copy of documents shall be submitted directly to the Department or to an outstation location designated by the Department pursuant to 42 CFR 435.904.

| L. The place of U.S. birth listed on all Third and Fourth Level Documents shall match the U.S. place of birth listed on the application or redetermination/renewal form.

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| M. Individuals have one 90-day reasonable opportunity period (ROP) in their lifetimes, during which they are eligible for MA, to verify their citizenship either through a successful SSA match or by providing documents as set forth in this subsection. ROP may not be extended for any reason. The 90 days of the ROP do not have consecutively. This ROP begins after the Department has made its own reasonable effort to verify citizenship through the SSA match process and the individual receives notification that this process has failed to verify his or her citizenship. If, by the end of the ROP, the SSA match process continues to the individual does not provide the required documentation to establish MA shall be discontinued for that individual within 30 days after the ROP.

| N. The following individuals are exempt from the verification requirements set forth in this section:

1. those entitled to, or enrolled in, Medicare;
2. those eligible in the HUSKY A for Newborn Children coverage group (cross reference UPM section 2540.52);
3. those eligible under the Presumptive Eligibility for Children process (cross reference UPM section 1523);
4. those presumptively eligible in the Women with Breast or Cervical Cancer Medicaid coverage group (cross reference UPM section 2540.74);
5. SSI recipients;
6. recipients of SSDI or Social Security benefits if receipt is based on their own disability;
7. foster care children receiving services funded by Titles IV-B or IV-E of the Social Security Act;
8. children receiving adoption assistance under Title IV-E of the Social Security Act;

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Date: 7-1-06	Transmittal: UP-10-13	3099.04 page 10
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Section: Technical Eligibility Requirements	Type: POLICY
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Chapter: Verification Requirements	Program: MA
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Subject: U.S. Citizens

3099.04 N. The following individuals are exempt from the verification requirements set forth in this section: (continued)

9. those eligible under the Presumptive Eligibility for Pregnant Women process; and

10.	children who, at the time of their current application for Medicaid, are under 12 months old and who are documented to have been born in the United States to women eligible for and receiving Medicaid at the time of these children's birth.
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**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 12-1-91

Transmittal: UP-91-51

3099.05

Section:

Technical Eligibility Requirements

Type:

POLICY

Chapter:

Verification Requirements

Program:

**AFDC
AABD
FS
MA**

Subject:

Citizenship and Non-citizen Status

3099.05 A. Citizens

Citizens need to verify citizenship only if the claim to citizenship is questionable.

B. Non-citizens

1. Non-citizens are required to submit sufficient documentation to the Department to establish eligible non-citizen status.
2. Ineligible non-citizens applying for emergency medical treatment are not required to provide documentation of their non-citizen status.

C. Sponsored Non-citizens

Non-citizens sponsored by public agencies or organizations are required to provide:

1. verification of their dates of entry or dates of admission as lawful permanent residents; and
2. all pertinent available information about their sponsors, including verification of a sponsoring organization's ability to support them.

D. Penalty

The penalty for failure to verify citizenship status is ineligibility of the individual until the requirement is met. The penalty does not apply to presumptively eligible recipients.

E. Medical Emergency

Non-citizens who do not otherwise meet eligible non-citizen criteria (3005.05), except for an emergency medical condition are required to submit a statement signed by a physician, verifying the need for emergency treatment.

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Date: 11-1-03

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P-3099.05

Section:
Technical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Verification

Program: **AFDC**
 AABD
 FS
 MA

Subject:
Citizenship

- P-3099.05
1. Record as appropriate the assistance unit's statements regarding which members are citizens.
 2. Verify citizenship of each member of the assistance unit for whom verification is required.
 3. For each member whose citizenship is questionable require:
 - birth certificate; or
 - religious record; or
 - voter registration card; or
 - United States passport; or
 - signed statement from a citizen.
 4. Deny or discontinue assistance to individuals whose questionable citizenship is not verified, or who have not verified eligible alien status.
 5. For each alien who is sponsored, require the name and address of the sponsor.
 6. For each alien sponsored by an organization require the alien to submit a statement about the organization's ability to support.
 7. For each alien who does not otherwise meet eligible alien criteria, but who requests coverage for treatment of an emergency medical condition, require a statement signed by a physician, verifying the need for emergency treatment.
 8. Deny or discontinue assistance to individuals whose questionable citizenship is not verified, or who have not verified eligible alien status.

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Date: 11-1-03

Transmittal: UP-03-32

P-3099.05 page 2

Section:
Technical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Verification

Program: **AFDC**
 FS

Subject:
Citizenship

P-3099.05 **For AFDC and FS only:**

1. For any illegally residing non-citizen who meets the following criteria, report him or her to the appropriate Central Office program director, depending on the program for which application has been made.

Criteria:

- report to Central Office individuals who you know to be unlawfully present in the United States based on a finding of fact or conclusion of law that is supported by an official, written, finding made by the Bureau of Citizenship and Immigration Services (BCIS) of the Department of Homeland Security or the Executive Office of Immigration Review that has been supplied to the department;
- be sure that the finding regarding illegal status is formal and written, such as in the form of a Final Order of Deportation. If the non-citizen states that no such finding exists, do not request further documentation and do not report him or her to Central Office;
- do not accept the Systematic Alien Verification for Entitlements (SAVE) system response as verification that the individual is unlawfully present in the United States;
- do not accept the individual's own statement or affirmation that he or she is illegally residing in the United States as verification of his or her illegal status for purposes of reporting the individual to Central Office;
- never report any illegally residing non-citizen directly to BCIS;
- for any illegally residing non-citizen who is reported to Central Office, include a copy of the formal written finding regarding his or her illegal status;
- remember that the criteria for reporting illegally residing non-citizens to Central Office are not the same as the criteria for establishing eligibility. For example, you may determine that someone is not a citizen or an eligible non-citizen and therefore not eligible for assistance. However, if this same person has no formal, written finding regarding his or her illegal status, then you would not report this person to Central Office.

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Date: 3-1-05

Transmittal: UP-05-04

P-3099.06

Section:
Technical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Verification Requirements

Program: **AABD**
 FS
 MA

Subject:
Non-citizen Status

- P-3099.06
1. Request original documentation of non-citizen status for all non-citizens, except otherwise ineligible non-citizens applying for emergency medical treatment.
 2. Refer all applicants without adequate documentation to the local Bureau of Citizenship and Immigration Services (BCIS) office to request documentation.
 3. Use forms I-688, I-688A and I-688B to establish eligible non-citizen status for the Food Stamp Program only if the cards have been encoded with the section number under which the non-citizen was admitted.
 4. Set tickler for follow-up on expiration dates for individuals with temporary status.
 5. For each non-citizen who is sponsored, require the name and address of the sponsor.
 6. For each non-citizen sponsored by an organization, require a statement about the organization's ability to support.
 7. Institute Initial Verification utilizing the Systematic Alien Verification for Entitlements (SAVE) System.
 8. Institute Additional Verification via SAVE for any non-citizen claiming legal alien status whose status cannot be verified via an initial verification request through the SAVE system.
 9. Institute use of G-845S/G-845 Supplement when requested by SAVE or when a history of status is necessary.
 10. For each non-citizen who does not otherwise meet eligible non-citizen criteria, but requests coverage for treatment of an emergency medical condition, require a statement signed by a physician verifying the need for emergency treatment. Send a copy of the letter, assistance unit number, date of birth and Social Security Number, if available, to Medical Operations in the Central Office Medical Care Administration Division, to evaluate the need for emergency services. (A referral to Medical Operations is not required for Labor and Delivery.)
 11. Except for emergency Medicaid, deny or discontinue assistance to individuals who do not provide documentation of non-citizen status.

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Date: 3-1-05

Transmittal: UP-05-04

P-3099.06 page 2

Section:
Technical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Verification Requirements

Program: FS

Subject:
Non-citizen Status

P-3099.06 **FS only:**

For any illegally residing non-citizen who meets the following criteria, report him or her to the appropriate Central Office program director depending on the program for which application has been made:

- J report to Central Office individuals who you know to be unlawfully present in the United States based on a finding of fact or conclusion of law that is supported by an official, written, finding made by the Bureau of Citizenship and Immigration Services (BCIS) or the Executive Office of Immigration Review that has been supplied to the department;
- J be sure that the finding regarding illegal status is formal and written, such as in the form of a Final Order of Deportation. If the non-citizen states that no such finding exists, do not request further documentation and do not report him or her to Central Office;
- J do not accept the Systematic Alien Verification for Entitlements (SAVE) system response as verification that the individual is unlawfully present in the United States;
- J do not accept the individual's own statement or affirmation that he or she is illegally residing in the United States as verification of his or her illegal status for purposes of reporting the individual to Central Office;
- J never report any illegally residing non-citizen directly to BCIS;
- J for any illegally residing non-citizen who is reported to Central Office, include a copy of the formal written finding regarding his or her illegal status;
- J remember that the criteria for reporting illegally residing non-citizens to Central Office are not the same as the criteria for establishing eligibility. For example, you may determine that someone is not a citizen or an eligible non-citizen and therefore not eligible for assistance. However, if this same person has no formal, written finding regarding his or her illegal status, then you would not report this person to Central Office.

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Date: 3-1-05

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P-3099.07

Section:
Technical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Verification Requirements

Program: **AABD**
 FS
 MA

Subject:
SAVE - Initial Verification

- P-3099.07
1. Access the DSS Web.
 2. Access the Homeland Security SAVE site.
 3. Key in your User ID. Tab forward and key in your Password. Remember your password and ID are case sensitive. Click on "log in" or press enter. This brings you to the Homeland Security Web-1 home page.
 4. Click on "Initial Verification" on the menu to the left of the screen under Case Administration. This brings you to the "Enter Initial Verification Information" screen.
 5. Key in the Alien Number and select the program(s) for which you are verifying status. Click on "Submit Initial Verification." This brings you to the screen with initial verification results.
 6. If the system response returns a valid status, print a copy of the screen to file in the case record and click on "Complete and Close." Enter the Case Verification Number on remarks behind the ALAS screen.
 7. Institute "Additional Verification" if:
 -) There is no BCIS file; or
 -) The system instructs you to; or
 -) The information in the BCIS file is inconsistent with information received from the client.

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Date: 05-01-08

Transmittal: UP-08-08

P-3099.08

Section:
Technical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Verification

Program: **AABD**
 FS
 MA

Subject:
SAVE – Additional Verification

P-3099.08 A. Additional Verification

1. Access Additional Verification by clicking on “Additional Verification” on the menu to the left of the home page under Case Administration or by clicking on “Request Additional Verification” after receiving the initial verification results.
2. Key in the required information in the Additional Verification Data section of the screen. Include any additional information that you have. Click on “Submit Additional Verification.” The system returns a response regarding the status of this request.
3. Click on close.
4. A response should be received in approximately three working days. Set a tickler to check for response.
5. If requested by SAVE, complete and submit a G-845.
6. When final response is received, access the case listing and resolve inquiry by clicking on “Complete and Close.” Enter the Case Verification number on Remarks behind the ALAS screen.
7. Do not deny, close or delay the processing of an application pending a response from USCIS on an additional verification request.

B. Executing the G-845S

1. Complete the top half of the G-845S.
2. A separate G-845S must be completed for each non-citizen.
3. Staple readable copies of the following verifications to the upper left corner of the G-845S:
 - ° USCIS documents (back and front)
 - ° photo identification, if available
 - ° any other pertinent documents such as marriage records or court documents.

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Date: 03-01-10**Transmittal: UP-10-01****P-3099.08 page 2**

Section:
Technical Eligibility Requirements**Type:**
PROCEDURES

Chapter:
Verification**Program:** **AABD**
 FS
 MA

Subject:
SAVE – Additional Verification

P-3099.08 B. Executing the G-845S (continued)

4. Retain a copy of the G-845S in the case record.
5. Mail the G-845S to the USCIS file control office listed on the website at:
 | www.uscis.gov/SAVE
6. Do not send bulk mailings.
7. Do not delay, deny, reduce or discontinue benefits on the basis of non-citizen status pending secondary verification from USCIS. A decision should be received from USCIS within 10-20 working days. If you do not receive a response in this time frame, contact USCIS at (877) 469-2563.
8. Upon receipt of the G-845S from USCIS, compare the information against the case record.
9. If the verification causes ineligibility follow procedures to deny, reduce or discontinue benefits. File the G-845S in the case record.
10. If eligibility is established, file the G-845S in the case record.

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Date: 12-1-91

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P-3099.09

Section:
Technical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Verification Requirements

Program: **AFDC**
 AABD
 MA

Subject:
Verification of PRUCOL Status

- P-3099.09
1. Complete the top half of the G-845.
 2. A separate G-845 must be completed for each alien.
 3. Check off "Other" in Block #8 and write in: "Please make a PRUCOL determination" in the blank space.
 4. Have the applicant or her/her representative complete as much of form W-93 as possible, and ask them to return it within ten days. Be sure to provide a self-addressed envelope.
 5. If the W-93 is not returned within the ten days, and the client and/or representative has not asked for more time, send the G-845 to INS without it.
 5. When the completed form W-93 is received, staple it along with readable copies of the following verifications to the upper left corner of the G-845:
 - INS documents (back and front);
 - photo identification, if available
 6. Keep a copy of the G-845 in the case record.
 7. Mail the G-845 to the INS file control office at:

Ribicoff Federal Building
450 Main Street
Hartford, CT 06013-3060
 8. Do not send bulk mailings.
 9. Upon receipt of the G-845, look at answers under the "PRUCOL" section on the back of the form.
 10. If #17 is checked off, deny the application because the person does not qualify for PRUCOL status.
 11. If #18 is checked off, go on to evaluate other eligibility factors since the person does qualify for PRUCOL status.
 12. File the G-845 in the case record.

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Date: 4-1-87	Transmittal: UP-87-1	3099.10
Section: Technical Eligibility Requirements	Type:	POLICY
Chapter: Verification Requirements	Program:	AFDC AABD FS
Subject: Residency		MA

3099.10 A. Fixed Address - AFDC, AABD, MA, FS

1. Residency in the state must be verified in every case in which the assistance unit has a fixed address.
2. Failure to verify as required will result in ineligibility of the assistance unit.

B. No Fixed Address - AFDC, AABD, MA, FS

Assistance units which have no fixed address, such as migrant workers or homeless individuals need only to meet the conditions for residency in Connecticut.

C. New Arrivals in the State - AFDC, AABD

1. Individuals who were receiving public assistance in another state prior to entering Connecticut and entered the state with a job commitment or seeking employment must verify that the previous coverage has terminated.
2. Individuals who were receiving public assistance in another state prior to entering Connecticut and did not enter with a job commitment must verify that they have made a conscientious attempt to have assistance terminated.
3. Failure to verify as required will result in ineligibility of the assistance unit.

D. Incapability of Indicating Intent - MA

1. Incapability of indicating intent, and the age when incapability began, when it is a deciding factor in determining the residency of an individual, must be verified if questionable.
2. If the individual fails to verify incapability of indicating intent when required, the individual is considered capable of indicating intent.

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Date: 4-1-87

Transmittal: UP-87-1

P-3099.10

Section:
Technical Eligibility Requirements

Type:
PROCEDURES

Chapter:
Verification Requirements

Program: **AFDC**
 AABD
 FS
 MA

Subject:
Residency

P-3099.10 AFDC, AABD, MA, FS

1. Verify the address of each assistance unit which has a fixed address.
2. Accept verification presented for other purposes, such as:
 - rent receipts and utility bills; or
 - notices of award from other programs or benefits; or
 - birth certificates or marriage licenses.
3. When documentation is missing for an acceptable reason, accept a statement from a neighbor or a reliable source.

MA

4. Accept as verification of incapability of indicating intent:
 - a legal declaration of incompetence; or
 - any other convincing professional diagnostic statement submitted for that purpose.
5. If there is no verification of incompetency or incapability of indicating intent, follow the rules for an individual capable of indicating intent.

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Date: 4-1-87		Transmittal: UP-87-1		3099.15
Section:		Type:		
Technical Eligibility Requirements				POLICY
Chapter:		Program:		
Verification Requirements				AABD
				MA
				FS
Subject:				
Institutional Status				

3099.15 The Department has the responsibility for verifying that an institution in which an applicant or recipient lives meets the institutional status requirement.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 4-1-87	Transmittal: UP-87-1	P-3099.15
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Section: Technical Eligibility Requirements	Type: PROCEDURES
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Chapter: Verification Requirements	Program: AABD MA FS
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Subject: Institutional Status
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- P-3099.15 1. When an individual is in an institution check the requirements for the specific program to make sure the individual is eligible in that institution.
2. Refer questions about FS institutions meeting the requirements to Central Office, Eligibility Services.

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Date: 4-1-87	Transmittal: UP-87-1	3099.20
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Section: Technical Eligibility Requirements	Type: POLICY
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Chapter: Verification Requirements	Program: FS
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Subject: Student Status
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- 3099.20 A. All students in institutions of higher education must verify school enrollment.
- B. Each student must also verify any of the following which apply to this requirement and are pertinent to the student's individual situation:
1. age, including the age of children for whom support or care is claimed;
2. physical or mental disability;
3. hours of employment;
4. wages from employment, including self-employment;
5. participation in work-study.
- C. A student whose claim to be enrolled in secondary school is questionable because of the student's age must verify enrollment.
- D. A student who does not provide verification as required is ineligible.

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Date: 4-1-87**Transmittal: UP-87-1****P-3099.20**

Section:**Technical Eligibility Requirements****Type:****PROCEDURES**

Chapter:**Verification Requirements****Program:****FS**

Subject:**Student Status**

- P-3099.20
1. Accept verification submitted for other purposes when it is pertinent to student status.
 2. Accept any statements or documents from school officials specifying:
 - the course of study and the diploma requirements for each course;
 - income details and work hour requirements for work study;
 - the extent of an individual's participation in JTPA;
 - the school calendar.

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Date: 4-1-87	Transmittal: UP-87-1	3099.30
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Section: Technical Eligibility Requirements	Type:	POLICY
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Chapter: Verification Requirements	Program:	AFDC AABD MA
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Subject: Concurrent Assistance		FS
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- 3099.30 A. The Department verifies the discontinuance of a Connecticut program which cannot be received concurrently.
- B. The individual must verify discontinuance of assistance received from out-of-state which cannot be received concurrently.
- C. Failure to verify discontinuance of out-of-state assistance as required will mean ineligibility of the assistance unit.

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Date: 4-1-87**Transmittal: UP-87-1****P-3099.30**

Section:**Technical Eligibility Requirements****Type:****PROCEDURES**

Chapter:**Verification Requirements****Program:****AFDC****AABD****FS**

Subject:**Concurrent Assistance****MA**

- P-3099.30
1. Do a name search to identify any individual who is currently active before granting any program.
 2. Accept a discontinuance notice as verification for in-state or out-of-state assistance.
 3. Be sure that verbal assurances of discontinuance from another state are confirmed in writing.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 8-1-87**Transmittal: UP-87-8****3099.35**

Section:**Technical Eligibility Requirements****Type:****POLICY**

Chapter:**Verification Requirements****Program:****AFDC
FS**

Subject:**Striker Status**

- 3099.35 A. An individual who is on strike must verify the date the strike begins and the date the strike ends.
- B. An individual who claims that a strike exists but denies participation in it must verify the claim.
- C. An individual who refuses to cross a picket line must verify:
1. that the fear of danger has some basis in fact; and
2. that the strike is not in his or her bargaining unit.
- D. An individual whose job has been permanently eliminated or permanently filled must verify this fact in order to not be considered a striker for Food Stamp purposes.

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UNIFORM POLICY MANUAL**

Date: 8-1-87**Transmittal: UP-87-8****P-3099.35**

Section:
Technical Eligibility Requirements**Type:**
PROCEDURES

Chapter:
Verification Requirements**Program: AFDC**

Subject:
Striker Status

- P-3099.35
1. Accept any reasonable documentation submitted by an individual as verification of details of a strike.
 2. Expect to get either written or verbal corroboration of participation in a strike from a union official.
 3. Expect to get written or verbal corroboration of non-participation in a strike from the employer.
 4. Accept news media accounts of a strike to confirm threats of violence, or request police reports.
 5. For Food Stamp eligibility only, if the individual states that his or her job has been permanently filled or permanently eliminated, this must be verified through the employer or through a member of the negotiating team or a member of the union executive board. Written verification is preferable. If the employer does not cooperate by providing written verification, oral corroboration is acceptable.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-87	Transmittal: UP-87-1	3099.40
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Section: Technical Eligibility Requirements	Type: POLICY
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Chapter: Verification Requirements	Program: FS
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Subject: Voluntary Quit
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- 3099.40 A. In order to determine the principal wage earner, verification of wages is required for members of the household:
1. whose income effects eligibility of the assistance unit; and
 2. who were employed during the two months preceding the date of the quit.
- B. For a claim of good cause which is questionable, verification of the reason for the voluntary quit is required.
- C. The penalty for failure to cooperate in verifying wages for determining the principal wage earner is denial or discontinuance of assistance.
- D. The penalty for a voluntary quit is imposed if verification of a good cause claim is not acceptable.

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UNIFORM POLICY MANUAL**

Date: 4-1-87	Transmittal: UP-87-1	P-3099.40
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Section: Technical Eligibility Requirements	Type: PRODCEURES
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Chapter: Verification Requirements	Program: FS
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Subject: Voluntary Quit
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- P-3099.40
1. Require wage verifications for all household members whose income is counted in determining eligibility showing earned income for the two months prior to the quit.
 2. Require pertinent verification of any details of a good cause claim which are questionable.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 1-1-96	Transmittal: UP-96-2	3500
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Section: Procedural Eligibility Requirements	Type:	POLICY
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Chapter:	Program:	AFDC AABD MA FS
Subject:		

3500 Certain eligibility requirements are based on actions which an individual must take to either establish eligibility after applying for assistance, or to continue to be eligible. Compliance with these procedural requirements is a condition of eligibility.

There are penalties for noncompliance. The type of penalty depends on the particular procedural requirement.

Some procedural requirements are applicable to all programs, while others apply only to a specific program. This section contains a chapter concerning each procedural requirement including the requirements for specific programs.

The following procedural requirements are included:

- Social Security Number
- Work Requirements
- Securing Support
- Assignment
- Cooperation
- Declaration of Citizenship and Alien Status
- Enrollment in Health Insurance
- Digital Imaging

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Date: 1-1-96	Transmittal: UP-96-2	3500.01
Section: Procedural Eligibility Requirements	Type:	POLICY
Chapter:	Program:	AFDC AABD MA FS
Subject: Definitions		

3500.01 Assignment

Assignment is the act of transferring one's equitable interest in an asset or a claim to another person or to an organization.

Community Spouse

A community spouse is an individual who resides in the community, who does not receive home and community based services under a Medicaid waiver, who is married to an individual who resides in a medical facility or long term care facility or who receives home and community based services (CBS) under a Medicaid waiver.

Digital Imaging

Digital Imaging is a biometric identification system that uses scanned graphical information for evaluation and identification purposes.

Emancipation

Emancipation is the act of releasing a minor child from the jurisdiction of his or her parents.

Institutionalized Spouse

An institutionalized spouse is a spouse who resides in a medical facility or long term care facility, or who receives home and community based services (CBS) under a Medicaid waiver, and who is legally married to someone who does not reside in such facilities or who does not receive such services.

Legally Liable Relatives

Legally liable relatives are those who have an obligation to support a spouse or a minor child as required by law.

Minor

A minor is an individual who is under the age of 18.

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UNIFORM POLICY MANUAL**

Date: 10-1-89

Transmittal: UP-96-2

3500.01 page 2

Section:

Procedural Eligibility Requirements

Type:

POLICY

Chapter:

Program:

AFDC

AABD

MA

Subject:

Definitions

FS

3500.01 Putative Father

A putative father is a man named as the father by the mother of a child for whom paternity has not been legally established.

Second Trimester of Pregnancy

The second trimester of pregnancy is a period of time beginning with the first day of the sixth calendar month prior to the expected month of delivery and ending the day preceding the first day of the third trimester (cross-reference:2500.01).

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 3/1/06	Transmittal: UP-06-05	3505
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Section: Procedural Eligibility Requirements	Type:	POLICY
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Chapter: Social Security Numbers	Program:	AFDC AABD FS MA
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Subject:		
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3505	This chapter describes the Department's and assistance unit's responsibilities in either disclosing a verifiable Social Security Number or applying for one, as well as the penalty for noncompliance with this eligibility requirement.
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**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 3-1-06	Transmittal: UP-08-02	3505.05
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Section: Procedural Eligibility Requirements	Type:	POLICY
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Chapter: Social Security Numbers	Program:	AFDC AABD FS MA
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Subject: Basic Provisions	
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- 3505.05 A. An individual must disclose or apply for a Social Security Number (SSN) as a mandatory eligibility requirement for every member of the assistance unit.
- B. Individuals who are not applying for or eligible to receive assistance due to reasons other than failure to disclose or apply for an SSN, are not required to apply for or disclose an SSN for themselves. These individuals may voluntarily cooperate with applying for or disclosing their SSN.
- C. Any time the Department requests that an individual disclose his or her SSN, the Department shall inform the individual whether or not his or her cooperation with this requirement is voluntary or mandatory, by what statutory or other authority such SSN is being solicited, and how the SSN information will be used if provided. The Department shall also inform the individual voluntarily providing his or her SSN that if he or she does not supply his or her SSN, no one will be denied or discontinued from assistance.
- D. The primary use of the Social Security Number is to verify the identity of the individual who is applying for or receiving assistance. The SSN is also used to verify wages and benefits received by or assets owned by an applicant or recipient.
- E. Assistance is not delayed pending confirmation or assignment of a Social Security Number, unless there is a discrepancy between a number given and other information available to the Department and the individual fails to cooperate in resolving the discrepancy.
- F. This eligibility requirement does not apply to non-citizens eligible for Medical Assistance due only to a medical emergency (cross-reference: 3005.05) or newborns that are eligible for Medical Assistance for a year from birth based only on their mother's eligibility (cross-reference: 2540.52).
- G. When an assistance unit member does not recall or have an SSN, the Department must offer to assist the person and, if requested, help him or her in the following ways:
1. assist the individual in completing an SSN application; and
 2. obtain evidence as required by the Social Security Administration of the individual's citizenship or alien status, age, and identity to complete the SSN application; and
 3. when appropriate, send the SSN application to the Social Security Administration or request from the Social Security Administration the SSN of the assistance unit member if there is evidence that an SSN has been

previously issued.

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UNIFORM POLICY MANUAL**

Date: 3-1-06	Transmittal: UP-08-02	3505.05 page 2
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Section: Procedural Eligibility Requirements	Type: POLICY
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Chapter: Social Security Numbers	Program: AFDC AABD FS
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Subject: Basic Provisions	MA
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3505.05 H. No penalties for failure to disclose or apply for an SSN may be imposed on the
 | assistance unit unless the Department has followed the requirements listed in
 section 3505.05 G.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 10-1-89	Transmittal: UP-89-46	4000
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Section:	Type:		
Treatment of Assets			POLICY

Chapter:	Program:		
			AFDC
			AABD
			MA
Subject:			FS

4000 In order to qualify for assistance, an assistance unit must meet certain financial eligibility requirements. These requirements, based on state and federal law, pertain to income and assets.

In this section, the Department's policies and procedures concerning the treatment of assets are described in detail. The section contains the following chapters:

- Asset Limits
- Determination of Ownership
- Inaccessible Assets
- Excluded Assets
- Asset Disregards
- Deemed Assets
- Counted Assets
- Treatment of Specific Types of Assets

The Department's treatment of income, the other financial eligibility factor, is described in Section 5000.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 12-10-03	Transmittal: UP-03-36	4000.01
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Section: Treatment of Assets	Type: POLICY
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Chapter:	Program: AFDC AABD MA FS
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Subject: Definitions

4000.01 Annuity

An annuity is an asset that may produce income either annually or at regular intervals pursuant to the terms of the annuity contract.

Assessment of Spousal Assets

An Assessment of Spousal Assets is a determination of the total value of all non-excluded available assets owned by both MCCA spouses which is done upon the request of an institutionalized spouse or a community spouse and is used to calculate the Community Spouse Protected Amount.

Asset Limit

The asset limit is the maximum amount of equity in counted assets which an assistance unit may have and still be eligible for a particular program administered by the Department.

Assignment

An assignment is the act of transferring one's interest in an asset to another person or to an entity.

Assistance Unit

The assistance unit consists of one or more individuals who apply for or receive assistance together under one of the Department's programs.

Available Asset

An available asset is cash or any item of value which is actually available to the individual or which the individual has the legal right, authority or power to obtain, or to have applied for, his or her general or medical support.

Beneficiary

A beneficiary is a person who is entitled to receive funds, property, or other benefits from an insurance policy, will, trust, or other settlement.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 8-31-05

Transmittal: UP-05-16

4000.01 page 2

Section:

Treatment of Assets

Type:

POLICY

Chapter:

Program:

**AFDC
AABD
MA
FS**

Subject:

Definitions

4000.01 Burial Fund

A burial fund is a revocable burial contract - that is, a fund held by a licensed funeral director to be used for funeral and burial expenses, but which can be released prior to death by mutual agreement.

Burial Plot – Food Stamp Program

A burial plot is a grave site, crypt, mausoleum, urn, or any other repository traditionally used for the remains of a deceased person.

Burial Plot – All Other Programs

A burial plot is a grave site, opening and closing of a grave site, cremation urn, casket, outer burial container and a headstone or marker, including a contract for the provision of the aforementioned items. A gravesite may include a crypt or mausoleum.

Cash Surrender Value

The cash surrender value of a life insurance policy, annuity or similar instrument is the amount of money the owner of the instrument may obtain by surrendering such instrument.

Community Spouse

A community spouse is an individual who resides in the community, who does not receive home and community based services under a Medicaid waiver, who is married to an individual who resides in a medical facility or long term care facility or who receives home and community based services (CBS) under a Medicaid waiver.

Community Spouse Disregard (CSD)

A community spouse disregard is the amount of the institutionalized spouse's available non-excluded assets which is not counted in determining the institutionalized spouse's eligibility for Medicaid.

Community Spouse Protected Amount (CSPA)

A community spouse protected amount is the amount of the total available non-excluded assets owned by both MCCA spouses which is protected for the community spouse and is not counted in determining the institutionalized spouse's eligibility for Medicaid.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 12-10-03

Transmittal: UP-03-36

4000.01 page 3

Section:

Treatment of Assets

Type:

POLICY

Chapter:

Program:

**AFDC
AABD
MA
FS**

Subject:

Definitions

4000.01 Continuous Period of Institutionalization

A continuous period of institutionalization is a period of 30 or more consecutive days of residence in a medical institution or long term care facility, or receipt of home and community based services (CBS) under a Medicaid waiver.

Corpus

The corpus of a trust is the principal of the trust as distinguished from the income that is generated by the trust.

Corrective Payment

A corrective payment is assistance which the Department provides to or on behalf of an assistance unit as an adjustment for an underpayment of cash, medical, or Food Stamp benefits, or refunds owed to the assistance unit.

Counted Asset

A counted asset is an asset which is not excluded and either available or deemed available to the assistance unit.

Deemed Asset

A deemed asset is an asset owned by someone who is not a member of the assistance unit but which is considered available to the unit.

Deemor

A deemor is a person from whom income or assets are deemed available to the assistance unit.

Encumbrance

Encumbrance is a legal claim against an asset which a person must pay off in order to convert the asset to cash.

Equity Value

Equity value is the fair market value of an asset minus encumbrances.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 12-10-03

Transmittal: UP-03-36

4000.01 page 4

Section:

Treatment of Assets

Type:

POLICY

Chapter:

Program:

**AFDC
AABD
MA
FS**

Subject:

Definitions

4000.01 Essential Household Item

An essential household item is furniture, furnishings, and equipment found in or about a house which is used in connection with the operation, maintenance, and occupancy of the home, as well as an item used in the functions and activities of home and family life or for comfort and accommodation.

Excluded Asset

An excluded asset is an asset which is not counted by the Department in determining the assistance unit's eligibility for assistance.

Face Value

The face value of a life insurance policy is the basic amount of insurance purchased on the insured's life, as listed on the policy.

Fair Market Value

Fair market value is the amount at which an asset can be sold on the open market in the geographic area involved at the time of the sale as a result of reasonable, bona fide efforts to gain the highest possible price in an arm's-length transaction.

Home Property

Home property is:

1. real property which someone owns and is using as principal residence; and
2. life use which is the right of a person to occupy and/or enjoy the income proceeds of real property during the person's life time in accordance with the terms of a legal agreement.

Institutionalized Spouse

An institutionalized spouse is a spouse who resides in a medical facility or long term care facility, or who receives home and community based services (CBS) under a Medicaid waiver, and who is legally married to someone who does not reside in such facilities or who does not receive such services.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 10-1-93

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4000.01 page 5

Section:

Treatment of Assets

Type:

POLICY

Chapter:

Program:

**AFDC
AABD
MA
FS**

Subject:

Definitions

4000.01 Inter Vivos Trust

An inter vivos trust is a trust established during the lifetime of the settlor by means other than a will.

Irrevocable Burial Fund

An irrevocable burial fund is a fund held by a licensed funeral director as a result of a contractual arrangement to be released only upon the death of a recipient, but which can be transferred to another funeral director.

Irrevocable Trust

An irrevocable trust is a trust which the settlor is unable to dissolve.

Legal Owner

The legal owner of an asset is the person who is legally entitled to enjoy the benefit and use of the asset.

Long Term Care Facility (LTCF)

A long term care facility is a skilled nursing facility, intermediate care facility, or other medical institution, where the applicant is required, as a condition of receiving services in such institution under the state medical assistance plan, to spend for costs of medical care all but a minimal amount of any existing income for personal needs.

MCCA Spouses

MCCA spouses are spouses who are members of a married couple one of whom becomes an institutionalized spouse on or after September 30, 1989, and the other spouse becomes a community spouse.

Motor Vehicle

A motor vehicle is a passenger car or other vehicle which a person owns for the purpose of providing transportation of individuals or goods.

Needs Group

Needs group is the group of persons comprising the assistance unit and certain other persons whose basic needs are added to the total needs of the assistance unit members when determining the income eligibility of the assistance unit.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 01-15-08

Transmittal: UP-08-01

4000.01 page 6

Section:

Treatment of Assets

Type:

POLICY

Chapter:

Program:

**AFDC
AABD
MA
FS**

Subject:

Definitions

4000.01 Non-Essential Household Item

A non-essential household item is a household item which a person or family has acquired as an investment to be sold for a profit at a later date.

Non-Home Property

Non-home property is real property which a person owns but is not using as principal residence.

Personal Effects

Personal effects are clothing, jewelry, or items used for personal care or individual education.

Personal Property

Personal property is an asset in the form of temporary or movable property as opposed to real property.

Real Property

| Real property is an asset in the form of real estate - that is, land and buildings, or
| campers, trailers or mobile homes which have been permanently affixed to the land.

Record Owner

The record owner of an asset is the person who has apparent ownership interest as shown on a title, registration, or other documentation.

Revocable Trust

A revocable trust is a trust which the settlor reserves the right to dissolve when he or she desires.

Settlor

The settlor is the person whose funds are used to establish a trust.

Spousal Share

A spousal share is one-half of the total value of assets which results from the assessment of spousal assets.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-02

Transmittal: UP-02-10

4000.01 page 7

Section:

Treatment of Assets

Type:

POLICY

Chapter:

Program:

AFDC

AABD

MA

Subject:

Definitions

FS

4000.01 Term Insurance

Term insurance is a form of life insurance having no cash surrender value and furnishing coverage for only a specified period of time.

Testamentary Trust

A testamentary trust is a trust established pursuant to the terms of a will.

Trust

A trust is an oral or written agreement in which someone (the trustee) holds the legal title to an asset for the benefit of another person (the beneficiary).

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-87	Transmittal: UP-87-2	4005
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Section: Treatment of Assets	Type: POLICY
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Chapter: Asset Limits	Program: AFDC AABD MA
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Subject:	FS
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4005 For every program administered by the Department, there is a definite asset limit.

This chapter outlines which assets are counted toward the asset limit and which assets are not counted. The chapter also specifies the asset limits for the four major programs which the Department administers, and describes how assets exceeding the program limit affect eligibility.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 12-10-03	Transmittal: UP-03-36	4005.05
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Section: Treatment of Assets	Type:	POLICY
<hr/>		
Chapter: Asset Limits	Program:	AFDC AABD MA FS
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Subject: General Principles		
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4005.05 A. Limits Specific to each Program

For every program administered by the Department, there is a definite asset limit.

B. Assets Counted Toward the Asset Limit

1. The Department counts the assistance unit's equity in an asset toward the asset limit if the asset is not excluded by state or federal law and is either:
 - a. available to the unit; or
 - b. deemed available to the unit.
2. Under all programs except Food Stamps, the Department considers an asset available when actually available to the individual or when the individual has the legal right, authority or power to obtain the asset, or to have it applied for, his or her general or medical support.
3. Under the Food Stamps program, the Department considers an asset available when the individual owns it and can convert it to cash within the certification period.

C. Assets not Counted Toward the Asset Limit

The Department does not count the assistance unit's equity in an asset toward the asset limit if the asset is either:

1. excluded by state or federal law; or
2. not available to the unit.

D. Asset Limit an Eligibility Factor

1. The Department compares the assistance unit's equity in counted assets with the program asset limit when determining whether the unit is eligible for benefits.
2. An assistance unit is not eligible for benefits under a particular program if

the unit's equity in counted assets exceeds the asset limit for the
CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL

Date: 7-1-02

Transmittal: UP-02-10

4005.05 page 2

Section:

Treatment of Assets

Type:

POLICY

Chapter:

Asset Limits

Program:

AFDC

AABD

MA

FS

Subject:

General Principles

4005.05 D. 2. Asset Limit an Eligibility Factor (continued)

particular program, unless the assistance unit is categorically eligible for the
program and the asset limit requirement does not apply (cross reference:
Categorical Eligibility Requirements).

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**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-87

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P-4005.05

Section:

Treatment of Assets

Type:

PROCEDURES

Chapter:

Asset Limits

Program:

**AFDC
AABD
FS
MA**

Subject:

Comparing the Unit's Assets to the Asset Limit

- P-4005.05
1. Using the principles contained in this section, determine which assets owned by the assistance unit are counted assets.
 2. Compute the assistance unit's equity in each counted asset by first determining the asset's fair market value. Use sources such as, but not limited to:
 - NADA "blue" book of trade-in values for automobiles;
 - real estate conveyance records;
 - marketing appraisals;
 - bank records;
 - passbooks;
 - records of stock transactions;
 - property appraisals performed by the Department;
 - tax assessment records.
 3. From the figure obtained in step 2 subtract the value of any encumbrances against the asset, to determine equity value.
 4. If the asset is held jointly, and the assistance unit proves that it owns only a portion of the asset, prorate the result obtained in step 3 to determine the assistance unit's equity.
 5. Follow the same process for all counted assets owned by the assistance unit.
 6. Add up the value of the unit's counted assets.
 7. Using the principles contained in Section 4025, determine what assets, if any, are deemed available to the assistance unit.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-87**Transmittal: UP-87-2****P-4005.05 page 2**

Section:
Treatment of Assets**Type:**
PROCEDURES

Chapter:
Asset Limits**Program:** **AFDC**
 AABD
 FS
 MA

Subject:
Comparing the Unit's Assets to the Asset Limit

- P-4005.05 8. Add up the value of the unit's deemed assets.
9. Combine the results of step 6 and step 8.
10. Determine the needs group size, as described in Section 4025. To determine this size, add together the number of assistance unit members and the number of deemors who are part of the needs group.
11. Determine the appropriate asset limit based upon the program, needs group size, and age of assistance unit members, as described in Section 4005.
12. Compare the result of step 9 to the appropriate asset limit.
13. If the unit's assets are in excess of the limit, deny or discontinue assistance, as appropriate.
14. If the unit's assets are equal to or less than the asset limit, proceed with the eligibility determination.
15. For eligible cases, if the unit has inaccessible assets which may become available prior to the next scheduled redetermination, set a tickler for a month prior to the expected date of availability.
16. For eligible cases, if an asset is excluded only temporarily, set a tickler for a month prior to the end of the period of exclusion.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 07-02-01

Transmittal: UP-02-01

4005.10

Section:
Treatment of Assets

Type:
POLICY

Chapter:
Asset Limits

Program: **AFDC**
 AABD
 MA

Subject:
Asset Limits for All Programs

4005.10 A. The asset limits for the Department's programs are as follows except as noted under B:

1. AFDC and FMA - Categorically Needy

The asset limit is \$1,000 per needs group.

2. AABD and MAABD - Categorically and Medically Needy

(Except Qualified Medicare Beneficiaries, Specified Low Income Medicare Beneficiaries, Additional Low Income Medicare Beneficiaries, Qualified Disabled and Working Individuals, Working Individuals with Disabilities and Women Diagnosed with Breast or Cervical Cancer)

a. The asset limit is \$1,600 for a needs group of one.

b. The asset limit is \$2,400 for a needs group of two.

3. MAABD-QMB, SLMB and QDWI Coverage Groups

a. The asset limit is \$4,000 for a needs group of one.

b. The asset limit is \$6,000 for a needs group of two
(Cross References: 2540.94, 2540.95 and 2540.90).

4. MAABD- ALIMB Coverage Groups

a. Prior to April 1, 2001, the asset limit is:

(1) \$4,000 for a needs group of one.

(2) \$6,000 for a needs group of two.

b. Effective April 1, 2001 there is no asset limit for these coverage groups.
(Cross References:2540.97 and 2540.98)

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Date: 05-10-10

Transmittal: UP-10-03

4005.10 page 2

Section:
Treatment of Assets

Type:
POLICY

Chapter:
Asset Limits

Program:
**MA
SNAP**

Subject:
Asset Limits for All Programs

- 4005.10 A. 5. MAABD-Working Individuals with Disabilities
- a. The asset limit is \$10,000 for a single individual.
 - b. The asset limit is \$15,000 for an individual living with his or her spouse (Cross Reference: 2540.85).
6. MAABD- Women Diagnosed with Breast or Cervical Cancer
- There is no asset limit for this coverage group.
(Cross Reference: 2540.74)
7. FMA- Medically Needy
- a. The asset limit is \$2,000 for a needs group of one.
 - b. The asset limit is \$3,000 for a needs group of two.
 - c. The asset limit is increased by \$100 for each additional member of the needs group for groups of more than two.
8. Supplemental Nutrition Assistance Program
- a. The asset limit is established by the USDA and shall be adjusted and rounded down to the nearest \$250 increment to reflect changes for the 12-month period ending the preceding June in the Consumer Price Index for All Urban Consumers published by the Bureau of Labor Statistics of the Department of Labor.

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Date: 05-10-10

Transmittal: UP-10-03

4005.10 page 3

Section:
Treatment of Assets

Type:
POLICY

Chapter:
Asset Limits

Program:
MA

SNAP
Subject:
Asset Limits for All Programs

4005.10 A. 8. Supplemental Nutrition Assistance Program (continued)

- b. There are two separate asset limits, one for households in which at least one member is age 60 or over or disabled, and a lower one for all other households.

B. The following Medicaid coverage groups are not required to pass an asset test:

1. Increased Earnings Extension;
2. Increased Support Extension;
3. Primary Work Transition Extension;
4. HMO Extension;
5. Pregnant Women Under 185% of the Poverty Level;
6. Pregnant Women Extension;
7. Children Under 185% of the Poverty Level (under age one);
8. Children Under 185% of the Poverty Level (between ages one and six);
9. Children Under 185% of the Federal Poverty Level (age six or over born after 9/30/83);
10. Additional Low Income Medicare Beneficiaries effective April 1, 2001;
11. Women Diagnosed with Breast or Cervical Cancer.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-98

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P-4005.10

Section:
Treatment of Assets

Type:
PROCEDURES

Chapter:
Asset Limits

Program: **AFDC**
 AABD
 MA
 FS

Subject:
Determining the Earliest Date of Eligibility - Applications

P-4005.10 AFDC, AABD Residents of Rated and Non-Rated Housing, FS

1. If the assistance unit has excess assets, do not grant assistance to be effective prior to the date the unit properly reduces its assets to an amount equal to or less than the appropriate asset limit.
2. If the assistance unit does not properly reduce its assets during the application period, deny the application because of excess assets.

MA, AABD Residents of Long Term Care Facilities

1. If the assistance unit has excess assets, do not grant assistance to be effective prior to the first day of the month in which the unit properly reduces its asset to an amount equal to or less than the appropriate asset limit.
2. If the assistance unit does not properly reduce its assets during the application period, deny the application because of excess assets.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 05-10-10

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P-4005.11

Section:

Treatment of Assets

Type:

PROCEDURES

Chapter:

Asset Limits

Program:

SNAP

Subject:

Asset Limit Amounts

P-4005.11 SNAP

-) The asset limit is \$2,000 for those needs groups having no members age 60 or over or disabled.
-) The asset limit is \$3,000 for those needs groups having at least one member age 60 or over or disabled, if this person is also an eligible assistance unit member.
-) The asset limit is established by the USDA and will be adjusted to reflect inflation in increments of \$250 when increases in inflation total.

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Date: 7-1-98

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4005.15

Section:

Treatment of Assets

Type:

POLICY

Chapter:

Asset Limits

Program:

**AFDC
AABD
MA
FS**

Subject:

Reduction of Excess Assets

| 4005.15 A. Applicants

1. AFDC, AABD Residents of Rated and Non-Rated Housing, FS

| At the time of application, the assistance unit is ineligible for assistance until the first day it reduces its equity in counted assets to within the particular program asset limit.

2. MA, AABD Residents of Long Term Care Facilities

| At the time of application, the assistance unit is ineligible until the first day of the month in which it reduces its equity in counted assets to within the asset limit.

| B. Recipients

1. AFDC and AABD Residents of Rated and Non-Rated Housing

a. If the assistance unit acquires an asset during a month and thereby exceeds the asset limit, eligibility is not affected if the unit properly reduces its equity in counted assets to an allowable level by the end of the month.

b. If the assistance unit does not reduce its excess assets to an allowable level by the end of the month the excess first occurs, the unit is ineligible for assistance for that month, and remains ineligible until the date it properly reduces its assets to an allowable level.

| 2. MA and AABD Residents of Long Term Care Facilities

a. If the assistance unit acquires an asset during a month and thereby exceeds the asset limit, eligibility is not affected during the month the excess first occurs.

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UNIFORM POLICY MANUAL**

Date: 7-1-87

Transmittal: UP-87-2

4005.15 page 2

Section:
Treatment of Assets

Type:
POLICY

Chapter:
Asset Limits

Program: AFDC
AABD
MA
FS

Subject:
Reduction of Excess Assets

4005.15 B. 2. Recipients (continued)

- b. If the assistance unit does not reduce its excess assets to an allowable level by the end of the month the excess first occurs, the unit is ineligible as of the first day of the following month and remains ineligible until the first day of the month in which the unit properly reduces its assets to an allowable level.

3. FS

- a. If the assistance unit acquires an asset during a month and thereby exceeds the asset limit, eligibility is not affected if the unit properly reduces its equity in counted assets to an allowable level prior to the date of the unit's first scheduled payment following the expiration of the advance notice period (cross reference: 1570, Fair Hearings).
- b. If the assistance unit has not reduced its excess assets to allowable level by the unit's first scheduled payment following the expiration of the advance notice period, the unit is ineligible for such allotment, and continues to be ineligible for assistance until the date it properly reduces its excess assets to allowable level.

C. Fair Market Value

When reducing excess assets, the assistance unit must receive fair market value for the expended assets unless it can demonstrate to the Department's satisfaction that the assets were not transferred for the purpose of qualifying for assistance (cross reference: Section 3025, Transfer of Assets).

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-98

Transmittal: UP-98-31

P-4005.15

Section:
Treatment of Assets

Type:
PROCEDURES

Chapter:
Asset Limits

Program: **AFDC**
 AABD
 MA

Subject:
Discontinuing Benefits Because of Excess Assets

P-4005.15 AFDC and AABD Residents of Rated and Non-Rated Housing

1. If the assistance unit acquires an asset sometime during a month and thereby exceeds the asset limit, immediately enter the asset information into EMS to generate a notice of adverse action.
2. Explain that an overpayment for one or two months may exist, as described in policy.
3. If the assistance unit requests a Fair Hearing within 10 days of the mailing of the notice of adverse action, continue benefits as specified in Section P-1570.
4. If the assistance unit does not request a Fair Hearing within 10 days or the Fair Hearing decision upholds the Department, discontinue benefits as described above, or per the hearing decision instructions. See step 5.
5. Compute an overpayment based on ineligibility beginning with the first day of the month of the initial excess up to and including the date of discontinuance.
6. If the assistance unit properly reduces excess assets during the month the excess occurs, document the case record regarding how the unit spent the excess. Continue benefits if the unit is otherwise eligible. There is no overpayment.
7. If the assistance unit improperly reduces excess assets, follow the procedures described in Section P-3025.

MA and AABD Residents of Long Term Care Facilities

1. If the assistance unit acquires an asset sometime during a month and thereby exceeds the asset limit, immediately enter the asset information into EMS to generate a notice of adverse action.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-98

Transmittal: UP-98-31

P-4005.15 page 2

Section:
Treatment of Assets

Type:
PROCEDURES

Chapter:
Asset Limits

**Program: MA
FS**

Subject:
Discontinuing Benefits Because of Excess Assets

P-4005.15 MA and AABD Residents of Long Term Care Facilities (continued)

2. Explain that an overpayment for one month may exist, as described in policy.
3. If the assistance unit requests a Fair Hearing within 10 days of the mailing of the notice, continue benefits as specified in Section P-1570.
4. If the assistance unit does not request a Fair Hearing within 10 days or the Fair Hearing decision upholds the Department, discontinue the case as explained in the notice of adverse action or hearing decision. See step 5.
5. Compute an overpayment based on ineligibility beginning with the first of the month following the month the excess occurred. To determine whether there is an overpayment, see Section P-7040.
6. If the assistance unit properly reduces excess assets by the end of the month following the month the excess occurs, document the case record explaining how the unit spent the excess. Continue benefits if the unit is otherwise eligible. There is no overpayment.
7. If the assistance unit improperly reduces excess assets, follow the procedures described in Section P-3025.

FS

1. If the assistance unit acquires an asset sometime during a month and thereby exceeds the asset limit, immediately enter the asset information into EMS to generate a notice of adverse action.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-98

Transmittal: UP-98-31

P-4005.15 page 3

Section:
Treatment of Assets

Type:
PROCEDURES

Chapter:
Asset Limits

Program: FS

Subject:
Discontinuing Benefits Because of Excess Assets

P-4005.15 FS (continued)

2. If the assistance unit requests a Fair Hearing within 10 days of the mailing of the notice of adverse action, continue benefits as specified in Section P-1570.
3. If the assistance unit does not request a Fair Hearing within 10 days, or the Fair Hearing decision upholds the Department, discontinue benefits as described above, or per the hearing decision instructions. See step 4.
4. Compute the amount of any overpayment based on the date the benefits should have been discontinued, as described in the notice of adverse action.
5. If the assistance unit properly reduces excess assets prior to the proposed discontinuance date, document the case record regarding how the unit spent the excess. Continue benefits if the unit is otherwise eligible. There is no overpayment.
6. If the assistance unit improperly reduces excess assets, follow the procedures described in Section P-3025.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-87**Transmittal: UP-87-2****4010**

Section:**Treatment of Assets****Type:****POLICY**

Chapter:**Determination of Ownership****Program:****AFDC
AABD
MA
FS**

Subject:

4010 This chapter describes the Department's policies and procedures concerning how the Department determines ownership of an asset. It also describes the Department's policies concerning the treatment of assets held jointly by two or more individuals, when at least one is applying for or receiving assistance from the Department.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-87	Transmittal: UP-87-6	4010.05
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Section: Treatment of Assets	Type:	POLICY
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Chapter: Determination of Ownership	Program:	AFDC AABD MA
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Subject: Record Owner Versus Legal Owner		FS
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4010.05 A. General Principles

1. If the assistance unit is the record owner of an asset, the unit is considered the legal owner unless it establishes otherwise, with clear and convincing evidence.
2. If it is established to the Department's satisfaction that the legal owner and the record owner of an asset are two different persons, the Department considers the asset the property of the legal owner.

B. Effect of Ownership Dispute Upon Eligibility

The assistance unit, as record owner of an asset, must transfer title to the legal owner as a condition of eligibility if:

1. the record owner has established to the Department's satisfaction that he or she is not the legal owner; and
2. the legal owner is not a member of the assistance unit; and
3. the asset is a counted asset; and
4. ownership of the asset would cause the assistance unit's equity in counted assets to exceed the asset limit.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-87

Transmittal: UP-87-2

P-4010.05

Section:

Treatment of Assets

Type:

PROCEDURES

Chapter:

Determination of Owner

Program:

**AFDC
AABD
MA
FS**

Subject:

Considering Record Versus Legal Owner

- P-4010.05
1. If the assistance unit is the record owner of an asset, presume that it is also the legal owner of the asset.
 2. If the assistance unit claims that it is not the legal owner of an asset, consider all evidence the unit presents.
 3. If the assistance unit alleges that it is the record owner, but not the legal owner of an asset, inform the unit that it must present clear and convincing evidence proving that this is the case.
 4. Ask the unit:
 - who has physical possession of the asset;
 - who paid the purchase price;
 - why the asset is in the unit's name;
 - how was the asset purchased;
 - who is using or otherwise benefitting from the asset;
 - what is the relationship between the unit and the person claimed to be the asset's legal owner.
 5. In considering questions of legal ownership, determine whether there was an expressed agreement between the record owner and the alleged legal owner, whereby the record owner agreed to hold the asset for the benefit of the legal owner.
 - Was the intent of the agreement specifically expressed orally or in writing between the two parties? Obtain the specifics of this agreement including the date, subject matter, and names of witnesses present.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-87

Transmittal: UP-87-2

P-4010.05 page 2

Section:

Treatment of Assets

Type:

PROCEDURES

Chapter:

Determination of Owner

Program:

AFDC

AABD

MA

FS

Subject:

Considering Record Versus Legal Owner

- P-4010.05
- Was the entrusted asset specifically described in the agreement?
 - Was the legal duty of the record owner to hold the asset for the benefit of the legal owner stated clearly in the agreement?
6. If the answer to all three questions in step 5 is "yes," there is evidence that a trust relationship could exist between the two parties. In such a case, consider the answers to the questions in step 4 to get a picture of the situation as it actually exists, which either confirms or refutes the terms of the agreement.
- Did the alleged legal owner purchase the asset?
 - Is the alleged legal owner maintaining the asset?
 - Is the alleged legal owner the only one using the asset or otherwise benefiting from it?
7. If the answer to all three questions in step 6 is "yes," the record owner's claim is more strongly substantiated.
8. Consider whether the trust arrangement was established for illegal purposes, such as the alleged legal owner's desire to evade motor vehicle responsibility, lawsuits, creditor's action, etc.
9. If the arrangement was established for an illegal purpose consider this a strong indication that the record owner's rebuttal does not successfully refute the presumption of ownership.
10. If there was no expressed trust arrangement between the two parties, consider whether there was an implied trust. Such a trust could exist if someone purchased an asset for the benefit of himself but put the asset in someone else's name at the time of purchase.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88	Transmittal: UP-88-7	P-4010.05 page 3
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Section:	Type:
Treatment of Assets	PROCEDURES

Chapter:	Program:	AFDC
Determination of Owner		AABD
		MA
Subject:		FS
Considering Record Versus Legal Owner		

- P-4010.05
11. Follow the procedures in step 6 to evaluate the possibility of an implied trust situation.
 12. If the record owner and alleged legal owner have a spouse-to-spouse or child-to-parent relationship, presume that the asset was a gift to the record owner, and that there is no trust arrangement.
 13. Allow the record owner to rebut this presumption, also. Use the procedures described in this chapter to evaluate the record owner's rebuttal.
 14. Consult with Supervisor and make a preliminary decision regarding who owns the asset. Document the case record regarding the question of legal ownership to support your decision.
 15. Refer the case to the Program Supervisor for a final decision regarding who is the legal owner. Revise the case record documentation if necessary.
 16. If it is determined that the assistance unit is the legal owner as well as the record owner, consider the asset as the assistance unit's.
 17. If it is determined that the assistance unit is not the legal owner, inform the unit that it must transfer record ownership to the legal owner under the conditions described in Section 4010.
 18. If the transfer is a requirement of eligibility, verify that the transfer has taken place before granting assistance.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-87 **Transmittal: UP-87-6** **4010.10**

Section:	Treatment of Assets	Type:	POLICY
Chapter:	Determination of Ownership	Program:	AFDC AABD MA FS
Subject:	Assets Held Jointly		

4010.10 A. General Principles

1. Subject to the limitations described below, personal property such as a bank account held jointly by the assistance unit and by another person is counted in full toward the asset limit.

2. An assistance unit member and spouse who hold a bank account or similar asset jointly are each considered legal owners of the asset except as described below:
 - a. If the spouse became a joint holder of the account within 24 months prior to the date of the assistance unit's application, or subsequently, the spouse is considered the record owner only, and not a legal owner.
 - b. The assistance unit may rebut the Department's finding by providing clear and convincing evidence that the spouse is legal owner of the asset.

3. An individual other than the spouse of an assistance unit member is considered merely the record owner of an account or similar asset held jointly with the unit member.
 - a. This is true regardless of the time period the individual has been joint holder of the asset.
 - b. The assistance unit may rebut the Department's finding by providing clear and convincing evidence that the individual is legal owner of the asset.

4. If the assistance unit proves that it is merely the record owner of part or all of the asset, the Department counts only the portion of the asset legally owned by the assistance unit.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-87

Transmittal: UP-87-6

4010.10 page 2

Section:	Treatment of Assets	Type:	POLICY
Chapter:	Determination of Ownership	Program:	AFDC AABD MA FS
Subject:	Assets Held Jointly		

4010.10 A. General Principles (continued)

5. Legal ownership of jointly held real property is considered to be shared equally on a pro-rata basis by the owners of record unless the deed specifies otherwise.

B. Liquidation of a Jointly Held Asset

The assistance unit, as a record owner of a jointly held asset, must transfer title to the legal owner as a condition of eligibility if:

1. the record owner has established to the Department's satisfaction that he or she is not the legal owner; and
2. the legal owner is not a member of the assistance unit; and
3. the asset is a counted asset; and
4. ownership if the asset would cause the assistance unit's equity in counted assets to exceed the asset limit.

C. Improper Transfer of Assets - Jointly Held Assets

The Department investigates whether an improper transfer of assets has occurred if, within the time limits described in Section 3025:

1. the assistance unit removes its name from a jointly held asset; or
2. the spouse of an assistance unit member becomes a joint holder of an asset previously held solely by the assistance unit, and the spouse subsequently liquidates the asset; or
3. a joint holder, other than the spouse, liquidates an asset of which the assistance unit is also a joint holder. This is true regardless of the length of time the joint holder has held the asset jointly with the assistance unit.

(Cross reference: Section 3025, Transfer of Assets)

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 7-1-87

Transmittal: UP-87-6

P-4010.10

Section:	Treatment of Assets	Type:	PROCEDURES
Chapter:	Determination of Ownership	Program:	AFDC AABD MA FS
Subject:	Considering Assets Held Jointly		

- P-4010.10
1. If the assistance unit is a joint holder of real property, consider the unit's share of the property to be based proportionally on the number of owners of record, unless the deed indicates otherwise.
 2. If the deed indicates that jointly held real property is owned by the record owners, but not on a pro-rata basis, consider each owner's share as the percentage indicated on the deed.
 3. If the assistance unit and another person or persons jointly hold personal property such as a bank account, consider the entire asset the assistance unit's.
 4. If the assistance unit claims to own none or only a portion of the asset, inform the unit that unless it proves otherwise by clear and convincing evidence, the unit is considered legal owner of the asset.
 5. Follow the procedures described in steps 3 thru 18 of Section P-4010.05 as you:
 - compute what portion of the asset, if any, belongs to the person outside the assistance unit;
 - inform the assistance unit if any transfer of record ownership, or division of the asset is necessary;
 - verify that the necessary transfer has occurred before assistance is granted.
 6. Refer to the procedures described in Section P-3025 if, within the time limits described in that section:
 - the assistance unit removes its name from a jointly held bank account; or
 - a spouse is added as a joint holder of an account previously owned solely by the assistance unit, and the spouse subsequently liquidates the asset; or
 - a joint holder, other than a spouse, liquidates an asset which had been jointly held with the assistance unit. This is true regardless of how long the joint holder has been an owner of record.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-87	Transmittal: UP-87-2	4015
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Section:		Type:
	Treatment of Assets	POLICY

Chapter:		Program:
	Inaccessible Assets	AFDC AABD MA FS

Subject:		
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4015 Some assets are not counted because they are considered inaccessible to the assistance unit. This chapter describes the Department's policies and procedures concerning inaccessible assets and their effect upon the assistance unit's eligibility.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 12-10-03

Transmittal: UP-03-36

4015.05

Section:

Treatment of Assets

Type:

POLICY

Chapter:

Inaccessible Assets

Program:

**AFDC
AABD
MA
FS**

Subject:

General Provisions – All Programs

4015.05 A. Effect on Eligibility

1. Subject to the conditions described in this section, equity in an asset which is inaccessible to the assistance unit is not counted as long as the asset remains inaccessible.
2. In the Food Stamp program, if the asset is inaccessible for the entire certification period, the asset is excluded in the determination of eligibility.

B. Responsibilities of Assistance Unit

1. The burden is on the assistance unit to demonstrate that an asset is inaccessible.
2. For all programs except Food Stamps, in order for an asset to be considered inaccessible, the assistance unit must cooperate with the Department, as directed, in attempting to gain access to the asset.
 - a. If the unit does not cooperate as described above, the asset is considered available to the unit, and the unit's equity in the asset is counted toward the asset limit.
 - b. If the unit's equity in the asset is unknown, the non-cooperative adult member of the unit is ineligible for assistance.

(Cross reference: Section 3525, Procedural Eligibility Requirements.)

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-87

Transmittal: UP-87-2

P-4015.05

Section:

Treatment of Assets

Type:

PROCEDURES

Chapter:

Inaccessible Assets

Program:

**AFDC
AABD
MA
FS**

Subject:

Treating Inaccessible Assets

- P-4015.05
1. If the assistance unit claims that an otherwise counted asset is inaccessible, inform the unit that it must:
 - prove that the asset is inaccessible, if the unit wants to have the asset not counted; and
 - for all programs except Food Stamps, cooperate with the Department in attempting to gain access to the asset.
 2. Refer the case to the Resource Unit, which:
 - determines whether the asset is inaccessible, if there is still a question regarding the availability of the asset; and
 - takes appropriate action, if necessary, to help the unit gain access to the asset.
 3. If the asset is determined not to be inaccessible, count the unit's equity in the asset toward the asset limit.
 4. If the asset is determined to be inaccessible, do not count the unit's equity in the asset as long as the asset remains inaccessible.
 5. Refer to Section 4030 for the treatment of trusts under the MA program.
 6. Do not grant assistance unless the Resource Unit reports that the unit has met its procedural requirements, if appropriate, as described in policy.
 7. If the case is granted, set a tickler for one month prior to the expected date of availability of the asset.
 8. If the asset becomes available, recompute the unit's financial eligibility.
 9. Inform the Resource Unit for possible recovery action.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-02**Transmittal: UP-02-18****P-4015.06**

Section:
Treatment of Assets**Type:**
PROCEDURES

Chapter:
Inaccessible Assets**Program: FS**

Subject:
| Determining the Net Return Value of a Motor Vehicle

P-4015.06 | In the Food Stamp program, take the following steps to determine if a motor vehicle has a net return value of \$1,500 or less.

1. Determine if the vehicle is totally excluded for any reason according to policy (Cross Reference 4020.15 or 4030.55).
2. If the vehicle is totally excluded stop here.
3. If the vehicle is not totally excluded, determine the Fair Market Value (Average Trade-in Value in the Kelly Blue Book or its equivalent) of the vehicle.
4. Subtract the encumbrances the household has against the vehicle from its FMV to determine the net return value of the vehicle. Encumbrances include, but are not limited to:
 - loan balances, or
 - tax liens
5. Consider any of the following as reasons to further reduce the net return value of the vehicle:
 - high mileage; or
 - general condition of the vehicle; or
 - cost of selling or disposing of the vehicle.
6. If the net return value is \$1,500 or less, exclude the vehicle as an inaccessible asset.
7. If the net return value of the vehicle is more than \$1,500, treat the vehicle according to policy.
8. Both registered and unregistered vehicles with a net return value of \$1,500 or less are excluded as inaccessible assets.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-02	Transmittal: UP-02-10	4015.10
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Section: Treatment of Assets	Type: POLICY
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Chapter: Inaccessible Assets	Program: AFDC AABD MA
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Subject: General Provisions – Cash and Medical Programs	
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4015.10 A. Property in Probate

1. Property in probate is inaccessible to an individual only in the case where he or she has an interest in a decedent's estate that is undergoing administration provided that:
 - a. the individual does not have the legal right to make the assets available until the probate court completes such administration; and
 - b. the individual takes reasonable steps to ensure that the administration of the decedent estate is not unduly prolonged.
2. In cases described in paragraph 1, the Department takes an assignment of interest under the AFDC and AABD programs (Cross Reference: Chapter 7505).

B. Testamentary Trusts and Certain Inter-Vivos Trusts

Certain testamentary and inter-vivos trusts may be considered inaccessible to an individual as described at 4030.80.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 07-01-07

Transmittal: UP-08-11

4015.15

Section:
Treatment of Assets

Type:
POLICY

Chapter:
Inaccessible Assets

Program: FS

Subject:
General Provisions – Food Stamps

4015.15 Types of Inaccessible Assets

Assets considered inaccessible to the assistance unit under the Food Stamps program, include but are not limited to:

- A. property in probate;
- B. a jointly held asset which cannot practically be subdivided and which a joint holder refuses to liquidate;
- C. a security deposit on rental property or utilities;
- D. irrevocable trust funds, as described at 4030.80E;
- E. real property that the individual is making a bona fide effort to sell at a reasonable price, but has not been sold;
- | F. an irrevocable burial fund; and
- | G. a burial fund that can not be liquidated during the certification period.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 7-1-87**Transmittal: UP-87-2****4020**

Section:**Treatment of Assets****Type:****POLICY**

Chapter:**Excluded Assets****Program:****AFDC****AABD****FS**

Subject:**MA**

4020 There are certain assets which an assistance unit may own, but which the Department does not require the unit to convert to cash or otherwise use for support and maintenance. Such assets, called excluded assets, do not affect the unit's eligibility for assistance.

This chapter lists those items, program by program, which the Department considers excluded assets.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-87	Transmittal: UP-87-2-	4020.05
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Section: Treatment of Assets	Type: POLICY
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Chapter: Excluded Assets	Program: AFDC FMA
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Subject: Excluded Assets - AFDC and FMA

4020.05 A. Home Property

Real property used as principal residence by the assistance unit is excluded.

1. Home property consists of the home itself which the assistance unit uses as its principal residency, the surrounding property which is not separated from the home by intervening property owned by others, and any related outbuildings used in the operation of the home.
2. A multi-family dwelling is considered home property in its entirety if the assistance unit is occupying at least one unit of the dwelling as principal residence.
3. A home which the assistance unit has left temporarily unoccupied for reasons of employment, training for future employment, illness, or uninhabitability caused by a catastrophic event remains excluded if the assistance unit intends to return to the home.
4. A trailer, camper, or mobile home is considered home property if the assistance unit is using it as principal residence.

B. Essential Household Items

All essential household items are excluded.

C. Personal Effects

All personal effects are excluded.

D. Burial Plots

One burial plot per assistance unit member is excluded.

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Date: 2-1-94	Transmittal: UP-94-2	4020.05 page 2
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Section: Treatment of Assets	Type: POLICY
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Subject:
Excluded Assets - AFDC and FMA

4020.05 E. Assets of a Trade or Business Which are Essential to Self-Support

1. Tangible business assets such as equipment and supplies, inventory, cash on hand, accounts receivable are excluded if the business produces income sufficient to justify possession of the business assets.
2. Land and buildings are not excluded under this provision.

F. Nonbusiness Assets Essential to Self-Support

1. Nonbusiness assets essential to self-support are excluded. These include any of the following:
 - a. assets used only to produce items for the assistance unit's consumption;
 - b. tools, equipment, uniforms, and similar items required by the assistance unit member's employer;
 - c. a motor vehicle if climate, terrain, distance, or other factors require an additional or modified vehicle to be used for necessary transportation.
2. Cash, stocks or bonds, or other liquid assets are not considered to be nonbusiness assets essential to self-support.

G. Assets Necessary to Fulfill a Plan for Achieving Self-Support (FMA only)

1. Assets which are set aside in a separate account by the applicant or recipient to fulfill a component of a plan to achieve self-support are excluded when the plan is:
 - a. designed especially for the individual; and
 - b. in writing; and
 - c. approved by the Social Security Administration.
2. The exclusion is allowed for the same period that the Social Security Administration uses the PASS asset exclusion in determining the individual's eligibility for Supplemental Security Income.

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UNIFORM POLICY MANUAL**

Date: 2-1-94

Transmittal: UP-94-2

4020.05 page 3

Section:
Treatment of Assets

Type:
POLICY

Chapter:
Excluded Assets

Program: **AFDC**
 FMA

Subject:
Excluded Assets - AFDC and FMA

4020.05 G. Assets Necessary to Fulfill a Plan for Achieving Self-Support (FMA only)
 (continued)

3. The amount of the exclusion is equal to the amount allowed by the Social Security Administration in the individual's self-support plan.

H. Payments Excluded by Federal Law

The following payments are excluded as assets as long as they are kept separate from counted assets:

1. Any payment received under Title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970;
2. Tax exempt portions of payments made pursuant to Pub. L. 92-203, the Alaska Native Claims Settlement Act;
3. Payments received by certain Indian tribal members under Pub. L. 94-114, Section 6, regarding submarginal land held in trust by the United States;
4. The total amount of any grant, loan, or work/study payment from any federal, state, or private source to any undergraduate student for educational purposes;
5. Payments to volunteers under Title I of Public Law 93-113, pursuant to section 404(g) of Public Law 93-113;
6. The value of supplemental food assistance under the Child Nutrition Act of 1966 as amended, and the special food service program for children under the National School Lunch Act, as amended (Public Law 92-433 and Public Law 93-150);
7. The value of the U.S. Department of Agriculture donated foods (surplus commodities);
8. Any benefits received under Title VII, Nutrition Program for the Elderly, of the Older Americans Act of 1965, as amended;

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Date: 12-1-95

Transmittal: UP-95-31

4020.05 page 4

Section:

Treatment of Assets

Type:

POLICY

Chapter:

Excluded Assets

Program:

**AFDC
FMA**

Subject:

Excluded Assets - AFDC and FMA

4020.05 H. Payments Excluded by Federal Law (continued)

9. Payments for supporting services or reimbursement of out-of-pocket expenses made to individual volunteers serving as foster grandparents, senior health aides, or senior companions, and to persons serving in the Service Corps of Retired Executives (SCORE) and Active Corps of Executives (ACE) and any other programs under Titles II and III, pursuant to Section 418 of Public Law 93-113;
10. HUD retroactive tax and utility cost subsidy payments pursuant to settlement of Underwood v. Harris (Civil No. 76-0469, D.D.C.) against HUD, for the month in which received and for the following month only;
11. Disaster assistance paid under the Disaster Relief Act of 1974, as amended, including the Individual and Family Grant program, and comparable disaster assistance provided by states, local governments and private organizations;
12. Payments, including those from any interest earned, distributed from Indian judgment funds or funds held in trust for members of any Indian Tribe under the provisions of Public Law 98-64;
13. Assets purchased with payments distributed to or held in trust for members of any Indian Tribe pursuant to Public Law 98-64;
14. Agent Orange Settlement payments distributed by Aetna Life and Casualty pursuant to Public Law 101-201 and Section 10405 of Public Law 101-239;
15. Effective October 15, 1990, Radiation Exposure Compensation payments made pursuant to Section 6 (h)(2) of Public Law 101-426.
16. Japanese Restitution payments and payments to residents of the Aleut and Pribilof Islands made pursuant to Public Law 100-383;
17. stocks, a partnership interest, land or an interest in land, an interest in a settlement trust and up to \$2,000 in total cash payments per year per individual made pursuant to Section 15 of the Alaska Native Claims Settlement Act (Public Law 100-241);
18. payments made to victims of Nazi persecution pursuant to Public Law 103-286.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 2-1-94

Transmittal: UP-94-2

4020.05 page 5

Section:

Treatment of Assets

Type:

POLICY

Chapter:

Excluded Assets

Program:

**AFDC
FMA**

Subject:

Excluded Assets - AFDC and FMA

4020.05 I. Burial Funds and Arrangements

1. An amount up to \$1,200 per assistance unit member is excluded.
2. The \$1,200 exclusion is reduced by any amount in an irrevocable burial contract available to meet burial expenses.
3. Interest earned on excluded burial funds and appreciation on the value of excluded burial arrangements are also excluded if the interest or appreciation is left to accumulate and becomes part of the excluded burial fund.

J. Irrevocable Burial Funds

Irrevocable burial funds are totally excluded.

K. Life Insurance Policies

Life insurance policies such as term insurance policies, which provide temporary coverage but have no cash surrender value, are totally excluded.

L. Non-Home Property

Non-home property which would render the assistance unit ineligible is temporarily excluded for a period of nine months, if the assistance unit is making a bona fide effort to sell the property and:

1. agrees in writing to dispose of the property; and
2. immediately lists the property for sale; and
3. does not refuse any offer which approximates fair market value; and
4. in AFDC, grants the Department a security mortgage on the property pending its sale.

M. Motor Vehicle

Up to \$1,500 of the equity value of one motor vehicle is excluded.

N. Energy Payments

Payments or allowances made under any federal, state or local laws for the purpose of energy assistance are excluded.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-02

Transmittal: UP-02-15

4020.05 page 6

Section:

Treatment of Assets

Type:

POLICY

Chapter:

Excluded Assets

Program:

AFDC

FMA

Subject:

Excluded Assets - AFDC and FMA

- 4020.05 O. Payments Made to Certain Hemophilia Patients Who Contracted HIV from Blood Transfusions (FMA only)
1. Payments made under the settlement to the lawsuit entitled "Factor VIII or IX Concentrate Blood Products Litigation" MDL 986 (No. 93-C-7452, Northern District of Illinois) are excluded pursuant to Section 4735 of the Balanced Budget Act of 1997 (BBA).
 2. Payments received under the Ricky Ray Hemophilia Relief Fund Act of 1998 (the Ricky Ray Act), Public Law 105-369 are excluded.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 10-1-89

Transmittal: UP-89-46

P-4030.05

Section:
Treatment of Assets

Type:
PROCEDURES

Chapter:
Excluded Assets

Program: **AFDC**
 AABD
 MA

Subject:
Excluding Assets

FS

- P-4020.05
1. Evaluate each asset owned by the assistance unit or deemor to determine whether the asset is excluded.
 2. If the asset is excluded, document the case record regarding the reason for the exclusion, and do not count the value of the asset toward the asset limit.
 3. If the asset is not excluded, count the value of the asset toward the asset limit, unless the asset is inaccessible to the assistance unit or deemor.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-87**Transmittal: UP-89-38****4020.10**

Section:
Treatment of Assets**Type:**
POLICY

Chapter:
Excluded Assets**Program:**
AABD
MAABD

Subject:
Excluded Assets - AABD and MAABD

4020.10 A. Home Property

Real property used as principal residence by the assistance unit is excluded.

1. Home property consists of the home itself which the assistance unit uses as its principal residency, the surrounding property which is not separated from the home by intervening property owned by others, and any related outbuildings used in the operation of the home.
2. A multi-family dwelling is considered home property in its entirety if the assistance unit is occupying at least one unit of the dwelling as principal residence.
3. A home which the assistance unit has left temporarily unoccupied for reasons of employment, training for future employment, illness, or uninhabitability caused by a catastrophic event remains excluded if the assistance unit intends to return to the home.
4. A trailer, camper, or mobile home is considered home property if the assistance unit is using it as principal residence.
5. The exclusion of home property in the MAABD program when an individual leaves the home to enter a long-term care facility is described in Section 4030.

B. Essential Household Items

All essential household items are excluded.

C. Personal Effects

All personal effects are excluded.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 10-1-89

Transmittal: UP-89-38

4020.10 page 2

Section:

Treatment of Assets

Type:

POLICY

Chapter:

Excluded Assets

Program: AABD

MAABD

Subject:

Excluded Assets - AABD and MAABD

4020.10 D. Burial Plots

1. For all assistance units except those units consisting of MCCA spouses, one burial plot is excluded.
2. For an assistance unit consisting of a MCCA spouse, one burial plot for the community spouse and each member of the immediate family is excluded in addition to the assistance unit member's plot.
3. Members of the immediate family of the MCCA spouse include the following family members and their spouses:
 - a. a natural, adopted, or step child of the assistance unit, regardless of age; and
 - b. a natural or adoptive parent or the assistance unit; and
 - c. a sibling of the assistance unit.

E. Trade or Business Assets essential to Self- Support

1. Tangible business assets such as equipment and supplies, inventory, cash on hand, accounts receivable are excluded if the business produces income sufficient to justify possession of the business assets.
2. Land and buildings are not excluded under this provision.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 9-1-96

Transmittal: UP-96-16

4020.10 page 3

Section:

Treatment of Assets

Type:

POLICY

Chapter:

Excluded Assets

Program:

**AABD
MAABD**

Subject:

Excluded Assets - AABD and MAABD

4020.10 F. Nonbusiness Assets Essential to Self-support

1. Nonbusiness assets essential to self-support are excluded. These include any of the following:
 - a. assets used only to produce items for the individual's consumption;
 - b. tools, equipment, uniforms, and similar items required by the assistance unit member's employer;
 - c. a motor vehicle if climate, terrain, distance, or other factors require an additional or modified vehicle to be used for necessary transportation.
2. Cash, stocks or bonds, or other liquid assets are not considered to be nonbusiness assets essential to self-support.

G. Payments Excluded by Federal Law

The following payments are excluded as assets as long as they are kept separate from counted assets:

1. Any payment received under Title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970;
2. Relocation assistance provided by a State or local government that is comparable to assistance provided under Title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 for a period of nine months beginning with the month following the month of receipt;
3. Tax exempt portions of payments made pursuant to Pub. L. 92-203, the Alaska Native Claims Settlement Act;
4. Payments received by certain Indian tribal members under Pub. L. 94-114, section 6, regarding submarginal land held in trust by the United States;
5. The total amount of any grant, loan, or work/study payment to any undergraduate student under Title IV of the Higher Education Act, the Bureau of Indian Affairs or the Carl D. Perkins Act of 1990 for educational purposes to the extent that the funds are made available for tuition, mandatory fees, or other necessary educational expenses, except payments for food, clothing, or shelter;

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UNIFORM POLICY MANUAL**

Date: 9-1-96

Transmittal: UP-96-16

4020.10 page 4

Section:
Treatment of Assets

Type:
POLICY

Chapter:
Excluded Assets

Program:
AABD

Subject:
Excluded Assets - AABD and MAABD

4020.10 G. Payments Excluded by Federal Law (continued)

6. The total amount of any grant, loan, or work/study payment to any undergraduate student under a source other than Title IV of the Higher Education Act, the Bureau of Indian Affairs or the Carl D. Perkins Act of 1990 for educational purposes to the extent that the funds are used for tuition, mandatory fees, or other necessary educational expenses, except payments for food, clothing, or shelter;
7. Payments, including any interest earned, distributed to or held in trust for any Indian Tribe under the provisions of Public Law 98-64;
8. Assets purchased with payments distributed on a per capita basis to or held in trust for members of an Indian Tribe are excluded pursuant to Public Law 98-64;
9. Payments to volunteers under Title I of Public Law 93-113, pursuant to section 404(g) of Public Law 93-113;
10. The value of supplemental food assistance under the Child Nutrition Act of 1966 as amended, and the special food service program for children under the National School Lunch Act, as amended (Public Law 92-433 and Public Law 93-150);
11. The value of the U.S. Department of Agriculture donated foods (surplus commodities);
12. Effective October 1, 1976, the value of any assistance paid with respect to a dwelling unit under the United States Housing Act of 1937, the National Housing Act, section 101 of the Housing and Urban Development Act of 1965, or title V of the Housing Act of 1949, as provided by section 2 (h) of Pub. L. 94-375 (90 Stat. 1068);
13. HUD retroactive tax and utility cost subsidy payments issued pursuant to settlement of Underwood v. Harris (Civil No. 76-0469, D.D.C.) against HUD;
14. Agent Orange Settlement Payments distributed by Aetna Life and Casualty made pursuant to Public Law 10-201 and Section 1040 of Public Law 101-239;
15. Effective January 1, 1991, reparation payments made to holocaust victims by the Federal Republic of Germany;

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UNIFORM POLICY MANUAL**

Date: 10-1-97

Transmittal: UP-97-24

4020.10 page 5

Section:

Treatment of Assets

Type:

POLICY

Chapter:

Excluded Assets

Program:

**AABD
MAABD**

Subject:

Excluded Assets - AABD and MAABD

4020.10 G. Payments Excluded by Federal Law (continued)

16. Japanese Restitution payments and payments made to residents of the Aleut and the Pribilof Islands made pursuant to Public Law 100-383;
17. Effective October 15, 1990, Radiation Exposure Compensation payments made pursuant to Section 6 (h)(2) of Public Law 101-426;
18. Effective September 1, 1991, reparation payments made under Section 500-506 of the Austrian General Social Insurance Act;
19. stocks, a partnership interest, land or an interest in land, an interest in a settlement trust and up to \$2,000 in total cash payments per year per person made pursuant to the Alaska Native Claims Settlement Act (Section 15 of Public Law 100-241);
20. retroactive Agent Orange Settlement payments made by the Department of Veterans Affairs pursuant to Public Law 102-4;
21. payments made to victims of Nazi persecution pursuant to Public Law 103-286;
22. payments received from a fund established by a State to as compensation for expenses incurred or losses suffered as a result of a crime for a period of nine months beginning with the month following the month of receipt;
23. payments made to offspring of Vietnam veterans who are born with spina bifida pursuant to Public Law 104-204.

H. Burial Funds and Arrangements

1. For all assistance units except units consisting of MCCA spouses, an amount up to \$1,200 per assistance unit member is excluded.
2. For an assistance unit consisting of a MCCA spouse, an amount up to \$1,500 each for the assistance unit member and for his or her spouse is excluded.
3. The exclusion is reduced by:
 - a. any amount in an irrevocable burial contract available to meet burial expenses; and
 - b. the face value of the assistance unit member's life insurance policies if the cash surrender value of such policies is excluded.

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UNIFORM POLICY MANUAL**

Date: 9-1-95	Transmittal: UP-96-16	4020.10 page 6
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Section: Treatment of Assets	Type:	POLICY
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Chapter: Excluded Assets	Program:	AABD MAABD
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Subject:
Excluded Assets - AABD and MAABD

4020.10 H. Burial Funds and Arrangements (continued)

4. Interest earned on excluded burial funds and appreciation on the value of excluded burial arrangements are also excluded if the interest or appreciation is left to accumulate and becomes part of the excluded burial fund.

I. Irrevocable Burial Funds

Irrevocable burial funds are totally excluded.

J. Non-Home Property

Non-home property which would render the assistance unit ineligible is excluded for as long as the assistance unit is making a bona fide effort to sell the property and:

1. agrees in writing to dispose of the property; and
2. immediately lists the property for sale; and
3. does not refuse any offer which approximates fair market value; and
4. in AABD, grants the Department a security mortgage on the property pending its sale.

K. Motor Vehicles

1. For all assistance units except units consisting of MCCA spouses, one motor vehicle is totally excluded if the assistance unit or spouse:
 - a. needs the motor vehicle for employment; or
 - b. needs the motor vehicle for the medical treatment of a specific or ongoing medical problem; or
 - c. has modified the motor vehicle for operation by or transportation of a handicapped person.
2. For an assistance unit consisting of a MCCA spouse, one motor vehicle owned by either the institutionalized spouse or the community spouse is excluded.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 2-1-94

Transmittal: UP-96-16

4020.10 page 7

Section:
Treatment of Assets

Type:
POLICY

Chapter:
Excluded Assets

**Program: AABD
MAABD**

Subject:
Excluded Assets - AABD and MAABD

4020.10 K. Motor Vehicles (continued)

3. If no motor vehicle is totally excluded, up to \$4,500 of the fair market value of one motor vehicle is excluded.

L. Life Insurance Policies

1. The cash surrender value of life insurance policies on any assistance unit member is excluded if the total face value of all such policies does not exceed \$1,500. In computing the face value of life insurance, the Department does not consider term insurance and irrevocable burial funds.
2. Life insurance policies such as term insurance policies, which provide temporary coverage but have no cash surrender value, are totally excluded, regardless of their face value.

M. Assets Necessary to Fulfill an Approved Plan for Self-support

1. Assets which are set aside in a separate account by the applicant or recipient to fulfill a component of a plan to achieve self-support are excluded when the plan is:
 - a. designed especially for the individual; and
 - b. in writing; and
 - c. approved by the Social Security Administration.
2. The exclusion is allowed for the same period that the Social Security Administration uses the PASS deduction in calculating the individual's Supplemental Security Income.
3. The amount of the exclusion is equal to the amount allowed by the Social Security Administration in the individual's self-support plan.

N. Replacement of Lost, Damaged, or Stolen Excluded Assets

Cash (including any interest earned on the cash) or in-kind replacement received from any source to repair or replace an excluded asset is excluded.

1. The cash (and the interest) must be used to repair or replace the asset within nine months from the date the individual receives the cash.
2. Any of the cash not so used is counted as an asset beginning the first quarter

after the nine month period.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 1-1-95

Transmittal: UP-95-2

4020.10 page 8

Section:

Treatment of Assets

Type:

POLICY

Chapter:

Excluded Assets

Program:

**AABD
MAABD**

Subject:

Excluded Assets - AABD and MAABD

4020.10 N. Replacement of Lost, Damaged, or Stolen Excluded Assets (continued)

3. The nine month exclusion is extended an additional nine months if the individual proves that he or she had good cause for not repairing or replacing the asset.

O. Disaster Assistance

1. Disaster received under the Disaster Relief Act of 1974, as amended including the Individual and Family Grant (IFG) program, and comparable disaster assistance provided by states, local government and private organizations is excluded for nine months.
2. The exclusion is extended for up to nine additional months if the individual proves that he or she had good cause for not having completed necessary repairs or replacement of damaged or destroyed property.

P. Indian Lands

Restricted, allotted lands which the individual cannot sell, transfer, or otherwise dispose of without permission of other individuals, the tribe, or an agency of the federal government are excluded.

Q. Energy Payments

Payments or allowances made under any federal, state, or local laws for the purpose of energy assistance are excluded.

R. Bank Accounts Earmarked for Payment of Employment Taxes for Household Employees

Bank accounts that have been earmarked for payment of employment taxes such as FICA, FUTA, and/or State Unemployment Compensation for household employees provided that:

1. the funds in these accounts were provided by the Department of Social Services as part of payments made for the expenses of essential services such as companion, homemaker, personal assistant, etc., and

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-02

Transmittal: UP-02-15

4020.10 page 9

Section:
Treatment of Assets

Type:
POLICY

Chapter:
Excluded Assets

Program: **AABD**
 MAABD

Subject:
Excluded Assets - AABD and MAABD

4020.10 R. Bank Accounts Earmarked for Payment of Employment Taxes for Household Employees (continued)

2. the recipient continues to be eligible for such payments or has been eligible for such payments at some time during the current calendar year for which taxes are still owed, and
3. the balance in the account is commensurate with the amount of taxes for which the recipient is currently obligated.

| S. Payments Made to Certain Hemophilia Patients Who Contracted HIV from Blood Transfusions

- |
1. Payments made under the settlement to the lawsuit entitled "Factor VIII or IX Concentrate Blood Products Litigation" MDL 986 (No. 93-C-7452, Northern District of Illinois) are excluded pursuant to Section 4735 of the Balanced Budget Act of 1997 (BBA).
 2. Payments received under the Ricky Ray Hemophilia Relief Fund Act of 1998 (the Ricky Ray Act), Public Law 105-369 are excluded.

| T. Assets Excluded for Working Individuals with Disabilities (MAABD Only)

An individual formerly receiving Medicaid under the "Working Individuals with Disabilities" coverage group has the following assets excluded if such assets were excluded while the individual was a Medicaid recipient under that coverage group:

1. retirement and medical savings accounts established pursuant to 26 USC 220 and held by either the individual or his or her spouse; and
2. accounts held by the individual or spouse and designated by such person as being held for the purpose of buying goods or services that will increase the employability of the individual. Such accounts are subject to the approval of the Department.

(Cross References: 2540.85, 4020.11)

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-89

Transmittal: UP-89-31

P-4020.10

Section:
Treatment of Assets

Type:
PROCEDURES

Chapter:
Excluded Assets

Program:
FS

Subject:
Excluding Farm Property

- P-4020.10
1. Determine if the unit member has terminated self-employment as a farmer including the following information:
 - when the farming operation terminated;
 - which bank is handling the foreclosure;
 - where the member is employed; and
 2. Determine what property the unit owns that is essential to the farming operation and record the information in the case record.
 3. Exclude all property identified in Step 2 according to policy.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 10-1-00	Transmittal: UP-00-22	4020.11
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Section: Treatment of Assets	Type: POLICY
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Chapter: Excluded Assets	Program: MAABD
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Subject: Excluded Assets - Working Individuals with Disabilities

- 4020.11 A. In addition to the assets listed at 4020.10, the following assets are excluded in determining the eligibility of working individuals with disabilities (Cross Reference: 2540.85):
1. retirement and medical savings accounts established pursuant to 26 USC 220 and held by either the individual or his or her spouse; and
 2. accounts held by the individual or spouse and designated by such person as being held for the purpose of buying goods or services that will increase the employability of the individual. Such accounts are subject to the approval of the Department.
- B. The assets excluded under paragraph A above retain their exclusion in the Medicaid program for the lifetime of the individual, even if he or she loses eligibility for Medicaid under this coverage group.

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UNIFORM POLICY MANUAL**

Date: 07-01-02	Transmittal: UP-02-18	4020.15
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Section: Treatment of Assets	Type: POLICY
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Chapter: Excluded Assets	Program: SNAP
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Subject: Excluded Assets – Supplemental Nutrition Assistance Program	
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4020.15 A. Home Property

Home property used as principal residence by the assistance unit is excluded.

1. Home property consists of the home itself which the assistance unit uses as its principal residency, the surrounding property which is not separated from the home by intervening property owned by others, and any related outbuildings used in the operation of the home.
2. A multi-family dwelling is considered home property in its entirety if the assistance unit is occupying at least one unit of the dwelling as principal residence.
3. A home which the assistance unit has left temporarily unoccupied for reasons of employment, training for future employment, illness, or uninhabitability caused by a catastrophic event remains excluded if the assistance unit intends to return to the home.
4. A registered motor vehicle is considered home property if the assistance unit is using it as its principal residence.
5. One lot is excluded if the assistance unit does not already own a home but is planning to build or is building a permanent home on that lot. If the home is in the process of being built on the excluded lot, the value of the partially completed home is excluded, also.

B. Essential Household Items

All essential household items are excluded.

C. Personal Effects

All personal effects are excluded.

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UNIFORM POLICY MANUAL**

Date:07-01-87

Transmittal: UP-88-05

4020.15 page 2

Section:

Treatment of Assets

Type:

POLICY

Chapter:

Excluded Assets

Program:

SNAP

Subject:

Excluded Assets – Supplemental Nutrition Assistance Program

4020.15 D. Burial Plots

One burial plot per assistance unit member is excluded.

E. Assets of a Trade or Business which are Essential to Self- Support

1. Tangible business assets such as equipment and supplies, inventory, cash on hand, accounts receivable are excluded if the business produces income sufficient to justify possession of the business assets.
2. Land and buildings are also considered assets of a trade or business and excluded under this provision. The property must produce an annual income consistent with its fair market value, even if used only on a seasonal basis.

F. Non-Business Assets Essential to Self-support

1. Non-business assets essential to self-support are excluded. These include any of the following:
 - a. assets used only to produce items for the assistance unit's consumption;
 - b. tools, equipment, uniforms, and similar items required by the assistance unit member's employer;
 - c. a motor vehicle if climate, terrain, distance, or other factors require an additional or modified vehicle to be used for necessary transportation.
2. Cash, stocks or bonds, or other liquid assets are not considered to be nonbusiness assets essential to self-support.

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UNIFORM POLICY MANUAL**

Date:06-01-95**Transmittal: UP-95-06****4020.15 page 3**

Section:**Treatment of Assets****Type:****POLICY**

Chapter:**Excluded Assets****Program:****SNAP**

Subject:**Excluded Assets – Supplemental Nutrition Assistance Program**

4020.15 G. Payments Excluded by Federal Law

The following payments are excluded as assets as long as they are kept separate from counted assets:

1. Any payment received under Title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646, Section 216);
2. Payments received by certain Indian tribal members under P. L. 94-114, Section 6, regarding submarginal land held in trust by the United States;
3. Benefits received from the Special Milk Program, the School Breakfast Program, and the Special Supplemental Food Program for Women, Infants and Children (WIC) (P.L. 89-642, Section 11(b), the Child Nutrition Act of 1966, and P.L. 92-443, Section 9);
4. Federal earned income tax credits received by any member of the assistance unit are excluded for a period of 12 months from receipt of the tax credit if the assistance unit member who received the credit was participating in the program at the time the tax credit was received and continues to participate during the 12 month period without interruption.
5. Payments received from the youth incentive entitlement pilot projects, the youth community conservation and improvement projects and the youth employment and training programs under Title IV of the Comprehensive Employment and Training Act Amendments of 1978 (P. L. 95-524);
6. Financial assistance provided by programs funded wholly or in part under Title IV of the Higher Education Act in accordance with P. L. 100-50 and under the Bureau of Indian Affairs to the extent that they are made available for meeting tuition and mandatory fees normally charged students carrying the same academic workload as determined by the institution;
7. Financial assistance provided by programs funded wholly or in part under Title IV of the Higher Education Act in accordance with P. L. 100-50 and under the Bureau of Indian Affairs for students attending at least half-time to the extent that they are made available for:
 - a. rental or purchase of equipment, materials, or supplies required of all students in the same course of study; and
 - b. books, supplies, and transportation; and

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UNIFORM POLICY MANUAL**

Date:06-01-95

Transmittal: UP-95-06

4020.15 page 4

Section:

Treatment of Assets

Type:

POLICY

Chapter:

Excluded Assets

Program:

SNAP

Subject:

Excluded Assets – Supplemental Nutrition Assistance Program

4020.15 G. Payments Excluded by Federal Law (continued)

- c. miscellaneous personal expenses, excluding room and board and dependent care costs, which are incurred as a result of participation in college-related activities and normal living expenses associated with college or university living;
- 8. Educational funding issued under the Carl D. Perkins Act of 1990 to the extent that they are made available for meeting the following costs of attendance:
 - a. tuition and mandatory fees normally charged students carrying the same academic workload as determined by the institution; and
 - b. rental or purchase of equipment, materials, or supplies required of all students in the same course of study; and
 - c. books, supplies, and transportation; and
 - d. miscellaneous personal expenses, excluding room and board, which are incurred as a result of participation in college-related activities and normal living expenses associated with college or university living;
- 9. Educational funding from any federal, state, or private source **other than** Title IV of the Higher Education Act or the Bureau of Indian Affairs or the Carl D. Perkins Act of 1990 subject to the limitations listed below, when the money is used at an institution of post secondary education, including correspondence schools at that level, or at a school at any level for the physically or mentally handicapped, or in a vocational education program, or in a program that provides for completion of a secondary school diploma or equivalent:
 - a. educational funds from a federal source other than Title IV of the Higher Education Act or the Bureau of Indian Affairs or the Carl D. Perkins Act of 1990 are excluded to the extent that they are used for tuition and mandatory school fees;
 - b. educational funds from any non-federal source are excluded to the extent that they are used for tuition and mandatory fees and to the extent that the money meets education expenses other than tuition and mandatory fees when the source of the funds earmarks the money for these additional expenses;

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UNIFORM POLICY MANUAL**

Date: 06-01-95

Transmittal: UP-02-09

4020.15 page 5

Section:

Treatment of Assets

Type:

POLICY

Chapter:

Excluded Assets

Program:

SNAP

Subject:

Excluded Assets – Supplemental Nutrition Assistance Program

4020.15 G. Payments Excluded by Federal Law (continued)

10. Loans provided under Title XIII, Indian Higher Education Programs, Part E, Tribal Development Student Assistance Act, Section 1343(c);
11. The value of the U.S. Department of Agriculture donated foods (surplus commodities) in accordance with Section 206 of P. L. 98-8;
12. Up to \$2,000 of any interest payments accrued on Indian judgment payments deposited in a bank or financial institution is excluded as long as the payments are kept separate from counted assets pursuant to P. L. 93-134, Section 1407 of P. L. 97-458, and P. L. 98-64;
13. Any purchases made with excluded Indian judgment payments of \$2,000 or less between January 1, 1982 and January 12, 1983 are excluded;
14. All payments made to households under the Alaskan Claims Settlement Act pursuant to Section 29 of P. L. 92-203 as amended by P. L. 100-241;
15. Relocation assistance payments to members of the Navajo and Hopi Tribes pursuant to Section 22 of P. L. 93-531;
16. Payments from the disposition of funds to the Grand River Band of Ottawa Indians pursuant to P. L. 94-540;
17. Indian Claims Commission payments to the Confederated Tribes and Bands of the Yakima Indian Nation and the Apache Tribe of the Mescalero Reservation pursuant to Section 2 of P. L. 95-433;
18. Payments to the Passamaquoddy Tribe, the Penobscot Nation and the Houlton Band of Maliseet pursuant to Section 2(c) of P. L. 96-420;
19. Payments to the Turtle Mountain Band of Chippewas, Arizona pursuant to P. L. 97-403;
20. Payments to the Blackfeet, Grosventra, and Assiniboine Tribes of Montana and the Papago of Arizona pursuant to P. L. 97-408;

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Date: 06-01-95**Transmittal: UP-02-09****4020.15 page 6**

Section:**Treatment of Assets****Type:****POLICY**

Chapter:**Excluded Assets****Program:****SNAP**

Subject:**Excluded Assets – Supplemental Nutrition Assistance Program**

4020.15 G. Payments Excluded by Federal Law (continued)

21. Per capita and interest payments made to the Assiniboine Tribe of the Fort Belknap Indian Community and the Assiniboine Tribe of the Fort Peck Indian Reservation of Montana pursuant to Section 5 of P. L. 98-124 and to the Red Lake Band of Chippewas pursuant to P. L. 98-123;
22. Payments to the Saginaw Chippewa Indian Tribe of Michigan pursuant to Section 6(b)(2) of P. L. 99-346;
23. Per capita payments to the Chippewas of Mississippi pursuant to Section 4(b) of P. L. 99-377;
24. Disaster assistance paid under the Disaster Relief Act of 1974, P.L. 93-288, Section 312(d) as amended by P. L. 100-707, Section 105(i), the Disaster Relief and Emergency Assistance Amendments of 1988, including the Individual and Family Grant program, Disaster Assistance Payments Made to Farmers under P. L. 100-387, and comparable disaster assistance provided by states, local governments and private organizations;
25. Agent Orange Settlement Payments distributed by Aetna Life and Casualty made pursuant to P. L. 101-201 and Section 10405 of P. L. 101-239;
26. Japanese restitution payments and payments to residents of the Aleut and the Pribilof Islands made pursuant to P. L. 100-383;
27. Effective October 15, 1990, Radiation Exposure Compensation payments made pursuant to Section 6 (h)(2) of P. L. 101-426;
28. Stocks, a partnership interest, land or interest in land, or an interest in a settlement trust and cash payments made pursuant to the Alaska Native Claims Settlement Act (Section 15 of P. L. 100-241);
29. The value of assistance to children under P. L. 79-396, Section 12(e) of the National School Lunch Act, as amended by Section 9(d) of P. L. 94-105 provided through the School Lunch Program, the Summer Food Service Program for Children, the Commodity Distribution Program, and the Child and Adult Care Food Program;

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Date: 05-10-10

Transmittal: UP-10-03

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Section:

Treatment of Assets

Type:

POLICY

Chapter:

Excluded Assets

Program:

SNAP

Subject:

Excluded Assets – Supplemental Nutrition Assistance Program

4020.15 G. Payments Excluded by Federal Law (continued)

30. payments made to victims of Nazi persecution pursuant to Public Law 103-286;
31. payments made to any offspring of Vietnam veterans who are born with spina bifida pursuant to Public Law 104-204;
32. payments from a fund established by a state to aid victims of a crime;
33. payments made to or held in trust for the Sac and Fox Tribe of Oklahoma and the Sac and Fox Tribe of the Mississippi in Iowa pursuant to Public Law 94-189;
34. payments made to the Colville Reservation of Grand Coulee Dam Settlement pursuant to Public Law 103-436, Section 7(b);
35. payments made under the Ricky Ray Hemophilia Act pursuant to Section 103(h)(3) of Public Law 105-369; and
36. payments made under the Robert T. Stafford Disaster Relief and Emergency Assistance Act to pay Disaster Unemployment Assistance pursuant to Public Law 100-707.

H. Life Insurance Policies and Certain Pension Plans

1. The cash value of life insurance policies is excluded.
2. The cash value of all tax-preferred retirement savings and pension plans and any successor accounts that are exempt from federal taxes are excluded. (Cross reference 4030.66)

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Date: 07-01-08

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Treatment of Assets

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POLICY

Chapter:

Excluded Assets

Program:

SNAP

Subject:

Excluded Assets – Supplemental Nutrition Assistance Program

4020.15 I. Certain Registered Vehicles

All vehicles are totally excluded.

J. Installment Contracts

An installment contract for the sale of land or other property is excluded if the contract or agreement is producing income consistent with its fair market value. Also, the value of any property sold under the installment contract, or held as security in exchange for a purchase price consistent with the fair market value of that property is excluded.

K. Disaster Assistance Payments

1. Government payments for restoration of a home damaged in a disaster are excluded.
2. Any payments such as those made by the Individual and Family Grant Program or the Small Business Administration which are designated for the restoration of a home damaged in a disaster are excluded. The assistance unit must be subject to legal sanction if the funds are not used as intended.

L. HUD Payments

HUD retroactive tax and utility cost subsidy payments for the month in which received and for the following month issued pursuant to settlement of Underwood v. Harris (Civil No. 76- 0469, D.D.C.) against HUD are excluded.

M. Energy Payments

Payments or allowances made under any federal, state or local laws for the purpose of energy assistance are excluded.

N. Certain Assets of Students and Self-Employed Persons

Assets, such as those of students or self-employed persons, which have been prorated as income are excluded.

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Excluded Assets

Program:

SNAP

Subject:

Excluded Assets – Supplemental Nutrition Assistance Program

4020.15 O. Indian Lands

Indian lands held jointly with the Tribe, or land that can be sold only with the approval of the Bureau of Indian Affairs are excluded.

P. Farm Property

1. The value of farm property, including land, livestock, equipment and supplies, that is essential to the self-employment of an assistance unit member in a farming operation is excluded as an asset.
2. The exclusion continues for a one year period after the member ceases self-employment in a farming operation.
3. The period of exclusion begins on the first of the month following the month the member ceases to be self-employed in a farming operation.

Q. Certain Excluded Accounts

1. An account consisting solely of money which has been classified as an excluded asset described in this chapter retains its excluded status as long as no counted funds are commingled into such an account.
2. The assets of students and self-employed individuals which have been excluded in this chapter and which are commingled in an account with non-excluded funds retain their exclusion for the period of time over which they have been prorated as income.
3. Excluded money commingled in an account with counted funds retains its excluded status for six months from the date of the commingling, all funds in the commingled account are counted as an asset.
4. Bank accounts that have been earmarked for payment of employment taxes such as FICA, FUTA, and/or State Unemployment Compensation for household employees provided that:
 - a. the funds in these accounts were provided by the Department of Social Services as part of payments made for the expenses of essential services such as companion, homemaker, personal assistant, etc., and

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POLICY

Chapter:

Excluded Assets

Program:

SNAP

Subject:

Excluded Assets – Supplemental Nutrition Assistance Program

4020.15 Q. 4. Certain Excluded Accounts (continued)

b. the recipient continues to be eligible for such payments or has been eligible for such payments at some time during the current calendar year for which taxes are still owed, and

| c. the balance in the account is commensurate with the amount of taxes for which the recipient is obligated.

5. Individual development accounts established under the Assets for Independence Act (AFIA): deposits and interest are excluded as assets.

R. Inaccessible Assets

Assets considered inaccessible to the assistance unit, as defined in U.P.M. 4015.15, are excluded.

S. Assets of AFDC, AABD and SSI Recipients

1. Assets owned by an assistance unit member who receives or is considered to be receiving AFDC, AABD or SSI are excluded.

2. The following individuals are considered to be receiving AFDC, AABD or SSI:

a. those whose AFDC or AABD cash benefits have been reduced to zero because of the recoupment of an overpayment;

b. those whose AFDC award has been suspended for one month because of excess income;

c. those whose AFDC deficit is less than ten dollars;

d. those who have 1619 (b) status.

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Type:

POLICY

Chapter:

Excluded Assets

Program:

SNAP

Subject:

Excluded Assets – Supplemental Nutrition Assistance Program

4020.15

T.

Education Accounts

Any funds in a qualified tuition program described in section 529 of the Internal Revenue Code of 1986 are excluded.

Any funds in a Coverdell education savings account under section 530 of the Internal Revenue Code of 1986 are excluded.

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P-4020.15

Section:

Treatment of Assets

Type:

PROCEDURES

Chapter:

Verification

Program:

SNAP

Subject:

Education Accounts

P-4020.15 The following types of education accounts that receive tax-preferred status under the federal tax code are excluded:

-) Section 529 qualified tuition programs, which allow owners to prepay a student's education expenses or to contribute to an account to pay those expenses.
-) Coverdell education savings accounts, an IRA type of account designed to pay a student's education expenses.

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UNIFORM POLICY MANUAL**

Date: 10-1-89

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4022

Section:

Treatment of Assets

Type:

POLICY

Chapter:

Asset Disregards

Program:

MA

Subject:

4022 This chapter describes the conditions under which the Department disregards certain assets held by the assistance unit in the determination of the unit's eligibility for Medicaid.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Date: 1-7-09

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4022.05

Section:

Treatment of Assets

Type:

POLICY

Chapter:

Asset Disregards

Program: MAABD

Subject:

Community Spouse Disregard

4022.05 A. General Provisions

1. The Community Spouse Disregard (CSD), as defined at UPM 1500.01, is subtracted from an institutionalized spouse's (IS') counted assets in determining the IS' eligibility for Medicaid.
2. The CSD is used to allow the IS to transfer a specific amount of his or her counted assets to the community spouse (CS) when such assets are needed to raise the CS' assets to the Community Spouse Protected Amount (cross reference: 1500.01).
3. Except as provided in section 4022.05 A. 7., the CSD is used for the initial eligibility determination for each continuous period of institutionalization for an assistance unit consisting of a MCCA spouse.
4. After eligibility is established for the institutionalized spouse, the CSD amount shall be transferred to the community spouse as soon as practical.
5. Except in the event of good cause, any portion of the CSD which is not transferred by the next determination of eligibility is not subtracted from the institutionalized spouse's assets. This results in the ineligibility of the IS if his or her counted assets total more than the Medicaid asset limit of \$1600.00.
6. After the amount of the CSD is transferred as part of the initial eligibility determination, no more assets may be subtracted from the institutionalized spouse's assets as a CSD for the remainder of that continuous period of institutionalization.
7. No CSD is used when an assessment of spousal assets has not been completed. In such a case, the IS may be eligible only if:
 - a. his or her counted assets do not exceed the asset limit at the time of application; and
 - b. the institutionalized spouse has assigned his or her support rights from the community spouse to the department (Cross References: 1507.05, 4025.69); or
 - c. the institutionalized spouse cannot execute the assignment because of a physical or mental impairment (Cross References: 1507.05, 4025.69); or
 - d. undue hardship exists (Cross Reference: 4025.68).

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Date: 1-1-07

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Section:

Treatment of Assets

Type:

POLICY

Chapter:

Asset Disregards

Program: MAABD

Subject:

Community Spouse Disregard

4022.05 B. Calculation of Community Spouse Disregard (CSD)

1. The CSD is equal to the amount which results from subtracting the community spouse's total available non-excluded assets from his or her Community Spouse Protected Amount (CSPA).
2. Every January 1, the CSPA shall be equal to the greatest of the following amounts:
 - a. the minimim CSPA; or
 - b. the lesser amount of:
 - (1) the spousal share calculated in the assessment of spousal assets (Cross Reference 1507.05); or
 - (2) the maximum CSPA; or
 - c. the amount established through a Fair Hearing decision (Cross Reference 1570); or
 - d. the amount established pursuant to a court order for the purpose of providing necessary spousal support.
3. For the purpose of calculating the CSD, the community spouse total available non-excluded assets include only those assets which are:
 - a. owned solely by the community spouse; and
 - b. owned jointly with any other person except the institutionalized spouse. Assets owned jointly with the IS are treated as being owned by the IS, as described in UPM 4010.
4. If the calculation of the CSD results in a zero or a lesser amount, no disregard is used.

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Date: 1-1-17

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P-4022.05

Section:
Treatment of Assets

Type:
PROCEDURES

Chapter:
Asset Disregards

Program: MAABD

Subject:
CSD - Determining Initial Eligibility

- P-4022.05
1. Do not calculate a CSD if an assessment of spousal assets has not been completed.
 2. Determine if the CSD is being calculated as part of an initial eligibility determination.
 3. If the CSD is being calculated as part of an initial eligibility determination go to step 5.
 4. If the CSD is not being calculated as part of an initial eligibility determination, stop here. Go to CSD - Redetermination of Eligibility (Cross Reference P-4022.10).
 5. Calculate the CSPA in accordance with policy using the value of the spousal share determined by the spousal assessment, regardless of what may have happened to the assets since the assessment. Currently, the minimum CSPA is \$24,180.00 and the maximum CSPA is \$120,900.00.
 6. Determine the community spouse's total available non-excluded assets (Cross Reference 4020.10).
 7. Compare the community spouse's total available non-excluded assets determined in step 6 to the CSPA calculated in step 5.
 8. If the community spouse's total available non-excluded assets determined in step 6 are greater than the CSPA calculated in step 5, stop here and go to Deemed Assets (Cross Reference 4025.67).
 9. If the community spouse's total available non-excluded assets determined in step 6 are equal to the CSPA calculated in step 5, stop here.
 10. If the community spouse's total available non-excluded assets determined in step 6 are less than the CSPA calculated in step 5, disregard the amount from the institutionalized spouse's assets when determining eligibility.
 11. Ask the institutionalized spouse to transfer the amount of the CSD to the sole ownership of the community spouse as soon as possible.
 12. If the CSPA amount is based on a probate court order which states the higher amount is needed to generate income, allow the amount specified but refer the case to the Attorney General as soon as assistance is granted for a possible appeal of the court order.

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Date: 8-9-05

Transmittal: UP-09-03

4022.10

Section:

Treatment of Assets

Type:

POLICY

Chapter:

Asset Disregards

Program: MAABD

Subject:

Long-Term Care Insurance Disregard

4022.10 A. General Statement

The Department disregards an individual's assets, subject to the conditions described in paragraphs B, C and D, in an amount equal to the lesser of the following:

1. payments made by the individual's long-term care insurance policy that is either precertified by Connecticut's Insurance Department pursuant to Section 38a-475 of the Connecticut General Statutes for services covered under the policy or is a policy which is issued in another state and which is covered under a signed reciprocal agreement between the other state and Connecticut pursuant to Section 17b-253(b) of the Connecticut General Statutes.
2. the actual charge for such services.

B. Conditions Under Which Assets are Disregarded for Precertified Long-Term Care Insurance Policies

The Department disregards a portion of an individual's assets only if all of the following conditions are met:

1. The individual has purchased a precertified long-term care insurance policy described in paragraph A; and
2. The individual meets the "Insured Event" criteria defined by the Connecticut Department of Insurance in Regulation 38a-475-2; and
3. The individual has had payments made on his behalf by the precertified long-term care insurance policy for services covered under the policy; and
4. Costs paid by precertified long-term care insurance policies for home health services and for home and community-based services are provided in accordance with a plan of care approved by an Access Agency approved by the Office of Policy and Management and the Department of Social Services according to criteria established by the Department pursuant to Section 17b-342 of the Connecticut General Statutes; and
5. Services received by the individual and paid for by the precertified long-term care insurance policy are not delivered by a member of the individual's family, unless:

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Chapter:

Asset Disregards

Program:

MAABD

Subject:

Long-Term Care Insurance Disregard

4022.10 B. 5. Conditions Under Which Assets are Disregarded (continued)

- a. the family member is a regular employee of an organization which is providing the services; and
- b. the organization receives the payment for the services; and
- c. the family member receives no compensation other than the normal compensation for employees in his or her job category.

C. Conditions Under Which Assets are Disregarded for Long-Term Care Insurance Policies Issued in Reciprocal States

The Department disregards a portion of an individual's assets when the individual's long-term care insurance policy was issued in another state only when such long-term care insurance policy was issued in a state that has entered into a reciprocity agreement with Connecticut pursuant to Section 17b-253(b) of the Connecticut General Statutes and such long-term care insurance policy was covered under the reciprocal agreement. Assets will be disregarded subject to the conditions of the reciprocal agreement and as described in paragraph D.

D. Amount of Assets to be Disregarded

1. The Department disregards assets in an amount equal to the lesser of the following:
 - a. the amount of payments made by the precertified insurance policy for services covered under the policy; or
 - b. the actual charge for the services.
2. In determining the actual charge for a service, the Department subtracts an amount equal to any benefits payable toward the cost of the service under any other public or private health, or long-term care insurance policy covering the individual.

E. Duration of Disregard

The amount of the individual's assets properly disregarded under these provisions continues to be disregarded throughout the lifetime of the individual.

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Date: 8-9-05

Transmittal: UP-09-03

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Section:

Treatment of Assets

Type:

POLICY

Chapter:

Asset Disregards

Program:

MAABD

Subject:

Long-Term Care Insurance Disregard

4022.10 | F. Recovery Provisions

1. The Department does not recover Medicaid payments made on behalf of the individual from the individual's assets properly disregarded under the provisions of the long-term care insurance disregard (Cross Reference: 7520 and 7525).
2. If the individual's assets are improperly disregarded because the individual's insurance company overstates the amount of covered services paid by a precertified long-term care insurance policy or paid by a long-term care insurance policy issued in another state as described in paragraph C, the Department considers the insurer a third party payor and:
 - a. suspends Medicaid payments until the insurance company pays for additional covered services on behalf of the individual in an amount equal to the amount of the insurer's overstatement; or
 - b. if the individual is deceased or no longer receiving Medicaid, recovers directly from the insurance company.
3. If an asset disregard credited by the individual's insurance company has been approved by the Department's designee charged with providing binding decisions in such cases, then the Department takes no recovery action against the insurer based on that particular asset disregard.
4. If a binding decision made by the Department's designee described above is based on inaccurate or erroneous information furnished by the insurer, then the Department takes appropriate recovery action against the insurer.

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Date: 10-1-89

Transmittal: UP-89-46

P-4022.10

Section:
Treatment of Assets

Type:
PROCEDURES

Chapter:
Asset Disregards

Program: MAABD

Subject:
CSD - Redetermination of Eligibility

- P-4022.10
1. Determine if the CSD is being calculated as part of a redetermination of eligibility.
 2. If the CSD is being calculated as part of a redetermination of eligibility go to step 4.
 3. If the CSD is not being calculated as part of a redetermination stop here. Go to CSD - Initial Eligibility Determination (Cross Reference P-4022.05).
 4. If the calculation of the CSD is for a redetermination of eligibility, establish if any of the CSD calculated for the initial eligibility determination was transferred from the institutionalized spouse to the community spouse.
 5. If any portion of the CSD was not transferred, establish if there is good cause.
 6. If there is good cause go to step 8.
 7. If there is no good cause stop here. Count any portion of the CSD calculated at the initial determination of eligibility which remains toward the asset limits of the institutionalized spouse.
 8. Disregard any portion of the CSD which was not transferred, but due to good cause, from the institutionalized spouse's non-excluded assets as a CSD.
 9. Ask the institutionalized spouse to transfer the remaining amount of the original CSD to the sole ownership of the community spouse as soon as possible.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-87	Transmittal: UP-87-2	4025
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Section:	Type:
Treatment of Assets	POLICY

Chapter:	Program:
Deemed Assets	AFDC AABD FS

Subject:

4025 Some assets are deemed available to the assistance unit, and are therefore counted. This chapter describes, program by program, the Department's policies concerning deemed assets.

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UNIFORM POLICY MANUAL**

Date: 7-1-87	Transmittal: UP-87-2	4025.05
Section: Treatment of Assets	Type:	POLICY
Chapter: Deemed Assets	Program:	AFDC AABD FS MA
Subject: The Concept of Deeming		

4025.05 A. General Principles

1. Deemed assets are assets which are owned by individuals who are not members of the assistance unit, but which are considered available to the unit.
2. The Department uses the principles described in this section to evaluate the assets of deemors.
3. Only those assets which would be considered counted may be deemed to the assistance unit.
4. The Department adds the value of those assets which are deemed to the assistance unit to the value of the unit's own counted assets in computing the total value of the unit's counted assets.
5. A deemor may or may not be a member of the needs group.
6. The Department establishes the appropriate asset limit in determining the assistance unit's eligibility based on the number of assistance unit members plus the number of deemors in the needs group.
7. Subject to the conditions described in this chapter, the Department considers an asset owned by or deemed available to any member of the assistance unit as available to the unit as a whole.

B. Limitations to Deeming - AFDC and FMA

The Department does not deem the assets of an individual to the assistance unit if the individual is receiving either SSI or AABD benefits.

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Date: 5-1-92

Transmittal: UP-92-13

P-4025.05

Section:
Treatment of Assets

Type:
PROCEDURES

Chapter:
Deemed Assets

Program: **AFDC**
 AABD
 MA
Subject: **FS**
 General Principles

- P-4025.05
1. Using the principles described in this chapter, determine if there are any deemors whose assets must be considered in evaluating the assistance unit's eligibility. If no, stop here. If yes, continue with step 2.
 2. Use the principles described in this section to evaluate the assets of deemors.
 3. Deem only those assets which would be considered counted if the deemor were applying for assistance under the same program.
 4. Do not deem assets to an AFDC or FMA assistance unit from someone who:
 - receives SSI; or
 - receives AABD; or
 - receives federal, state, or local adoption assistance payments when the child is not a member of the assistance unit.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Date: 3-1-06

Transmittal: UP-06-05

4025.15

Section:

Treatment of Assets

Type:

POLICY

Chapter:

Deemed Assets

Program:

AFDC

Subject:

Disqualified Individuals

4025.15 A. Reasons for Disqualification

The Department deems the assets of an individual available to the assistance unit if the individual would be a mandatory assistance unit member but is disqualified from the program for:

1. failing or refusing to cooperate without good cause in pursuing support; or
2. failing or refusing to comply with work registration requirements; or
3. transferring assets for the purpose of qualifying for assistance; or
4. failing to comply with or violating any procedural eligibility requirement except Social Security Number requirements; or
5. delaying or failing to report the individual's presence in the home by the assistance unit; or
6. committing an intentional recipient error in the AFDC program. (Cross-Reference: 7050.30)

B. Extent of Deeming

The Department deems all the counted assets of a disqualified individual available to the assistance unit.

C. Disqualified Individuals Not Part of Needs Group

Disqualified individuals described above are deemors, but are not members of the needs group containing the assistance unit from which they were disqualified.

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UNIFORM POLICY MANUAL**

Date: 7-1-87**Transmittal: UP-87-2****P-4025.15**

Section:
Treatment of Assets**Type:**
PROCEDURES

Chapter:
Deemed Assets**Program:**
AFDC

Subject:
Disqualified Individuals

- P-4025.15
1. Determine whether there are any disqualified individuals living with the assistance unit, as described in policy. If no, stop here. If yes, continue with step 2.
 2. Deem all counted assets of a disqualified individual to the assistance unit.
 3. Add the amount from step 2 to the total counted assets of the assistance unit.

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Date: 1-1-88	Transmittal: UP-88-1	4025.20
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Section:	Type:
Treatment of Assets	POLICY

Chapter:	Program:
Deemed Assets	AFDC

Subject:
Spouses and Children of Women Qualifying on the Basis of Pregnancy

4025.20 A. Circumstances in Which Assets are Deemed

The Department deems assets available to a woman qualifying for AFDC on the basis of pregnancy from the woman's spouse and children if:

1. they are all living together; and
2. the spouse and children would be mandatory assistance unit members in the month of the child's birth using the AFDC unit composition rules described in Section 2005.

B. Extent of Deeming

The Department deems all the counted assets of spouses and children described above to the assistance unit.

C. Spouses and Children Members of the Needs Group

Spouses and children described above, along with the pregnant women and unborn child, or children, are members of the needs group.

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Date: 1-1-88**Transmittal: UP-88-1****P-4025.20**

Section:
Treatment of Assets**Type:**
PROCEDURES

Chapter:
Deemed Assets**Program:**
AFDC

Subject:
Spouses and Children of Women Qualifying on the Basis of Pregnancy

- P-4025.20
1. Consider the AFDC needs group as it would exist if the child were born, based on the AFDC assistance unit composition rules described in Section 2005.
 2. Compute the total counted assets of the pregnant woman, her spouse, and the woman's other children who would be mandatory AFDC assistance unit members if the child were born, as described in step 1.
 3. Compare the figure obtained in step 2 with the AFDC asset limit.

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Date: 3-1-06	Transmittal: UP-06-05	4025.22
Section: Treatment of Assets	Type: POLICY	
Chapter: Deemed Assets	Program: AFDC	
Subject: Ineligible and Disqualified Individuals		

4025.22 A. Reasons for Ineligibility

The assets of the following individuals living with the assistance unit are deemed available to the unit:

1. an ineligible drug felon;
2. an individual fleeing to avoid prosecution, custody or confinement for a crime that is a felony under the laws of any state or a high misdemeanor in the state of New Jersey;
3. an individual in violation of a condition of probation or parole imposed for a felony under a state or federal law;
4. an individual who has failed to comply with Social Security Number requirements.

B. Reasons for Disqualification

The Department deems the assets of an individual available to the assistance unit if the individual would be a mandatory assistance unit member but is disqualified from the program for fraudulently representing his or her place of residence in order to receive assistance simultaneously from two or more states. (cross reference: 3030.10)

C. Extent of Deeming

The Department deems all the counted assets of an ineligible or disqualified individual available to the assistance unit.

D. Disqualified Individuals Not Part of Needs Group

Ineligible and disqualified individuals described above are not members of the needs group containing the assistance unit from which they were determined ineligible or disqualified except for those who are ineligible due to Social Security Number requirements.

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UNIFORM POLICY MANUAL**

Date: 3-1-06	Transmittal: UP-06-05	4025.25
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Section: Treatment of Assets	Type: POLICY
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Chapter: Deemed Assets	Program: FMA
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Subject: Disqualified Individuals

4025.25 A. Circumstances in Which Assets are Deemed

The Department deems the assets of an individual available to the assistance unit if the individual:

1. is living with the unit; and
2. is the parent or spouse of an assistance unit member; and
3. is disqualified from the program for:
 - a. transferring assets for the purpose of qualifying for assistance; or
 - b. failing to cooperate in pursuing support; or
 - c. failing to comply with or violating any procedural eligibility requirement except Social Security Number requirements.

B. Extent of Deeming

The Department deems all the counted assets of a disqualified individual available to the assistance unit.

C. Disqualified Individuals Not Members of the Needs Group

The disqualified individuals described above are deemors, but not members of the needs group containing the assistance unit from which they were disqualified.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 6-1-89**Transmittal: UP-89-49****P-4025.25**

Section:
Treatment of Assets**Type:**
PROCEDURES

Chapter:
Deemed Assets**Program:**
FMA

Subject:
Disqualified Individuals

- P-4025.25
1. Determine whether there are any disqualified individuals living with the assistance unit, as described in policy. If no, stop here. If yes, continue with step 2.
 2. Deem all counted assets of a disqualified individual to the assistance unit if the disqualified individual:
 - is living with the assistance unit; and
 - is either the parent or spouse of an assistance unit member.
 3. In determining the eligibility of the assistance unit, compute the total counted assets of the unit, including those deemed from a disqualified individual.
 4. Compare the figure obtained in step 3 to the FMA asset limit for the appropriate needs group size, not counting the disqualified individual.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 6-1-89	Transmittal: UP-89-49	4025.30
Section: Treatment of Assets	Type: POLICY	
Chapter: Deemed Assets	Program: FMA	
Subject: Deemors of Non-SSI FMA Children		

4025.30 A. Circumstances in Which Assets are Deemed

The Department deems assets from the following deemors who are living with the assistance unit, other than assistance units receiving SSI:

1. spouses of Ribicoff Children;
2. parents of Ribicoff Children;
3. individuals who are receiving MAABD benefits and whose children are receiving FMA benefits;
4. other spouses and parents who have not chosen to apply for MA;
5. non-SSI siblings of FMA children who apply for or receive FMA benefits under another FMA coverage group.

B. Extent of Deeming

The Department deems all the counted assets of those individuals described above to the assistance unit.

C. Members of the Needs Group

Individuals described above are members of the needs group for the purpose of setting the asset limit.

(cross-reference: Chapter 2540, Medicaid Coverage Groups)

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Section:
Treatment of Assets**Type:**
PROCEDURES

Chapter:
Deemed Assets**Program:**
FMA

Subject:
Deemors of Non-SSI FMA Children

- P-4025.30
1. Determine whether the child receives SSI payments. If yes, stop here. If no, continue with step 2.
 2. Establish the needs group, consisting of:
 - the eligible child or children for whom assistance is requested;
 - the child's parents and spouse;
 - the child's non-SSI sibling who applies for or receives FMA benefits under another FMA coverage group.
 3. Remember that the assets of the parents and spouses are deemed, even if they qualify for MA themselves under another coverage group.
 4. Compute the amount of counted assets of the individuals listed in step 2.
 5. Compare this amount to the FMA asset limit for the needs group described in step 2.

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Date: 10-1-93

Transmittal: UP-93-28

4025.35

Section:

Treatment of Assets

Type:

POLICY

Chapter:

Deemed Assets

Program:

FMA

Subject:

Deemors of Women Qualifying Under Pregnant Women Coverage Groups

4025.35 A. Circumstances in Which Assets are Deemed

The Department deems assets available to a woman qualifying under the pregnant woman coverage groups from the following individuals living with the pregnant woman:

1. the spouse of a pregnant woman with no other children receiving FMA who:
 - a. would be included in the FMA assistance unit in the month of the child's birth, using AFDC assistance unit composition rules; and
 - b. are not just stepparents; and
2. children of the pregnant woman with no other children receiving FMA:
 - a. for whom FMA assistance would be requested in the month of the child's birth; and
 - b. who would qualify for FMA; and
3. fathers of the unborn child's siblings if FMA assistance would be requested for the siblings in the month of the child's birth.

B. Extent of Deeming

The Department deems all the counted assets of spouses and children described above to the assistance unit.

C. Spouses and Children Members of the Needs Group

Spouses and children described above, along with the pregnant woman and unborn child, or children, are members of the needs group for the purpose of setting the asset limit. (Cross Reference: 2540)

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Section:

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Type:

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Program:

FMA

Subject:

Deemors of Women Qualifying Under the Pregnant Woman Coverage Groups

- P-4025.35
1. Consider the FMA needs group as it would exist if the child were born (cross-reference: 5515).
 2. Compute the total counted assets of all members of the needs group.
 3. Compare the figure obtained in step 2 with the FMA asset limit corresponding to the number of persons in the needs group described in step 1.

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Section: Treatment of Assets	Type: POLICY
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Chapter: Deemed Assets	Program: FMA
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Subject: Parent and Spouses of Children Who Receive SSI	
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4025.37 A. Description of Deemor Group

Assets are deemed from parents and spouses of children who receive SSI and live with their parents or spouses.

B. Coverage Group

Assets are deemed from parents and spouses of children who receive SSI in all FMA coverage groups, except for the Federal Poverty Level coverage groups.

C. Extent of Deeming

The Department deems all counted assets of the above deemors available to the assistance unit.

D. Parents and Spouses of Children Receiving SSI Are Members of the Needs Group

Those persons described above as deemors are included as members of the needs group for the purpose of setting the asset limit.

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Program:

FMA

Subject:

Parents and Spouses of Children Who Receive SSI

- P-4025.37
1. Establish that the potential deemor is either the parent or spouse of a child who receives SSI and that they live together.
 2. Deem all the counted assets of the individuals determined to be deemors.
 3. Include the deemors in the needs group for setting the asset limit.

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Chapter: Deemed Assets	Program: MA SNAP
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Subject: Sponsors of Non-citizens	
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- 4025.45 Sponsors of Non-Citizens Who Entered the U.S. on or after August 22, 1996 and Executed the Revised Affidavit of Support (I-864) or the Contract Between Sponsor and Household Member (I-864A)
- A. Circumstances Under Which Assets are Deemed
1. The Department deems the assets of a non-citizen's sponsor and the sponsor's spouse, if the spouse signed the Revised Affidavit of Support (I-864) or the Contract Between Sponsor and Household Member (I-864A), to the non-citizen under the following circumstances:
 - a. the sponsor and the sponsor's spouse are not members of the same assistance unit as the non-citizen; and
 - b. the non-citizen must have a sponsor under USCIS rules; and
 - c. the sponsor and the sponsor's spouse have executed an Affidavit of Support (I-864) or the Contract Between Sponsor and Household Member (I-864A) pursuant to 8 U.S.C. § 1183a (a) (section 423 of the Personal Responsibility and Work Opportunity Act of 1996, amending Title II of the Immigration and Nationality Act by adding section 213A) on behalf of the non-citizen; and
 - d. the sponsor is an individual, rather than an institution; and
 - e. none of the exceptions set forth in Paragraph C of this section are applicable.
 2. The Department deems assets in accordance with Paragraph A.1 of this section, whether or not the sponsor lives with the non-citizen.
 3. The Department deems assets in accordance with Paragraph A.1 until one of the following events occurs:
 - a. the non-citizen becomes a citizen of the United States; or
 - b. the non-citizen works 40 qualifying quarters as defined under Title II of the Social Security Act; or

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Sponsors of Non-citizens

4025.45 | Sponsors of Non-Citizens Who Entered the U.S. on or after August 22, 1996 and Executed the Revised Affidavit of Support (I-864) or the Contract Between Sponsor and Household Member (I-864A) (continued)

- c. the non-citizen is credited for having worked 40 qualifying quarters if, beginning January 1, 1997, the qualifying quarters were worked when the non-citizen did not receive any federal means-tested public benefit and either
 - (1) the qualifying quarters were worked by a parent of such non-citizen while the non-citizen was under 18 years of age; or
 - (2) the qualifying quarters were worked by a spouse of such non-citizen during the couple's marriage and the non-citizen remains married to such spouse or such spouse is deceased; or
- d. the sponsor or the non-citizen dies.

B. Computation of the Amount of Deemed Assets

When deeming the assets of the sponsor and the sponsor's spouse to the non-citizen, the Department:

- 1. excludes the assets of the sponsor and the sponsor's spouse from consideration in the same manner that the assets of assistance unit members would be excluded;
- 2. reduces the value of the deemed assets by \$1500;
- 3. prorates this reduced amount among the non-citizens if the sponsor is also sponsoring other non-citizens;
- 4. deems the counted assets to the non-citizen; and
- 5. adds the resulting value of the deemed assets to the value of the non-citizen's own assets to determine the non-citizen's eligibility.

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4025.45 C. Exceptions to Deeming

The Department does not deem the assets of the non-citizen's sponsor and the sponsor's spouse to the non-citizen under the following conditions:

1. Indigence

- a. The non-citizen may be considered indigent and exempt from the deeming requirement if the following criteria are met:
 - (1) the non-citizen does not have enough money to buy food and maintain a place to live without assistance from the Department based on:
 - (a) the total of the non-citizen's income and income-in-kind is less than the Supplemental Nutrition Assistance Program Gross Income Limit for his or her household size; or
 - (b) the non-citizen is living in an institution or in rated housing; or
 - (c) the non-citizen is applying for or receiving benefits under any Medicaid Home and Community Based waiver Program; and
 - (2) the non-citizen's sponsor is not providing both free room and free board to the non-citizen; and
 - (3) the non-citizen lives apart from the sponsor, except as outlined in section 4025.45 C.1.a.(1)(c).
- b. If a non-citizen meets the criteria in Paragraph C.1.a, the non-citizen shall indicate, in writing, whether he or she wants the Department to apply the indigence exception to the non-citizen's application for benefits.
 - (1) If the non-citizen does not want the Department to apply the indigence exception, the assets of the sponsor shall be deemed to the non-citizen.

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4025.45 C. Exceptions to Deeming (continued)

- (2) If the non-citizen wants the Department to apply the indigence exception, the Department shall not deem the sponsor's assets to the non-citizen. The Department shall notify the United States Attorney General of the name and address of the non-citizen and the name and address of the sponsor.

2. Battery or Extreme Cruelty

- a. If the non-citizen, the non-citizen's child or the parent of a non-citizen child has been battered or subjected to extreme cruelty in the United States, the non-citizen is exempt from the deeming requirement for a period of 12 months, effective the date that the Department determines that the following conditions are met:
 - (1) the Department determines that the battery or extreme cruelty has a substantial connection to the need for assistance from the Department; and
 - (2) the individual responsible for the battery or extreme cruelty was residing in the same household or assistance unit as the individual subjected to the battery or extreme cruelty, at the time that the battery or extreme cruelty occurred and these individuals no longer reside together; and
 - (3) the non-citizen has been battered or subjected to extreme cruelty by his or her spouse or parent, or by a member of the spouse's or parent's family residing in the same household as the non-citizen and the spouse or parent consented to or acquiesced in such battery or extreme cruelty; or
 - (4) the non-citizen's child has been battered or subjected to extreme cruelty by the non-citizen's spouse or parent (without the non-citizen's active participation) or by a member of the non-citizen citizen's spouse's or parent's family residing in the same household as the non-citizen when the spouse or parent consented to acquiesced in the battery or extreme cruelty and the non-citizen did not actively participate in the battery or extreme cruelty; or

or

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4025.45 C. Exceptions to Deeming (continued)

- (5) the non-citizen is a child whose parent, who resides in the same household as the non-citizen child, has been battered or subjected to extreme cruelty by that parent's spouse or by a member of the spouse's family residing in the same household as the parent and the spouse consented to or acquiesced in such battery or extreme cruelty.
- b. After the initial 12-month period, the exception to deeming shall be extended if the non-citizen establishes to the Department that:
 - (1) the battery or extreme cruelty referenced in Paragraph C.2.a has been recognized in an order of a judge or in a prior determination by the USCIS; and
 - (2) such battery or extreme cruelty has a substantial connection to the need for benefits for which the non-citizen has applied.
- c. A substantial connection, as referenced in Paragraphs C.2.a.(1) and C.2.b.(2), is met if the non-citizen needs benefits for any of the following reasons:
 - (1) to become self-sufficient; or
 - (2) to escape and ensure safety from the abuser; or
 - (3) due to separation and loss of financial support from the abuser; or
 - (4) due to the non-citizen's job loss; or
 - (5) due to becoming disabled as a result of abuse and needing medical attention or mental health counseling; or
 - (6) to alleviate nutritional risk or need resulting from abuse or following separation; or
 - (7) to replace medical coverage that existed when living with the abuser; or

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4025.45 C. Exceptions to Deeming (continued)

- (8) the applicant's ability to care for his or her child has been negatively affected; or
- (9) for medical care during a pregnancy that resulted from the abuser's sexual assault or abuse or medical care for any resulting children; or
- (10) other circumstances exist, due to the battery or extreme cruelty, that result in the continued need for departmental assistance

3. Good Cause – MA only

The Department recognizes that, due to extenuating circumstances, there may be good cause for the non-citizen to be unable to provide accurate and complete information to the Department concerning the sponsor's assets. For the purpose of this section, except in situations where the non-citizen and the sponsor live together, if the non-citizen establishes that any one of the following circumstances exists, the Department will not deem the assets of the sponsor to the non-citizen:

- a. despite good faith efforts by the non-citizen to obtain accurate and complete information from the sponsor, the sponsor refuses or repeatedly fails to provide information to the non-citizen concerning the sponsor's assets; or
- b. the non-citizen has a physical or mental illness or disability that limits his or her ability to provide accurate and complete information to the Department; or
- c. the current whereabouts of the sponsor is unknown; or
- d. there are exceptional circumstances that prevent the non-citizen from obtaining information from the sponsor, as approved by the Commissioner or the Commissioner's designee.

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4025.45 C. Exceptions to Deeming (continued)

4. Non-Citizen Children – Supplemental Nutrition Assistance Program Only

For the Supplemental Nutrition Assistance Program only, the Department does not deem the assets of a sponsor to a non-citizen who is under 18 years of age.

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Program: **MA**
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Subject:
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P-4025.45 Deeming Subsequent to Implementation of Revised Affidavit of Support

1. Verify that the sponsor and if applicable, the sponsor's spouse have signed the revised Affidavit of Support or the Contract Between Sponsor and Household Member, as described in policy.
2. If the non-citizen is subject to deeming rules, inform him or her that the sponsor's income and assets must be verified as a condition of eligibility.
3. Determine if the non-citizen meets the criteria for an exception to deeming.
4. If the non-citizen qualifies for the exception to deeming due to being indigent and is applying for or receiving benefits from a federally funded program, have the non-citizen sign the Exception to Deeming for Needy Non-Citizens form, using Form W-724. Review this exception at the end of each 12-month period.
5. If the non-citizen qualifies for an exception to deeming due to being indigent and is applying for or receiving benefits from a state-funded program, the Department shall grant this exception and the non-citizen does not have to sign Form W-724. The Department does not report sponsors or non-citizens who qualify under state-funded programs to USCIS.
6. If the non-citizen does not want his or her name and address or the sponsor's name and address sent to the U.S. Attorney General, proceed with the calculation of the amount of deemed assets from the sponsor(s) as directed in policy.
7. If the non-citizen has requested the indigence exception and has signed the Needy Non-Citizen form, forward the name and address of the non-citizen(s) and the name and address of the sponsor(s) to the U.S. Attorney General, using Form W-725. Use the instructions on the reverse side of Form W-725 to determine which non-citizens are reported to USCIS. Those non-citizens who are receiving benefits under the State-funded programs are not reported to USCIS. If the non-citizen should be reported, the form is mailed to:

U.S. Citizenship and Immigration Services
Office of Policy and Strategy
Research and Evaluation, Room 4010
20 Massachusetts Ave., NW
Washington DC 20529

Once the non-citizen has been in the United States for five years and they have been granted an indigence exception, they are reported to USCIS using Form W-725.

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P-4025.45 Deeming Subsequent to Implementation of Revised Affidavit of Support (continued)

8. The indigence exception is renewable and at each determination, have the non-citizen sign the form and forward the names and addresses to the U.S. Attorney General. See instructions and address listed above in 7.
9. If the non-citizen qualifies for the exception to deeming due to battery or extreme cruelty, have the non-citizen sign the Exception to Deeming for Battered Non-citizens form, using Form W-726. Review this exception at the end of the initial 12-month period as directed in policy. At the time of review, use the Review of Exception for Battered Non-Citizens, using Form W-729. Follow the directives as outlined in policy.
10. If the non-citizen qualifies for an exception to deeming due to good cause, document this claim in the case narrative.
11. If the non-citizen is not subject to the deeming rules, determine eligibility by considering all other eligibility factors, both financial and non-financial.
12. Calculate the amount of assets to be deemed from the sponsor and sponsor's spouse, as described in policy.
13. Continue to deem assets from the sponsor and sponsor's spouse to the non-citizen until the non-citizen:
 - a. becomes a citizen of the U.S.; or
 - b. can be credited for having worked 40 qualifying quarters, as described in policy; or
 - c. the non-citizen or the sponsor dies.

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Section: Treatment of Assets	Type: POLICY
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Chapter: Deemed Assets	Program: AABD
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Subject: Parents of Blind Children

4025.50 A. Circumstances in Which Assets are Deemed

1. The Department deems assets of parents living with applicants for or recipients of Aid to the Blind and who are under eighteen years of age.
2. The parents' assets are also deemed to the AABD applicant or recipient for the month the child and parent cease living together.

B. Circumstances in Which Assets are not Deemed

1. The Department does not deem assets from parents who live apart from their children.
2. Parents of applicants for or recipients of Aid to the Blind are considered to be living apart under the following circumstances:
 - a. the parents have left the child's home and do not return; or
 - b. the child is a member of a CBS special needs group.

C. Extent of Deeming

1. The Department evaluates the assets of the parents as if they were applying for AABD.
2. The Department subtracts either \$1600 or \$2400, as appropriate, from the equity value of the counted assets of the parents.
3. The Department deems all remaining equity in counted assets from a parents to a minor child in circumstances described above.
4. The Department compares the total counted assets of the individual, including those deemed available from the individual's parents, with the AABD asset limit for one person in determining the individual's eligibility.

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Type:

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Chapter:

Deemed Assets

Program:

AABD

Subject:

Parents of Blind Children

4025.50 D. Parents Who Are Not Members of the Needs Group

Parents described above are deemors, but are not part of the needs group containing the minor who qualifies for Aid to the Blind.

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Section:
Treatment of Assets**Type:**
PROCEDURES

Chapter:
Deemed Assets**Program:**
AABD

Subject:
Parents of Minors

- P-4025.50
1. If the minor is living with his or her parents, evaluate the assets of the minor's parents as if the parents were applying for AABD. If both parents are in the home, evaluate their assets as if they were both applying for AABD.
 2. Subtract \$1600 from the counted assets of one parent, or \$2400 from the counted assets of two parents.
 3. Deem the remaining equity in counted assets to the minor child.
 4. In determining the minor's eligibility, compare his or her total counted assets, including those deemed from the parents, with the AABD asset limit for a needs group of one.

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Subject: Spouses

4025.55 A. Circumstances in Which Assets Are Deemed

1. The Department deems all counted assets from the individual's spouse available to the individual when they are considered to be living together.
2. The spouse's assets are also deemed to the AABD applicant or recipient for the month that they cease living together.

B. Circumstances in Which Assets are Deemed

1. The Department does not deem assets from spouses who are living apart.
2. Spouses are considered to be living apart under the following circumstances:
 - a. one spouse has left the home and does not return; or
 - b. both are residing in different rooms in the same boarding home; or
 - c. one spouse is a member of a CBS special needs group.

C. Spouses Part of Needs Group

A spouse who is living with the AABD unit member is a:

1. deemor; and
2. a member of the needs group for the purpose of setting the asset limit.

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Section:
Treatment of Assets**Type:**
PROCEDURES

Chapter:
Deemed Assets**Program:**
AABD

Subject:
Spouses

- P-4025.55
1. Establish whether or not an AABD applicant or recipient is living with his or her spouse.
 2. Do not regard spouses to be living together under any of the following circumstances:
 - one has left the home of the other with the intent of establishing separate residency; or
 - both are residing in different rooms in the same boarding home; or
 - one is a member of a CBS special needs group.
 3. If an AABD applicant or recipient is living with his or her spouse in the community:
 - add up all counted assets of both spouses;
 - compare this amount with the asset limit for a needs group of two.
 4. Follow the procedures described in step 3 for the month the spouses cease living together.
 5. Do not deem assets from spouse to spouse beginning in the month following the month of separation.
 6. Consider an asset totally available to each spouse for an indefinite period if the spouses are co-owners of the asset, as described in Section 4010.

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Section:	Type:
Treatment of Assets	POLICY

Chapter:	Program:
Deemed Assets	MAABD

Subject:
Parents of Blind Children

4025.60 A. Circumstances in Which Assets are Deemed

1. The Department deems the assets of parents living with applicants for or recipients of Medicaid on the basis of blindness and who are under eighteen years of age.
2. The parents' assets are also deemed to the MAABD applicant or recipient for the month the child and parent cease living together.

B. Circumstances in Which Assets are not Deemed

1. The Department does not deem assets from parents who live apart from their children.
2. Parents of applicants for or recipients are considered to be living apart from their child under the following circumstances:
 - a. the parents have left the child's home and do not return; or
 - b. the child is a member of a CBS special needs group.

C. Extent of Deeming

1. The Department evaluates the assets of the parents as if they were applying for MAABD.
2. The Department subtracts either \$1600 or \$2400, as appropriate, from the equity value of the counted assets of the parents.
3. The Department deems all remaining equity in counted assets from parents to a minor child in circumstances described above.
4. The Department compares the total counted assets of the individual, including those deemed available from the individual's parents, with the MAABD asset limit for one person in determining the individual's eligibility.

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Program:

MAABD

Subject:

Parents of Blind Children

4025.60 D. Parents Who Are Not Members of the Needs Group

Parents described above are deemors, but are not part of the needs group containing the minor who qualifies for Medical Assistance to the Blind.

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Section:
Treatment of Assets**Type:**
PROCEDURES

Chapter:
Deemed Assets**Program:**
MAABD

Subject:
Parents of Minors

- P-4025.60
1. If the minor is living with his or her parents, evaluate the assets of the minor's parents as if the parents were applying for MAABD. If both parents are in the home, evaluate their assets as if they were both applying for MAABD.
 2. Subtract \$1600 from the counted assets if one parent, or \$2400 from the counted assets of two parents.
 3. Deem the remaining equity in counted assets to the minor child.
 4. In determining the minor's eligibility, compare his or her total counted assets, including those deemed from the parents, with the MAABD asset limit for a needs group of one.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 10-1-89	Transmittal: UP-89-38	4025.65
Section: Treatment of Assets	Type:	POLICY
Chapter: Deemed Assets	Program:	MAABD
Subject: Non-MCCA Spouses		

4025.65 A. Circumstances in Which Assets are Deemed

1. The Department deems assets from the individual's spouse to the individual when they are considered to be living together.
2. The spouse's assets are also deemed to the MAABD applicant or recipient for the month that they cease living together.

B. Circumstances in Which Assets Are Not Deemed

1. The Department does not deem assets from spouses who are living apart.
2. Spouses are considered to be living apart under the following circumstances:
 - a. one spouse has left the home and does not return; or
 - b. both are residing in the different rooms in the same boarding home; or
 - c. both are residing in the same long term care facility; or
 - d. one spouse is a receiving home and community based services (CBS) under a Medicaid waiver.

C. Spouses Part of Needs Group

A spouse who is living with the MAABD unit member is a member of the needs group for the purpose of setting the asset limit.

D. Deeming Methodology

The Department subtracts the value of the following assets from the total value of the assets owned by the deemor:

1. inaccessible assets; and
2. excluded assets.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 10-1-89**Transmittal: UP-89-46****P-4025.65**

Section:
Treatment of Assets**Type:**
PROCEDURES

Chapter:
Deemed Assets**Program:**
MAABD

Subject:
Spouses

- P-4025.65
1. Establish whether or not an MAABD applicant or recipient is living with his or her spouse.
 2. If the applicant or recipient is a MCCA spouse, stop here and go to "Deemed Assets - MCCA Spouses" (Cross Reference 4025.67).
 3. If an MAABD applicant or recipient is living with his or her spouse in the community:
 - add up all counted assets of both spouses;
 - compare this amount with the asset limit for a needs group of two.
 4. Follow the procedures described in step 3 for the month the spouses cease living together.
 5. Do not deem assets from spouse to spouse beginning in the month following the month of separation.
 6. Consider an asset totally available to each spouse for an indefinite period if the spouses are co-owners of the asset, as described in Section 4010.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 1-7-09

Transmittal: UP-09-04

4025.67

Section:

Treatment of Assets

Type:

POLICY

Chapter:

Deemed Assets

Program:

MAABD

Subject:

MCCA Spouses

4025.67 A. Circumstances in Which Assets are Deemed

When the applicant or recipient who is a MCCA spouse begins a continuous period of institutionalization, the assets of his or her community spouse (CS) are deemed through the institutionalized spouse's initial month of eligibility as an institutionalized spouse (IS).

1. As described in section 4025.67 D., the CS' assets are deemed to the IS to the extent that such assets exceed the Community Spouse Protected Amount.
2. Any assets deemed from the CS are added to the assets of the IS and the total is compared to the Medicaid asset limit for the IS (the Medicaid asset limit for one adult).

B. Circumstances in Which Assets Are Not Deemed

The Department does not deem assets from the community spouse to the institutionalized spouse:

1. after the initial month the institutionalized spouse is eligible as an institutionalized spouse; or
2. when undue hardship exists (Cross Reference 4025.68); or
3. when the IS has assigned his or her spousal support right to the Department (Cross Reference: 4025.69); or
4. when the IS cannot execute the assignment because of a physical or mental impairment (Cross Reference: 4025.69).

C. Community Spouse Not Part of Needs Group

As noted in section 4025.67 A.2., a community spouse is not a member of the institutionalized spouse's needs group for setting the asset limit.

D. Deeming Methodology

1. The Department calculates the amount of assets deemed to the institutionalized spouse from the community spouse by subtracting the Community Spouse Protected Amount (CSPA) from the community spouse's total available non-excluded assets.
2. The Department calculates the community spouse's total available non-

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 1-1-07

Transmittal: UP-07-11

4025.67 page 2

Section:

Treatment of Assets

Type:

POLICY

Chapter:

Deemed Assets

Program:

MAABD

Subject:

MCCA Spouses

4025.67 D. 2. Deeming Methodology (Continued)

excluded assets by subtracting the value of the following assets from the total value of the assets owned by the community spouse:

- a. inaccessible assets; and
- b. excluded assets.

3. Every January 1, the CSPA shall be equal to the greatest of the following amounts:

- a. the minimum CSPA; or
- b. the lesser of:
 - (1) the spousal share calculated in the assessment of spousal assets (Cross Reference 1507.05); or
 - (2) the maximum CSPA; or
- c. the amount established through a Fair Hearing decision (Cross Reference 1570); or
- d. the amount established pursuant to a court order for the purpose of providing necessary spousal support.

4. For the purpose of calculating the amount to be deemed, the community spouse's total available non-excluded assets include only those assets which are:

- a. owned solely by the community spouse; and
- b. owned jointly with any other person except the institutionalized spouse. Assets owned jointly with the IS are treated as being owned by the IS, as described in UPM 4010.

5. When the calculation results in a zero of lesser amount, the Department does not deem any portion of the community spouse's assets to the institutionalized spouse.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 1-1-17**Transmittal: UP-17-01****P-4025.67**

Section:
Treatment of Assets**Type:**
PROCEDURES

Chapter:
Deemed Assets**Program:**
MAABD

Subject:
MCCA Spouses

- P-4025.67
1. Establish that the applicant or recipient is a MCCA spouse. If not, go to P-4025.65 - "Spouses."
 2. If undue hardship exists, stop here. (Cross Reference 4025.68)
 3. Calculate the CSPA in accordance with policy using the value of the total available non-excluded assets determined by the spousal assessment for both spouses, regardless of what may have happened to the assets since the assessment. Currently, the minimum CSPA is \$24,180.00 and the maximum CSPA is \$120,900.00.
 4. Determine the community spouse's total available non-excluded assets (Cross Reference 4020.10).
 5. Compare the community spouse's total available non-excluded assets determined in step 4 to the CSPA calculated in step 3.
 6. If the community spouse's total available non-excluded assets determined in step 4 are less than the CSPA calculated in step 3, stop here and go to Community Spouse Disregard Assets (Cross Reference 4022.05).
 7. If the community spouse's total available non-excluded assets determined in step 4 are equal to the CSPA calculated in step 3, stop here.
 8. If the community spouse's total available non-excluded assets determined in step 4 are greater than the CSPA calculated in step 3, deem this amount of assets each month up to and including the initial month that the spouse is eligible for Medicaid as an institutionalized spouse.
 9. If the CSPA amount is based on a probate court order which states the higher amount is needed to generate income, allow the amount specified but refer the case to the Attorney General as soon as assistance is granted for a possible appeal of the court order.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 02-13-01

Transmittal: UP-01-04

4025.68

Section:
Treatment of Assets

Type:
POLICY

Chapter:
Deemed Assets

Program:
MAABD

Subject:
Undue Hardship - MCCA Spouses

4025.68 A. Undue hardship exists when:

- | 1. the facility has threatened, in writing, to evict the institutionalized spouse (IS) due to non-payment of the cost of care; and
- | 2. all of the assets of the community spouse (CS) are unavailable due to circumstances beyond the control of the institutionalized spouse; and
- 3. the institutionalized spouse does not have counted assets exceeding the asset limit; and
- 4. the institutionalized spouse executes an assignment of support rights. (Cross Reference 7520.07)

B. The assets of the community spouse are considered unavailable due to circumstances beyond the control of the institutionalized spouse when:

- 1. the location of community spouse is unknown; or
- 2. the community spouse is unable, after reasonable efforts have been made, to provide information regarding his or her assets due to circumstances beyond his or her control; or
- 3. the community spouse is incompetent and is unwilling or unable to provide the information.

| C. When the conditions described in paragraphs A and B above exist, no assets of the community spouse are deemed to the institutionalized spouse (cross reference: 4025.67 B).

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 10-1-89

Transmittal: UP-92-20

P-4025.68

Section:
Treatment of Assets

Type:
PROCEDURES

Chapter:
Deemed Assets

Program:
MAABD

Subject:
Undue Hardship - MCCA Spouses

- P-4025.68
1. Determine if the facility has threatened in writing to evict the institutionalized spouse due to non-payment for the cost of care.
 2. If the facility has not threatened eviction, stop here.
 3. Determine whether the assets of the community spouse are available to the institutionalized spouse.
 4. If the assets of the community spouse are available to the institutionalized spouse, stop here.
 5. Determine if the institutionalized spouse has counted assets which exceed the asset limit.
 6. If the institutionalized spouse has counted assets which exceed the asset limit, stop here.
 7. If the institutionalized spouse's assets do not exceed the asset limit, determine if the institutionalized spouse is able to sign an assignment of asset support rights have the institutionalized spouse execute an assignment.
 8. If the institutionalized spouse is not able to execute an assignment, refer the matter to the Resource Unit for an execution of an assignment.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 1-7-09

Transmittal: UP-09-04

4025.69

Section:
Treatment of Assets

Type:
POLICY

Chapter:
Deemed Assets

Program:
MAABD

Subject:
Assignment of Support Rights - MCCA Spouses

- 4025.69 A. The Department does not deem assets from a community spouse (CS) to his or her institutionalized spouse (IS) if:
- 1. the institutionalized spouse has assigned his or her support rights from the community spouse to the department (Cross References: 1507.05, 4025.67); or
 - 2. the institutionalized spouse cannot execute the assignment because of a physical or mental impairment (Cross References: 1507.05, 4025.67); or
 - 3. undue hardship exists (Cross Reference: 4025.68).
- B. The assignment of support rights described in section 4025.69 A. is a separate assignment made for the specific purpose that the Department not deem assets from the CS to the IS. It is not the general automatic assignment that accompanies a Medicaid application (Cross Reference: 7520).
- C. The assignment of support rights described in section 4025.69 A. may be made only if:
- 1. the IS's assets do not exceed the Medicaid asset limit; and
 - 2. the IS cannot locate the CS, or the CS is unable to provide information regarding his or her own assets.
- D. The Department does not deem in situations described in section 4025.69 A. as of the month in which the assignment is received by the Department. In cases where the IS cannot execute the assignment, the Department does not deem as of the month of application.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-97

Transmittal: UP-97-21

4025.75

Section:
Treatment of Assets

Type:
POLICY

Chapter:
Deemed Assets

Program: **FS**

Subject:
Disqualified and Ineligible Individuals

4025.75 A. Reasons for Disqualification or Ineligibility

The assets of the following individuals who live with the assistance unit are deemed available to the unit:

1. an individual disqualified from the program for intentional program violation;
2. an individual disqualified from the program for failing to provide a Social Security number;
3. an individual disqualified from the program for non-compliance with an employment and training requirement;
4. an ineligible non-citizen who would be considered an assistance unit member if not for his or her ineligible non-citizen status;
5. an individual found by the court to have purchased illegal drugs, firearms, ammunition, or explosives with Food Stamps;
6. an individual convicted of trafficking in Food Stamp benefits of \$500 or more;
7. an individual found to have made a fraudulent statement or representation with respect to identity and residence in order to receive multiple benefits simultaneously;
8. an individual fleeing to avoid prosecution, custody or confinement for a crime or an attempt to commit a crime that is a felony under the laws of any state or a high misdemeanor in the state of New Jersey;
9. an individual in violation of a condition of probation or parole imposed for a felony under a state or federal law;
10. an ineligible drug felon.

B. Extent of Deeming

The Department deems all the counted assets of the individuals listed above available to the assistance unit.

C. Disqualified and Ineligible Individuals Not Part of Needs Group

The individuals described above are deemors, but are not members of the needs group containing the assistance unit from which they were disqualified.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-97

Transmittal: UP-97-21

P-4025.75

Section:
Treatment of Assets

Type:
PROCEDURES

Chapter:
Deemed Assets

Program:
FS

Subject:
Disqualified and Ineligible Individuals

- P-4025.75
1. Determine whether there are any disqualified or ineligible individuals living with the assistance unit, as described in policy. If no, stop here. If yes, continue with step 2.
 2. Deem all counted assets of a disqualified or ineligible individual to the assistance unit.
 3. In determining the eligibility of the assistance unit, compute the total counted assets of the unit, including those deemed from a disqualified or ineligible individual.
 4. Compare the figure obtained in step 3 to the Food Stamp asset limit for the appropriate needs group size, not counting the disqualified or ineligible individual.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 10-1-89	Transmittal: UP-89-38	4026
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Section:	Type:		
Treatment of Assets			POLICY

Chapter:	Program:		
Counted Assets			AFDC
			AABD
			MA
Subject:			FS

4026 This chapter presents the methods for calculating the amount of assets counted in determining the assistance unit's eligibility for each program.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-92

Transmittal: UP-92-22

4026.05

Section:

Treatment of Assets

Type:

POLICY

Chapter:

Counted Assets

Program:

**AFDC
AABD
MA
FS**

Subject:

Calculation Method

4026.05 The amount of assets counted in determining the assistance unit's eligibility is calculated in the following manner:

- A. The Department determines the amount of the assistance unit's available non-excluded assets by subtracting the value of the following assets owned by the assistance unit:
 1. those assets considered to be inaccessible to the assistance unit at the time of determining eligibility; and
 2. assets which are excluded from consideration.
- B. The Department adjusts the amount of the assistance unit's available non-excluded assets by:
 1. subtracting a Community Spouse Disregard (CSD), when appropriate, for those individuals applying for assistance under the MAABD program (Cross Reference: 4022.05); and
 2. adding any amount of assets deemed to be available to the assistance unit (Cross Reference: 4025); and
 3. subtracting a Long-Term Care Insurance Disregard (LTCID), when appropriate, for those individuals applying for or receiving assistance under the MAABD program (Cross Reference: 4022.10).
- C. The amount remaining after the above adjustments is counted.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-92**Transmittal: UP-92-22****P-4026.05**

Section:
Treatment of Assets**Type:**
PROCEDURES

Chapter:
Counted Assets**Program:** **AFDC**
 AABD
 MA
Subject: **FS**
 Calculation Method

- P-4026.05
1. Determine the total value of the assistance unit's assets which are accessible and non-excluded.
 2. If there is a CSD, subtract the CSD from the total value of the assistance unit's assets determined in step 1. Consider the result of this computation zero if the CSD is greater than the result in step 1. Go to step 5.
 3. If there is no CSD, go to step 4.
 4. If there are any deemed assets, add the value of the deemed assets to the value of the assistance unit's assets determined in step 1. Go to step 5.
 5. If the individual is entitled to have assets disregarded because of payments made under a precertified long-term care insurance policy, subtract the amount of this disregard from the figure in step 2 or 4, whichever is appropriate. Consider the result of this computation zero if the disregard is greater than the amount in step 2 or 4.
 6. Count the result in step 5 in determining eligibility.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 4-1-07	Transmittal: UP-07-02	4030
Section: Treatment of Assets	Type:	POLICY
Chapter: Treatment of Specific Types	Program:	AFDC AABD MA FS
Subject:		

4030 The Department evaluates all types of assets available to the assistance unit when determining the unit's eligibility for benefits.

This chapter describes some of the assets which an assistance unit may own, and describes how ownership of the asset affects the unit's eligibility under the various programs the Department administers.

The assets specifically described are:

- Bank Accounts
- Burial Funds, Irrevocable Burial Funds, and Burial Plots
- Corrective Payments
- Earned Income Tax Credits
- Home Property
- Income Tax Refunds
- Life Insurance Policies
- Life Use
- Loans
- Lump Sum Payments
- Annuities
- Mortgage Notes
- Motor Vehicles
- Nonessential Household Items
- Non-home Property
- Security Deposits
- Stocks and Bonds
- Trusts

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 10-1-00

Transmittal: UP-00-22

4030.05

Section:

Treatment of Assets

Type:

POLICY

Chapter:

Treatment of Specific Types

Program:

AFDC

AABD

MA

Subject:

Bank Accounts

FS

4030.05 A. Types of Bank Accounts

Bank accounts include the following. This list is not all inclusive.

1. Savings account;
2. Checking account;
3. Credit union account;
4. Certificate of deposit;
6. Patient account at long-term care facility;
7. Children's school account;
8. Trustee account;
9. Custodial account.

B. Checking Account

That part of a checking account to be considered as a counted asset during a given month is calculated by subtracting the actual amount of income the assistance unit deposits into the account that month from the highest balance in the account for that month.

C. Income Versus Assets

Money which is received as income during a month and deposited into an account during the month is not considered an asset for that month, unless the source of the money is:

1. an income tax refund; or
2. cash received upon the transfer or sale of property; or
3. a security deposit returned by the landlord.

D. Excluded Accounts -- Working Individuals with Disabilities

The following assets are excluded in determining the Medicaid eligibility of working individuals with disabilities (Cross Reference: 2540.85):

1. retirement and medical savings accounts established pursuant to 26 USC 220 and held by either the individual or his or her spouse; and
2. accounts held by the individual or spouse and designated by such person as being held for the purpose of buying goods or services that will increase the employability of the individual. Such accounts are subject to the approval of

the Department.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-87**Transmittal: UP-87-2****P-4030.05**

Section:
Treatment of Assets**Type:**
PROCEDURES

Chapter:
Treatment of Specific Types**Program:** **AFDC**
 AABD
 FS
 MA

Subject:
General Principles

- P-4030.05 1. Use the principles described in this chapter to evaluate every asset whose record owner is either a member of the assistance unit, or a deemor.
2. Consider the asset the record owner's, unless proven otherwise.
3. Consider the asset available to the assistance unit, unless proven otherwise.
4. Evaluate the asset to determine whether it is excluded.
5. Count the equity value or fair market value of each counted asset, as appropriate, toward the asset limit.
6. Document the case record regarding the status of each asset and, for counted assets, the value attributed to the asset.
7. Complete Form W-87, "Asset Summary Sheet" at the time assistance is granted.
8. Update the W-87 at the time assistance is continued, and when there is an interim change regarding assets.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 10-1-06	Transmittal: UP-06-33	4030.10
Section: Treatment of Assets	Type:	POLICY
Chapter: Treatment of Specific Types	Program:	AFDC AABD MA FS
Subject: Burial Funds, Burial Plots, and Irrevocable Burial Funds		

- 4030.10 A. Burial Funds
1. All Programs Except Food Stamps
- a. A burial fund in an amount up to \$1,800 per assistance unit member is excluded.
- b. The \$1,800 exclusion is reduced by:
- (1) any amount in an irrevocable burial fund available to meet burial expenses; and
- (2) the face value of the assistance unit member's life insurance policies if the cash surrender value of such policies is excluded.
- c. Interest earned on excluded burial funds and appreciation on the value of excluded burial arrangements are also excluded if the interest or appreciation is left to accumulate and becomes part of the excluded burial fund.
2. Food Stamps
- A burial fund in an amount up to \$1,500 per assistance unit member is excluded. The amount that exceeds \$1,500 is counted as an asset.
- B. Burial Plots
- One burial plot per assistance unit member is considered an excluded asset.
- C. Irrevocable Burial Funds
- An irrevocable burial fund is considered an excluded asset, regardless of the amount in the fund.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-87**Transmittal: UP-87-2****P-4030.10**

Section:
Treatment of Assets**Type:**
PROCEDURES

Chapter:
Treatment of Specific Types**Program:** **AFDC**
 AABD
 MA
Subject: **FS**
 Bank Accounts

P-4030.10 Checking Accounts

1. Make sure that the account shows a regular pattern of deposits and withdrawals, and is being used to pay monthly bills.
2. Count as an asset the amount in the account after:
 - considering the highest balance for the month; and
 - subtracting from this amount the amount of income deposited into the account that month.

All Accounts

1. Treat each of the following as an asset if received during a month and placed into a bank account that same month:
 - an income tax refund;
 - money received upon the sale or transfer of property;
 - a security deposit returned by the landlord.
2. Treat any other monies received during a month and deposited into an account that same month as income rather than as an asset for that month.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 1-1-96	Transmittal: UP-95-34	4030.15
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Section: Treatment of Assets	Type:	POLICY
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Chapter: Treatment of Specific Types	Program:	AFDC AABD MA
<hr/>		
Subject: Corrective Payments		FS

4030.15 A. All Programs Except Food Stamps

A corrective payment is considered an excluded asset in the month received by the assistance unit and in the following month.

B. Food Stamps

1. A corrective payment consisting of an increased Food Stamp allotment, issued to offset a Food Stamp underpayment, is excluded.
2. A corrective payment consisting of AFDC or AABD benefits, issued to offset an AFDC or AABD underpayment, may be partially income and partially an asset, as follows:
 - a. The portion of a corrective payment which is for the month it is received is counted as income;
 - b. The remainder is excluded as income, but counted as an asset in the month received.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 10-1-06

Transmittal: UP-06-33

P-4030.15

Section:

Treatment of Assets

Type:

PROCEDURES

Chapter:

Treatment of Specific Types

Program:

**AFDC
AABD
MA
FS**

Subject:

Burial Funds, Burial Plots, and Irrevocable Burial Funds

P-4030.15 **Burial Funds - All Programs Except Food Stamps**

For each assistance unit member:

1. determine the amount in his or her burial fund.
2. determine the amount in his or her:
 - irrevocable burial fund; plus
 - the face value of his or her life insurance policies, if the cash surrender value of the policies is excluded.
3. if the amount in step 2 equals or exceeds \$1,800, count the entire amount of his or her burial fund (from step 1) as a counted asset.
4. if the amount in step 2 is less than \$1,800 subtract the amount in step 2 from \$1,800, and deduct the difference from the amount of his or her burial fund (from step 1). Count the final result as a counted asset.

Burial Funds - Food Stamps

1. Exclude one burial fund per assistance unit member, up to \$1,500.
2. The amount that exceeds \$1,500 is counted towards to asset limit.

Burial Plots

1. Exclude one plot per assistance unit member, regardless of the value of the plot.
2. If a unit member has more than one plot, count the equity value of the less expensive plot as a counted asset.

Irrevocable Burial Funds

\$5,400 | Exclude such funds, regardless of their value. If purchased in Connecticut up to is excluded.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 9-1-94	Transmittal: UP-94-29	4030.17
Section: Treatment of Assets	Type:	POLICY
Chapter: Treatment of Specific Types	Program:	AFDC AABD MA
Subject: Earned Income Tax Credits		FS

4030.17 A. AFDC, AABD, MA

When the EITC is received as an advance payment or as a single non-recurring payment, it is excluded.

B. FS

Earned Income tax credits received by any member of the assistance unit are excluded for a period of 12 months from receipt of the tax credit if the assistance unit member who received the credit was participating in the program at the time of receipt and continues to participate during the 12 month period without interruption.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date:	4-1-07	Transmittal :	UP-07-02	4030.18
Section:	Type:			
	Treatment of Assets			POLICY
Chapter:	Program:			MA
	Treatment of Specific Types			
Subject :				
	Entrance Fees for Continuing Care Retirement Communities			

- 4030.18 Entrance fees for Continuing Care Retirement Communities (CCRC's) or Life Care Communities (LCC's) must be evaluated as assets in determining eligibility if:
- A. the individual can use the fees to pay for care when other income and assets are insufficient; and
 - B. the individual is eligible for a refund at death or on leaving the CCRC, so long as the fee does not confer an ownership interest in the CCRC.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 4-1-07	Transmittal: UP-07-02	4030.20
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Section: Treatment of Assets	Type:	POLICY
<hr/>		
Chapter: Treatment of Specific Types	Program:	AFDC AABD MA FS
<hr/>		
Subject: Home Property		

4030.20 A. All Programs

1. Home property owned by a member of the assistance unit is not counted in the determination of the unit's eligibility for assistance as long as the unit uses the property as its principal residence. Subject to the provisions of paragraph E below, certain individuals with substantial home equity may not be eligible for payment of nursing facility and other long-term care services under the Medicaid program.
2. Home property consists of:
 - a. the home itself which the assistance unit uses as principal residence, the surrounding property which is not separated from the home by intervening property owned by others, and any related outbuildings used in the operation of the home; or
 - b. life use of the property the unit uses as its principal residence.
3. A multi-family dwelling is considered home property in its entirety if the assistance unit is occupying at least one unit of the dwelling as principal residence.
4. A home which the assistance unit has left temporarily unoccupied for reasons of employment, training for future employment, illness, or uninhabitability caused by a catastrophic event remains excluded if the assistance unit intends to return to the home.
5. A trailer, camper, or mobile home is considered home property if the assistance unit is using it as principal residence.

B. AFDC

The Department places a lien against the assistance unit's home property after the assistance unit has received benefits for four cumulative months. (Cross reference: Section 7500).

C. AABD

The Department places a lien against the assistance unit's home property as of the effective date the unit receives benefits from the Department. (Cross reference: Section 7500).

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 4-1-07

Transmittal: UP-07-02

4030.20 page 2

Section:

Treatment of Assets

Type:

POLICY

Chapter:

| Treatment of Specific Types

Program:

MA

Subject:

Home Property

4030.20 D. MA

1. If the individual owns home property and enters a long-term care facility, the home property retains its status as an excluded asset for as long as any of the following persons is lawfully residing in the home:
 - a. the individual's spouse; or
 - b. the individual's child who is under age 21 or blind or disabled; or
 - c. the individual's sibling if the sibling:
 - (1) is joint owner of the home; and
 - (2) was residing in the home for at least one year immediately before the individual entered the long-term care facility.
2. If the individual enters a long-term care facility and none of the persons listed above is lawfully residing in the individual's home, the home's status as an excluded asset depends upon the expectation of the individual to return to the home.
 - a. If the individual can reasonably be expected to return to the home, the home continues to be excluded as home property.
 - b. If the individual cannot reasonably be expected to return to the home, the home is considered non-home property, and is subject to the policies and procedures described in this chapter.
3. The Department assesses the individual's expectation to return to the home, if necessary:
 - a. at the time of the initial application for assistance; and
 - b. every six months, beginning six months from the later of the following dates:

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Home Property

4030.20 D. 3. b. MA (continued)

- (1) the effective date of assistance; or
 - (2) the date of admission to the long-term care facility.
- 4. The Department determines whether the individual can be expected to be discharged from the long-term care facility to return home based on the following:
 - a. diagnosis of the individual's medical condition as documented by the long-term care facility's authorizing physician; and
 - b. the physician's prognosis for the individual's recovery; and
 - c. availability of private care which the individual could receive at home as an alternative to institutionalization; and
 - d. statement from the individual, if he or she is competent, regarding the intent to return home; and
 - e. the individual's financial ability to maintain the home.
- 5. The Department places a lien against the individual's home if the home loses its exclusion as home property (cross reference: Section 7510).
- 6. The individual has the right to a Fair Hearing if he or she contests the Department's assessment of the expectation to return to the home, and the subsequent notice of intent to place a lien against the property.
- 7. The property regains its excluded status, and the Department removes its lien, if the individual does return to the home.

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Subject:

Home Property

4030.20 E. MA – Effect of Substantial Home Equity on Payments for Nursing Facility and Other Long-Term Services for Applications Made On or After 1/1/06

1. The provisions of this paragraph apply only to an individual with an equity interest in his or her home of greater than \$750,000 and who applies on or after 1/1/06.
2. An individual with an equity interest in his or her home of greater than \$750,000 is ineligible for the payment of nursing facility and other long-term care services unless any of the following persons is lawfully residing in the home:
 - a. the individual's spouse; or
 - b. the individual's child who is under 21; or
 - c. the individual's child who is considered blind or disabled under the criteria for SSI eligibility.
3. Beginning in the year 2011, the home equity limit will increase each year. The increase will be based on the percentage increase in the consumer price index for all urban consumers, rounded to the nearest \$1,000.
4. The following individuals may be eligible to receive Medicaid payment for long term care services, notwithstanding possessing home equity in excess of \$750,000:
 - a. individuals who demonstrate, to the satisfaction of the Department, that they cannot obtain a reverse mortgage, home equity loan or similar instrument; and
 - b. individuals eligible for a Long-Term Care Insurance disregard in an amount greater than or equal to the amount of home equity in excess of \$750,000, plus the amount of any other counted assets. (Cross Reference: 4022.10)
5. The Department may waive application of the home equity provision if the denial of payment of nursing facility and other long-term care services would result in an undue hardship. (Cross Reference: 3029.25)

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Chapter: Treatment of Specific Types	Program: FS
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Subject: Home Property

4030.20 | F. Food Stamps

1. The Department does not place a lien against the assistance unit's home property in the Food Stamp program.
2. One lot is considered home property, and is excluded as an asset, if the assistance unit does not already own a home but is planning to build or is building a permanent home on that lot. If the home is in the process of being built on the excluded lot, the value of the partially completed home is excluded, also, as home property.

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Chapter:
Treatment of Specific Types

Program: **AFDC**
 AABD
 MA
 FS

Subject:
Home Property

P-4030.20 All Programs

1. Except as described below, exclude the value of home property for as long as the assistance unit maintains the home as principal residence.
2. If the assistance unit leaves the home, determine whether the absence is temporary and whether the unit intends to return.
3. Consider the property as home property as long as the assistance unit intends to return.

AFDC and AABD

1. Inform the assistance unit of the Department's lien policy for home property.
2. When granting assistance, send a referral to the Resource Unit for implementation of the lien policy if the assistance unit owns home property.
 - For AFDC cases, indicate when the unit will have received four cumulative months of assistance.
 - For AABD cases, indicate the effective date of the award.

MA

1. If the individual owns home property and enters a long-term care facility, continue to exclude the property as long as a relative specified in policy is lawfully residing in the home. This is true regardless of whether the individual can reasonably be expected to return home.
2. If the individual owns home property and enters a long-term care facility, and there is no relative lawfully residing in the home, determine whether the individual can reasonably be expected to return home by using the criteria described in policy.
3. If the individual can reasonably be expected to return home, exclude the property as home property.

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Subject:
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P-4030.20 MA (continued)

4. Set a tickler for six months from the later of the following dates to reassess the individual's expectation to return home:
 - effective date of assistance; or
 - date of the individual's admission to the long-term care facility.

See step 6.

5. If the individual cannot reasonably be expected to return home, consider the property to be non-home property. Stop here, and follow the procedures describing the treatment of non-home property contained in this chapter.
6. Review the case every six months, or more frequently, if necessary, to reassess the individual's expectation to return to the home.
7. Continue to exclude the home as home property as long as the individual can reasonably be expected to return home.
8. If the individual cannot reasonably be expected to return home, refer to the procedures describing the treatment of non-home property.

MA – Effect of Substantial Home Equity on Payments for Nursing Facility and Other Long-Term Care Services for Applications Made on or after 1/1/06

1. An individual with an equity interest in their home of less than or equal to \$840,000. See steps 1-8 above.
2. Consider an individual with an equity interest in their home of greater than \$840,000 ineligible for the payment of nursing facility and other long-term care services unless any of the following persons is lawfully residing in the home:
 - a. the individual's spouse; or
 - b. the individual's child who is under 21; or
 - c. the individual's child who is considered blind or disabled under the criteria for SSI eligibility.

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Subject:
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P-4030.20 MA – Effect of Substantial Home Equity on Payments for Nursing Facility and Other Long-Term Care Services for Applications Made on or after 1/1/06 (continued)

3. Disregard equity limit in step 2 if:
 - a. the individual can demonstrate, to the satisfaction of the Department, that they cannot obtain a reverse mortgage, home equity loan or similar instrument; or
 - b. the individual is eligible for a Long-Term Care Insurance disregard in an amount greater than or equal to the amount of home equity in excess of \$840,000, plus the amount of any other counted assets.
4. Consider an individual with an equity interest in his or her home of more than \$840,000 to be ineligible for the payment of nursing facility and other long-term care services and take the following steps:
 - a. grant assistance under an L01 or L99 AU and enter LTC payment authorization date of 12/31/60 on the INST screen to ensure denial of LTC services;
 - b. add text to the notice explaining the denial of LTC payments due to the equity interest in the home exceeding \$840,000. Advise the individual to contact his or her worker if the equity is reduced below \$840,000 or if he or she is unable to access the equity in the home using a reverse annuity mortgage, home equity loan or similar instrument;
 - c. review the equity interest in the home at each redetermination, if the equity interest is less than \$840,000, enter LTC payment authorization date equal to the day the equity interest became less than or equal to \$840,000 and follow steps 1-8 above;
 - d. If the individual verifies that he or she cannot access the equity in the home, disregard the home equity.
5. Waive application of the home equity provision if the denial of payment of nursing facility and other long-term care services would result in an undue hardship.
6. For individuals granted eligibility based on applications made on or after January 1, 2006, review the equity requirement at the time of their first redetermination.

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Date: 10-1-89	Transmittal: UP-89-41	4030.25
Section: Treatment of Assets	Type:	POLICY
Chapter: Treatment of Specific Types	Program:	AFDC AABD MA
Subject: Income Tax Refunds		FS

4030.25 A. Actual Refund

An income tax refund is considered a counted asset in the month received by the assistance unit.

B. Earned Income Tax Credit (EITC) Portion of the Refund

1. AFDC, AABD, MA

Under the AFDC, AABD, and MA programs, the EITC portion of the refund is excluded as an asset.

2. FS

Under the FS program, the EITC portion of the refund is excluded as an asset for a period of 12 months from the date of receipt if the assistance unit member who received the credit was participating in the program at the time of receipt and continues to participate during the 12-month period without interruption. (cross reference: 4030.17 and 4020.15)

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Section:

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Type:

PROCEDURES

Chapter:

Treatment of Specific Types

Program:

AFDC

AABD

MA

Subject:

Life Insurance Policies

FS

P-4030.25 All Programs

1. Exclude term insurance policies having no cash surrender value.
2. Determine the cash surrender value of a life insurance policy by:
 - counting the basic cash value of the policy, as indicated on the policy chart; and
 - adding any interest or dividends; and
 - subtracting any loans against the policy.
3. Send a W-279 to the insurance company or contact the insurance agent if there is a question regarding cash surrender value.

AFDC and FMA

Count the cash surrender value of all life insurance policies owned by assistance unit members and by deemors against the asset limit.

AABD and MAABD

1. Add up the face values of all life insurance policies owned by the individual.
2. Do not consider the face value of policies such as term insurance having no cash surrender value in computing the amount in step 1.
3. If the amount in step 1 is less than or equal to \$1,500, exclude the cash surrender value of all the individual's life insurance policies.
4. If the amount in step 1 is greater than \$1,500, count the cash surrender value of the policies against the asset limit.

Food Stamps

Exclude all life insurance policies.

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Date: 11-1-01	Transmittal: UP-03-05	4030.30
Section: Treatment of Assets	Type:	POLICY
Chapter: Treatment of Specific Types	Program:	AFDC AABD MA FS
Subject: Life Insurance Policies		

4030.30 A. All Programs

1. The owner of a life insurance policy is the insured unless otherwise noted on the policy, or if the insurance company confirms that someone else, and not the insured, can cash in the policy.
2. Policies such as term insurance policies having no cash surrender value are excluded assets.

B. AFDC and FMA

The cash surrender value of all life insurance policies owned by members of the assistance unit is counted toward the unit's asset limit.

C. AABD and MAABD

1. If the total face value of all life insurance policies owned by the individual does not exceed \$1,500, the cash surrender value of such policies is excluded. In computing the face value of life insurance, the Department does not count insurance such as term insurance which has no cash surrender value.
2. Except as provided above, the cash surrender value of life insurance policies owned by the individual is counted towards the asset limit.

D. Food Stamps

| The cash value of life insurance policies is excluded.

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Type:
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Chapter:
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Program: AFDC
AABD

Subject:
Life Use

MA
FS

P-4030.30 Procedure For Computing a Life Use Estate

1. Obtain the appraised value of property (current market value).
2. Deduct encumbrances from the appraised value of property.
3. Multiply the life tenant's percentage interest (e.g., 1/3,) by the figure arrived at in step 2.
4. Multiply 5% of the figure arrived at in step 3.
5. See "U.S. Life Table for Total Population" chart below. Multiply the result of step 4 by the figure in the second column (\$1.00 annuity value column) opposite the figure representing the present age of the life tenant in the chart. This final computation will result in the present value of the life tenant's interest in the property in question.

EXAMPLE:

Applicant or recipient, John Jones, age 70 has life use in one-half of a piece of property appraised at \$15,000. There is an existing mortgage on said property amounting to \$5,000. Computation would be as follows:

\$15,000	Appraised value of property
<u>- 5,000</u>	Mortgage
\$10,000	Net value of property
\$10,000	Net value of property
<u>x .5</u>	Percentage of interest of life tenant
5,000	Value of life tenant's interest
\$ 5,000	Value of life tenant's interest
<u>.05</u>	Percentage
250.00	Annual return at 5%
250.00	Annual return at 5%
<u>x 6.9882</u>	\$1.00 Annuity value at age 70
\$1747.05	Value of Mr. Jones' life interest

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P-4030.30 U.S. LIFE TABLE FOR TOTAL POPULATION, 1978

(Vol. 1 - Section 5 - U.S. Dept. of Health and Human Services Public Health Service -
Vital Statistics of the United States)

MALES

Age	<u>Expectation of Life in Years</u>	<u>Actuarial Function at 5% Interest</u>	Age	<u>Expectation of Life in Years</u>	<u>Actuarial Function at 5% Interest</u>
0	69.5	18.4397	30	42.4	16.5122
1	69.6	18.8768	31	41.4	16.3649
2	68.6	18.8511	32	40.5	16.2111
3	67.7	18.8137	33	39.6	16.0508
4	66.7	18.7704	34	38.7	15.8839
5	65.8	18.7225	35	37.7	15.7103
6	64.8	18.6708	36	36.8	15.5301
7	63.8	18.6155	37	35.9	15.3433
8	62.9	18.5566	38	35.0	15.1502
9	61.9	18.4940	39	34.1	14.9508
10	60.9	18.4273	40	33.2	14.7454
11	59.9	18.3567	41	32.3	14.5342
12	58.9	18.2826	42	31.4	14.3173
13	58.0	18.2057	43	30.5	14.0949
14	57.0	18.1273	44	29.6	13.8672
15	56.0	18.0479	45	28.8	13.6343
16	55.1	17.9680	46	27.9	13.3963
17	54.2	17.8873	47	27.1	13.1534
18	53.2	17.8055	48	26.2	12.9064
19	52.3	17.7218	49	25.4	12.6563
20	51.4	17.6356	50	24.6	12.4038
21	50.5	17.5470	51	23.8	12.1495
22	49.6	17.4556	52	23.0	11.8934
23	48.7	17.3603	53	22.2	11.6349
24	47.8	17.2596	54	21.5	11.3731
25	46.9	17.1525	55	20.7	11.1074
26	46.0	17.0382	56	19.9	10.8374
27	45.1	16.9168	57	19.2	10.5635
28	44.2	16.7884	58	18.5	10.2870
29	43.3	16.6534	59	17.8	10.0095

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AABD
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Subject:
Life Use

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MALES

Age	<u>Expectation of Life in Years</u>	<u>Actuarial Function at 5% Interest</u>	Age	<u>Expectation of Life in Years</u>	<u>Actuarial Function at 5% Interest</u>
60	17.1	9.7326	75	8.7	5.6154
61	16.4	9.4566	76	8.3	5.3455
62	15.8	9.1815	77	7.9	5.0756
63	15.2	8.9071	78	7.5	4.8100
64	14.6	8.6330	79	7.2	4.5491
65	14.0	8.3588	80	6.9	4.2948
66	13.4	8.0846	81	6.6	4.0518
67	12.8	7.8106	82	6.3	3.8235
68	12.2	7.5367	83	6.0	3.6090
69	11.7	7.2626	84	5.8	3.4022
70	11.1	6.9882	85	5.5	3.1959
71	10.6	6.7134			
72	10.1	6.4380			
73	9.6	6.1627			
74	9.2	5.8882			

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Subject:
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FEMALES

Age	<u>Expectation of Life in Years</u>	<u>Actuarial Function at 5% Interest</u>	Age	<u>Expectation of Life in Years</u>	<u>Actuarial Function at 5% Interest</u>
0	77.2	18.7546	30	49.0	17.2420
1	77.1	19.1468	31	48.1	17.1232
2	76.2	19.1361	32	47.1	16.9999
3	75.2	19.1116	33	46.2	16.8717
4	74.3	19.0814	34	45.2	16.7385
5	73.3	19.0475	35	44.2	16.6002
6	72.3	19.0102	36	43.3	16.4565
7	71.4	18.9697	37	42.3	16.3075
8	70.4	18.9260	38	41.4	16.1532
9	69.4	18.8793	39	40.5	15.9935
10	68.4	18.8296	40	39.5	15.8285
11	67.4	18.7770	41	38.6	15.6583
12	66.4	18.7216	42	37.7	15.4826
13	65.5	18.6637	43	36.7	15.3013
14	64.5	18.6035	44	35.8	15.1144
15	63.5	18.5411	45	34.9	14.9217
16	62.5	18.4768	46	34.0	14.7230
17	61.6	18.4103	47	33.1	14.5183
18	60.6	18.3414	48	32.2	14.3078
19	59.6	18.2698	49	31.3	14.0916
20	58.7	18.1950	50	30.5	13.8697
21	57.7	18.1170	51	29.6	13.6424
22	56.7	18.0356	52	28.7	13.4096
23	55.8	17.9507	53	27.9	13.1706
24	54.8	17.8620	54	27.0	12.9247
25	53.9	17.7693	55	26.2	12.6712
26	52.9	17.6725	56	25.4	12.4098
27	51.9	17.5714	57	24.5	12.1408
28	51.0	17.4660	58	23.7	11.8651
29	50.0	17.3562	59	22.9	11.5839

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Chapter: **Treatment of Specific Types** **Program: AFDC
AABD**

Subject: **Life Use** **MA
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FEMALES

Age	<u>Expectation of Life in Years</u>	<u>Actuarial Function at 5% Interest</u>	Age	<u>Expectation of Life in Years</u>	<u>Actuarial Function at 5% Interest</u>
60	22.1	11.2980	75	11.5	6.5163
61	21.4	11.0081	76	11.0	6.1846
62	20.6	10.7140	77	10.4	5.8533
63	19.8	10.4153	78	9.9	5.5247
64	19.1	10.1114	79	9.4	5.2022
65	18.4	9.8018	80	8.9	4.8886
66	17.6	9.4863	81	8.5	4.5882
67	16.9	9.1653	82	8.1	4.3024
68	16.2	8.8400	83	7.7	4.0280
69	15.4	8.5116	84	7.3	3.7573
70	14.7	8.1815	85	6.9	3.4819
71	14.1	7.8497			
72	13.4	7.5164			
73	12.8	7.1823			
74	12.1	6.8487			

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Date: 7-1-88	Transmittal: UP-88-33	4030.35
Section: Treatment of Assets	Type:	POLICY
Chapter: Treatment of Specific Types	Program:	AFDC AABD MA FS
Subject: Life Use		

4030.35 A. Status of Life Use as an Asset

1. Life use is an asset to the extent that it can be sold by the life tenant.
2. Life use can be an excluded, inaccessible, or counted asset depending on the situation, as follows:
 - a. life use is an excluded asset for as long as the life tenant is residing in the home. The exclusion continues if the life tenant is temporarily absent from the home but intends to return.
 - b. life use is an inaccessible asset if the life tenant leaves the home and is unable to find someone willing or able to purchase the life use.
 - c. proceeds from the sale of life use are a counted asset as of the month the life tenant sells the life use.

B. Value of Life Use

The Department computes the value of life use by taking into account the following factors:

1. life tenant's status as sole or joint owner of the home; and
2. life tenant's age and sex; and
3. life tenant's equity in the home; and
4. life expectancy of the life tenant.

C. Income Derived from Life Use

If life use is an inaccessible asset, as described above and the life tenant is collecting rent derived from the life use, the rent is considered income (cross reference: 5050, Treatment of Specific Types).

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Section:
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Type:
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Chapter:
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Program: **AFDC**
 AABD
 MA

Subject:
Motor Vehicles

P-4030.35 Determining Fair Market Value

1. Use the average trade-in value listed in the NADA Used Car Guide for most vehicles.
2. If the vehicle is new, or too old to be listed in the NADA Used Car Guide use:
 - bill of sale for a new vehicle; or
 - the Appraisal Guide for an older vehicle.
3. Allow the assistance unit to contest the Department's evaluation of the vehicle if the unit feels the vehicle is worth less than the Department's estimate.
4. Inform the assistance unit that it bears the burden of proving that a lower estimate should be used.
5. Consider any evidence the unit presents in contesting the value of the vehicle. Examples of evidence are:
 - appraisal from authorized dealers;
 - estimate from licensed repair shop listing work to be done on the vehicle;
 - assessment from town.
6. Consult with the Resource Unit if there is still a question regarding the value of the vehicle.

AFDC and FMA

1. Exclude up to \$1,500 of the equity value of one motor vehicle per assistance unit.
2. Count the equity value in excess of \$1,500 against the asset limit.
3. If the unit has more than one motor vehicle, apply the \$1,500 exclusion to the vehicle having the highest equity value.

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Motor Vehicles

P-4030.35 AFDC and FMA (continued)

4. Count the entire equity value of additional vehicles against the asset limit.

AABD and MAABD

1. Evaluate the motor vehicle to determine whether it can be fully excluded, as described in policy.
2. If the assistance unit has no motor vehicle which is totally excluded, exclude up to \$4,500 of the fair market value of one motor vehicle per assistance unit. See step 3.
3. Count the fair market value in excess of \$4,500 against the asset limit.
4. Count the equity in any additional vehicles against the asset limit.
5. If the assistance unit has more than one vehicle, apply the \$4,500 exclusion in a way that is the most advantageous to the assistance unit.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 4-1-07	Transmittal: UP-07-02	4030.40
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Section:	Type:	
Treatment of Assets		POLICY

Chapter:	Program:	AFDC
Treatment of Specific Types		AABD
		MA

Subject:	FS
Loans	

4030.40 | Income Versus Assets

Unless specifically excluded, money borrowed by the assistance unit is considered income in the month it is received, and, to the extent retained, an asset as of the following month.

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**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 9-1-95

Transmittal: UP-95-22

P-4030.40

Section:

Treatment of Assets

Type:

PROCEDURES

Chapter:

Treatment of Specific Types

Program:

**AFDC
AABD
MA**

Subject:

Non-Home Property

- P-4030.40
1. If an assistance unit owns non-home property, inform the unit of the Department's policy concerning non-home property, including the security mortgage and lien requirements.
 2. Refer the case to the Resources Unit, which:
 - computes the unit's equity in the home; and
 - makes sure the unit is making a good-faith effort to sell; and
 - obtains a security mortgage, or places a lien, if required.
 3. Do not authorize benefits on behalf of the unit unless the Resource Unit reports that the unit has complied with the procedural requirements listed in policy.
 4. If the unit is applying for or receiving benefits under the AABD or MAABD programs, including Qualified Medicare Beneficiary or a Specified Low Income Medicare Beneficiary, exclude the non-home property for as long as the unit is making a good-faith effort to sell the property.
 5. Under the AFDC and FMA programs, find out whether or not the assistance unit has already used its exclusion period for non-home property, as described in policy. If it has, consider the property as a counted asset. If not, see step 6.
 6. Exclude the assistance unit's equity in non-home property for the number of months described in policy.
 - Begin the exclusion period according to the conditions described in policy.
 - If the unit has previously used part of its exclusion for non-home property, exclude the property for the number of "free" months remaining to the unit.
 7. Remember that the assistance unit must be making a bona fide effort to sell the property.
 8. At the time assistance is authorized, inform the unit that the exclusion of non-home property will end as of the appropriate date.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 1-1-17

Transmittal: UP-17-01

P-4030.40 page 2

Section:

Treatment of Assets

Type:

PROCEDURES

Chapter:

Treatment of Specific Types

Program:

MA

Subject:

Non-Home Property

P-4030.40 | 9. If an individual applying for or receiving MAABD leaves his or her home and enters a long-term care facility, consider the home to be non-home property if:

- there are no relatives as described in policy who are lawfully residing in the home; and
- the individual cannot reasonably be expected to return to the home.

10. For an individual who applies on or after January 1, 2006, with an equity interest in his or her home of greater than \$840,000, consider the individual ineligible for the payment of nursing facility and other long-term care services unless any of the following persons is lawfully residing in the home:

- a. the individual's spouse; or
- b. the individual's child who is under 21; or
- c. the individual's child who is considered blind or disabled under the criteria for SSI eligibility.

The excess home equity limit is \$840,000 effective January 1, 2017-December 31, 2017, \$828,000 effective January 1, 2016 - December 31, 2016 (no change), \$828,000 effective January 1, 2015 - December 31, 2015, \$814,000 effective January 1, 2014 - December 31, 2014, 802,000 effective January 1, 2013 - December 31, 2013, \$786,000 effective January 1, 2012 - December 31, 2012 and \$758,000 January 1, 2011 - December 31, 2011.

11. Disregard equity limit in step 10 if:

- a. the individual can demonstrate, to the satisfaction of the Department, they cannot obtain a reverse mortgage, home equity loan or similar instrument; or
- b. the individual is eligible for a Long-Term Care Insurance disregard in an amount greater than or equal to the amount of home equity in excess of \$840,000, plus the amount of any other counted assets.

12. Waive application of the home equity provision if the denial of payment of nursing facility and other long-term care services would result in an undue hardship.

13. Notify the individual in writing that a lien is being placed against all his or her real property if the individual is institutionalized, as described in step 9.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 4-1-07

Transmittal: UP-07-02

P-4030.40 page 3

Section:
Treatment of Assets

Type:
PROCEDURES

Chapter:
| Treatment of Specific Types

Program:
MA

Subject:
Non-Home Property

P-4030.40 | 14. Refer to Section 1570 if:

- the individual contests the Department's decision to place a lien against the property; and
- the Department's decision regarding the lien is based on a finding that the individual cannot reasonably be expected to return home.

| 15. Notify the Resources Unit to remove the lien, if one has been placed against the property, if:

- the Fair Hearing decision upholds the individual; or
- the individual returns to the home.

| 16. Consider property described in step 9 to be home property under the conditions described in step 15.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-87	Transmittal: UP-87-2	4030.45
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Section:	Type:
Treatment of Assets	POLICY

Chapter:	Program:
Treatment of Specific Types	AFDC AABD MA FS

Subject:
Lump-sum Payments

4030.45 A. Types of Lump-sum Payments

1. Lump-sum payments include but are not limited to:
 - a. settlement of personal injury or property claim;
 - b. retroactive payment from:
 - (1) unemployment compensation;
 - (2) Social Security;
 - (3) Supplemental Security Income;
 - c. insurance claim;
 - d. lottery winnings.
2. The following are considered assets, rather than lump-sums:
 - a. An income tax refund is a counted asset in the month received by the assistance unit.
 - b. Cash received as compensation upon the transfer or sale of real or personal property is a counted asset as of the month of receipt by the assistance unit.
 - c. A security deposit returned to the assistance unit is a counted asset in the month of receipt.

B. AFDC and FMA

A lump-sum payment is treated as income, available over a certain period of time, as specified in Section 5050.

C. AABD and MAABD

1. AABD

A lump-sum is considered income in the month of receipt, and, to the extent retained, an asset as of the subsequent month.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 10-1-93

Transmittal: UP-94-21

4030.45 page 2

Section:

Treatment of Assets

Type:

POLICY

Chapter:

Treatment of Specific Types

Program:

**AABD
MAABD
FS**

Subject:

Lump-sum Payments

4030.45 C. AABD and MAABD (continued)

2. MAABD

- a. A lump-sum is considered income during the six month eligibility period which includes the month of receipt of the lump-sum. Any part of the lump-sum remaining after this time is an asset.
- b. Any portion of a lump-sum that is transferred either during the six month eligibility period or subsequently is also subject to the transfer of assets provisions (Cross Reference: 3028).

D. Food Stamps

A lump-sum payment is an asset as of the month the assistance unit receives it.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 10-1-92

Transmittal: UP-92-40

P-4030.45

Section:

Treatment of Assets

Type:

PROCEDURES

Chapter:

Treatment of Specific Types

Program:

AFDC

AABD

MA

Subject:

Trusts

FS

- P-4030.45
1. Follow the procedures outlined in P-4010 to determine who is the legal owner of the asset.
 2. Follow the procedures outlined in P-4015 to determine if the asset is available to the assistance unit, except as described below.
 3. Consider the funds in a trust available to the beneficiary, despite evidence to the contrary, if required by policy.
 4. If the funds in a trust are considered inaccessible either in part or in full, examine the circumstances surrounding the establishment of the trust to determine whether there has been an improper transfer of assets.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date:	4-1-07	Transmittal:	UP-07-02	4030.47
Section:				Type:
	Treatment of Assets			POLICY
Chapter:				Program:
	Treatment of Specific Types			MA
Subject :				
	Annuities			

4030.47 Annuities are evaluated as both an asset representing an investment and as income that the beneficiary may receive on a regular basis (cross reference 5050, Treatment of Specific Types). The assistance unit's equity in an annuity is a counted asset to the extent that the assistance unit can sell or otherwise obtain the entire amount of equity in the investment. Any payments received from an annuity are considered income. Additionally, the right to receive income from an annuity is regarded as an available asset, whether or not the annuity is assignable

A. Disclosure of Annuities

1. An applicant or recipient and his or her spouse must, as a condition of eligibility for long-term care medical services, disclose a description of any interest held in an annuity by the applicant and recipient or his or her spouse.
2. The Department shall notify an applicant or recipient of long-term care medical services that, pursuant to paragraph (2) of subsection (e) of section 1396p of the United States Code, the department becomes a remainder beneficiary under such an annuity by virtue of the provision of long-term care medical assistance services.
3. The Department shall notify the issuer of the annuity of the department's right as a preferred remainder beneficiary.
4. The Department may require the issuer to notify the department when there is a change in the amount of income or principal being withdrawn. The department shall use this information in determining the amount of the department's obligation for medical assistance or the ongoing eligibility of the applicant or recipient.

B. Treatment of Annuity Purchases

The purchase of an annuity by an applicant for or recipient of long-term care medical services or his or her spouse or both shall be considered a transfer for less than fair market value unless the annuity meets the conditions described in section 3029 (Treatment of Annuities).

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date:	4-1-07	Transmittal:	UP-07-02	P-4030.47
Section:				Type:
	Treatment of Assets	PROCEDURES		
Chapter:				Program:
	Treatment of Specific Types	MA		
Subject :				
	Annuities			

- P-4030.47
1. At the time of application, provide the applicant/recipient with form W-1540, "Annuities and Your Eligibility for Long-Term Care Medical Services" that explains the requirement to designate the Department of Social Services as the remainder beneficiary on any annuities.
 2. At the time of grant, issue form W-1542, "Notification of Requirement to Designate Beneficiary" to the recipient and a W-1541 "Notification of Right to Preferred Beneficiary Status" to the issuer of the annuity.
 3. Set a tickler for 30 days.
 4. Evaluate the status of the change in beneficiary no later than 30 days from the date that the form W-1542 is sent:
 - a. If the beneficiary has been changed, no additional action is necessary.
 - b. If the beneficiary has not been changed, take action to discontinue long-term care medical services.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 4-1-07	Transmittal: UP-07-02	4030.50
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Section:	Type:	POLICY
Treatment of Assets		

Chapter:	Program:	AFDC
Treatment of Specific Types		AABD

Subject:		MA
Mortgage Notes, Loans and Installment Contracts		FS

4030.50 Mortgage notes, loans, installment contracts and similar financial instruments must be evaluated as both an asset representing an investment and as income that the beneficiary may receive on a regular basis (cross reference: 5050, Treatment of Specific Types). Also, the right to receive income is regarded as an available asset.

A. All Programs Except Food Stamps

The assistance unit's equity in a mortgage note, loan, installment contract or similar financial instrument is a counted asset to the extent that the assistance unit can sell or otherwise obtain the entire amount of equity in the investment.

B. Food Stamps

A mortgage note, loan, installment contract, or similar financial instrument is an excluded asset if it is producing income which is consistent with its fair market value.

C. Medicaid

If an individual or his or her spouse uses his or her funds to purchase a mortgage note, loan, installment contract or similar financial instrument, the Department may consider such a transaction a transfer of assets for less than fair market value (Cross References: 3028, 3029).

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 1-1-88	Transmittal: UP-87-02	4030.55
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Section: Treatment of Assets	Type:	POLICY
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Chapter: Treatment of Specific Types	Program:	AFDC AABD MA FS
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Subject:
 Motor Vehicles

4030.55 The Department evaluates each motor vehicle owned by every member of the assistance unit in terms of the vehicle's status as an excluded, inaccessible, or counted asset.

A. Fair Market Value

1. The fair market value of a motor vehicle is the "Average Trade-in Value" listed in the National Automobile Official Dealers (NADA) Used Car Guide, or, for older models, the Appraisal Guide unless the assistance unit proves otherwise.
2. The fair market value of a motor vehicle is not increased if the vehicle is specially equipped with apparatus for the handicapped.
3. The fair market value of a motor vehicle is not increased by adding the value of low mileage or other factors such as optional equipment.
4. The assistance unit may contest the value given by the Department by presenting documentation from a reliable source regarding the actual value of the motor vehicle. The Department adjusts its computation accordingly if appropriate.

B. Motor Vehicle Used as a Home

A registered camper, trailer or mobile home is excluded as home property if the assistance unit is using it as principal residence.

C. AFDC and FMA

1. Up to \$1,500 of the equity value of one motor vehicle per assistance unit is excluded. The amount of the equity value in excess of \$1,500 is counted toward the asset limit.
2. If the assistance unit owns more than one motor vehicle, the \$1,500 exclusion is applied to the vehicle that has the highest equity value.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 07-1-07

Transmittal: UP-08-11

4030.55 page 2

Section:

Treatment of Assets

Type:

POLICY

Chapter:

Treatment of Specific Types

Program:

AFDC

AABD

MA

FS

Subject:

Motor Vehicles

4030.55 D. AABD and MAABD

1. For an individual and spouse if any, living together one motor vehicle is excluded if it :
 - a. is needed for employment: or
 - b. is needed for the medical treatment of a specific or ongoing medical problem; or
 - c. has been modified for operation by or transportation of a handicapped person.
2. Up to \$4,500 of the fair market value of one motor vehicle is excluded, if no vehicle is otherwise totally excluded. The amount of the fair market value in excess of \$4,500 is counted toward the asset limit.
3. If there is more than one vehicle, the unit's equity in the second vehicle is counted toward the asset limit.
4. If there is more than one motor vehicle, the \$4,500 exclusion is applied in a way, which is the most advantageous to the assistance unit.

E. Food Stamps (Cross Reference 4020.15)

1. All vehicles are totally excluded.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-87	Transmittal: UP-87-2	4030.60
Section: Treatment of Assets	Type:	POLICY
Chapter: Treatment of Specific Types	Program:	AFDC AABD MA FS
Subject: Nonessential Household Items		

4030.60 A. Types of Items Considered Nonessential

The Department considers a household item nonessential if the assistance unit does not use the item, but rather has purchased the item as an investment to be sold for a profit in the future. Such items include, but are not limited to:

1. an antique;
2. an art object;
3. jewelry (except for wedding and engagement rings).

B. Effect on Eligibility

1. If the household item is essential, it is an excluded asset.
2. If the household item is nonessential, it is a counted asset.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 01-01-07	Transmittal: UP-07-07	4030.65
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Section: Treatment of Assets	Type: POLICY
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Chapter: Treatment of Specific Types	Program: AFDC FMA FS
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Subject: Non-home Property

4030.65 A. Food Stamp Program

1. Under the Food Stamp program, non-home property is excluded if it is producing income consistent with its fair market value.
2. If the non-home property is not producing income, it is excluded for as long as the individual is making a bona fide effort to sell it.

B. AFDC and FMA

1. For all AFDC and FMA cases, the assistance unit's equity in any type of real property which is not home property, and which would cause the assistance unit to be ineligible, is excluded for a period of up to nine calendar months. The exclusion period begins with the first month in which the assistance unit is otherwise eligible and:
 - a. the assistance unit owns the property; and
 - b. the property is available to the assistance unit; and
 - c. the assistance unit is making a bona fide effort to sell the property; and
 - d. in AFDC, the assistance unit grants the Department a security mortgage on the property out-of-state pending the sale. In-state non-home owned property requires placement of a lien by the Department.
2. The number of months of the exclusion is cumulative for all months in which the person is otherwise eligible and receives assistance, and may not exceed a total of nine calendar months for each piece of property.
3. If the assistance unit has not sold the non-home property by the end of the ninth month:
 - a. the unit's equity in the property is considered a counted asset as of the tenth month; and
 - b. in AFDC, the amount of assistance received during the nine month disposal period is considered an overpayment.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Date: 01-01-07

Transmittal: UP-07-07

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Section:
Treatment of Assets

Type:
POLICY

Chapter:
Treatment of Specific Types

Program: AFDC
FMA
AABD
MAABD

Subject:
Non-home Property

4030.65 B. AFDC and FMA (continued)

4. If the assistance unit does not comply with the procedural requirements listed above, the unit's equity in non-home property is considered a counted asset.
5. If the assistance unit's equity in the non-home property, combined with the unit's other counted assets, would not cause the unit to be ineligible, the unit has the option of having such equity considered a counted asset. In such a case, the unit does not need to satisfy the procedural requirements described above.

C. AABD and Community MAABD

1. Non-home property of any type is excluded as long as the assistance unit is making a bona fide effort to sell it.
2. The exclusion period begins in the first month in which all of the following conditions are met:
 - a. the assistance unit is otherwise eligible for assistance;
 - b. the assistance unit owns the property;
 - c. the property is available to the assistance unit;
 - d. the assistance unit is making a bona fide effort to sell the property;
 - e. in AABD, the assistance unit grants the Department a security mortgage on the property pending its sale for non-home owned property located out-of-state. In-state non-home owned property requires placement of a lien by the Department.
3. The Department does not place a lien on property in community MA cases. (Cross reference: 7510)

D. Long Term Care MAABD

1. Property Previously Used as the Primary Residence
 - a. Property previously used as a primary residence becomes non-home property when the individual enters a long-term care facility and:
 - (1) no relative of acceptable relationship is lawfully residing in the home; and
 - (2) the individual cannot reasonably be expected to return to the home. (Cross Reference: 7510)

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Date: 4-1-07

Transmittal: UP-07-07

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Section:
Treatment of Assets

Type:
POLICY

Chapter:
Treatment of Specific Types

Program: MAABD

Subject:
Non-home Property

4030.65 D. 1. Long Term Care MAABD (continued)

- b. Non-home property that was the recipient's primary residence prior to entering the nursing home is excluded for as long as the individual is making a bona fide effort to sell it.
- c. The exclusion period begins with the first month of eligibility during which the person owns the property, and is cumulative for all months in which the person receives assistance.
- d. For an individual who applies on or after January 1, 2006, with an equity interest in his or her home of greater than \$750,000, the individual is ineligible for the payment of nursing facility and other long-term care services unless any of the following persons is lawfully residing in the home:
 - 1. the individual's spouse; or
 - 2. the individual's child who is under 21; or
 - 3. the individual's child who is considered blind or disabled under the criteria for SSI eligibility.
- e. Beginning in the year 2011, the home equity limit will increase each year. The increase will be based on the percentage increase in the consumer price index for all urban consumers, rounded to the nearest \$1,000.
- f. The following individuals may be eligible to receive Medicaid payment for long term care services, notwithstanding possessing home equity in excess of \$750,000:
 - 1. individuals who demonstrate, to the satisfaction of the Department, that they cannot obtain a reverse mortgage, home equity loan or similar instrument; and
 - 2. individuals eligible for a Long-Term Care Insurance disregard in an amount greater than or equal to the amount of home equity in excess of \$750,000, plus the amount of any other counted assets. (Cross Reference: 4022.10)

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Date: 4-1-07

Transmittal: UP-07-07

4030.65 page 4

Section:
Treatment of Assets

Type:
POLICY

Chapter:
Treatment of Specific Types

Program: MAABD

Subject:
Non-home Property

4030.65 D. 1. Long Term Care MAABD (continued)

- g. The Department may waive application of the property equity provision if the denial of payment for nursing facility and other long-term care services would result in an undue hardship. (Cross Reference: 3029.25)
- h. The Department places a lien against the property. (Cross Reference: 7510)

2. Other Non-home Property

- a. All other non-home property is excluded for as long as the individual is making a bona fide effort to sell it.
- b. The exclusion period begins with the first month in which all of the following conditions are met:
 - (1) the assistance unit is otherwise eligible for assistance;
 - (2) the assistance unit owns the property;
 - (3) the property is available to the assistance unit;
 - (4) the assistance unit is making a bona fide effort to sell the property.

3. Recovery

The Department places a lien against all non-home property. (Cross Reference: 7510)

E. Qualified Medicare Beneficiaries and Specified Low Income Medicare Beneficiaries

Non-home property of any type is excluded for as long as the assistance unit is making a bona fide effort to sell the property.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 05-10-10

Transmittal: UP-10-03

4030.66

Section:

Treatment of Assets

Type:

POLICY

Chapter:

Treatment of Specific Types

Program:

SNAP

Subject:

Pension Plans and Certain Retirement Accounts

4030.66	The cash value of all tax-preferred retirement savings and pension plans and any successor accounts that are exempt from federal taxes are excluded.
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**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 05-10-10

Transmittal: UP-10-03

P-4030.66

Section:
Treatment of Assets

Type:
POLICY

Chapter:
Treatment of Specific Types

Program:
SNAP

Subject:
Pension Plans and Certain Retirement Accounts

P-4030.66 The cash value of all tax-preferred retirement savings and pension plans and any successor accounts that are exempt from Federal taxes are excluded.

IRS Code Authorization	Plan/Account Name	What it is...
Section 401 IRS Code	Traditional Defined-Benefit Plan	Employer-based retirement plan that promises retirees a certain benefit upon retirement, regardless of investment performance.
Section 401 (a) IRS Code	Cash Balance Plan	Employer-based "hybrid" plan that combines features of defined benefit and defined contribution plans. Each employee is allocated a hypothetical account, but account balances accrue at a specified rate, rather than depending on investment performance.
Section 401(a) IRS Code	Employee Stock Ownership Plan	Similar to a profit-sharing plan that must be primarily invested in the employer's stock and under which distributed benefits must be offered in the form of the employer's stock.
Section 401 (a) IRS Code	Keogh Plan	"Informal" term for retirement plans available to self-employed people.
Section 401 (a) IRS Code	Money Purchase Pension Plan	Employer-based defined contribution plan under which annual contributions are fixed by a set formula.
Section 401 (a) IRS Code	Profit-Sharing Plan	Employer-based defined contribution plan under which employer contributions may, but need not be, linked to profits. Usually refers to non-matching employer contributions.
Section 401 (a) IRS Code	Simple 401 (k)	401 (k)-type plans available only to small businesses: exempt from certain restrictions and subject to some limitations on employer contributions.
Section 401 (a) IRS Code	401 (k)	Defined contribution plan that allows employees to defer receiving compensation in order to have the amount contributed to the plan. Commonly referred to as a "cash or deferred arrangement" (CODA). Some 401 (k) plans allow after-tax Roth 401(k) contributions.
Section 403(a) IRS Code	403(a)	Plans that are similar to 401(a) plans but are funded through annuity insurance.
Section 403(b) IRS Code	403(b)	Tax-sheltered annuity or custodial account plan offered by tax-exempt section 501(c) or organizations or public schools. Many are funded by employee contributions that resemble 401(k)s.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Date: 05-10-10**Transmittal: UP-10-03****P-4030.66 page 2**

Section:
Treatment of Assets**Type:**
POLICY

Chapter:
Treatment of Specific Types**Program:**
SNAP

Subject:
Pension Plans and Certain Retirement Accounts

P-4030.66 (continued)

IRS Code Authorization	Plan/Account Name	What it is...
Section 408 IRS Code	IRA	Vehicle for tax-deferred retirement savings controlled by individuals rather than employers.
Section 408(p) IRS Code	Simple retirement account IRA	Employer-based IRA (to which employers and employees contribute) available only to small businesses.
Section 408(k) IRS Code	Simplified Employee Pension Plan (SEP)	Employer-sponsored plan available only to small businesses; allows employer to contribute to employee accounts that function as IRAs and are subject mostly to IRA rules. Generally ceased to apply in 1996.
Section 408A IRS Code	Roth IRA	Same as IRA, except that qualified distributions are tax exempt.
Section 457(b) IRS Code	Eligible 457(b) Plan	Funded plan offered by state and local governments or unfunded plan offered by nonprofit organizations.
Section 501(c)(18)	501(c) 18 Plan	Plan offered mostly by unions. Had to be set by June 1959 and are now largely obsolete.
Section 8439 of Title 5 USC	Federal Thrift Savings Plan	Plan offered by the federal government to its employees.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88	Transmittal: UP-88-5	4030.70
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Section: Treatment of Assets	Type:	POLICY
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Chapter: Treatment of Specific Types	Program:	AFDC AABD MA
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Subject: Rental Security Deposits		FS
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4030.70 A. Inaccessible

A rental security deposit held by a landlord is an inaccessible asset.

B. Counted

A rental security deposit is a counted asset in the month it is returned to the assistance unit by the landlord.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-87	Transmittal: UP-87-2	4030.75
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Section:	Type:
Treatment of Assets	POLICY

Chapter:	Program:
Treatment of Specific Types	AFDC

	AABD
Subject:	MA

Stocks and Bonds

4030.75 A. Stocks

1. The equity value of a share of stock is the net amount the owner would receive upon selling the share.
2. In computing this net amount due the owner, the Department subtracts the broker's fee, if any, from the market value of the share of stock.

B. Bonds

The equity value of a bond is the amount which the owner would receive at the time if he or she cashes in the bond.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 4-1-07	Transmittal: UP-07-02	4030.80
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Section: Treatment of Assets	Type:	POLICY
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Chapter: Treatment of Specific Types	Program:	AFDC AABD MA FS
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Subject: Trusts		

4030.80 A. General Principles Pertaining to Trusts

1. The Department evaluates an individual's interest in a trust as:
 - a. a potentially counted asset in determining whether the individual's assets are within the program limits (Cross Reference: 4005); and
 - b. a potential source of income in determining whether the individual's income is within the program limits, and in computing the amount of benefits for which the individual may be eligible (Cross Reference: 5000); and
 - c. a possible transfer of assets by the individual or by his or her spouse in determining whether the individual will be subject to a penalty period (Cross References: 3025, 3028, 3029).
2. For all programs except Food Stamps, if the assistance unit is a beneficiary of a trust, but the funds in the trust are inaccessible to the unit, the unit shall cooperate with the Department in attempting to gain access to the funds as a condition of eligibility.
3. The Department considers the corpus of a trust that an individual can revoke as an available asset to him or her.
4. The Department considers payments from a trust to or for the benefit of the individual to be the individual's income.
5. The term "trust" includes any legal instrument or device like a trust, such as an annuity.

B. Testamentary Trusts and Certain Inter Vivos Trusts that are not Established or Funded by the Individual or by his or her Spouse during their Lifetime

The individual's interest in a testamentary trust, and the individual's interest in a trust that was not established or funded by the individual or by his or her spouse during their lifetime, are evaluated under the cash and Medicaid programs as described in this paragraph.

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4030.80 B. Testamentary Trusts and Certain Inter Vivos Trusts that are not Established or Funded by the Individual or by his or her Spouse during their Lifetime
(continued)

1. The Department determines whether the corpus, or principal of such a trust is an available asset by referring to the terms of the trust and the applicable case law construing similar instruments.
2. The principal of such a trust is an available asset to the extent that the terms of the trust entitle the individual to receive trust principal or to have trust principal applied for his or her general or medical support.
3. Under circumstances described in subparagraph 2 above, the trust principal is considered an available asset if the trustee's failure to distribute the principal for the benefit of the individual in accordance with the terms of the trust would constitute an abuse of discretion by the trustee.
4. The Department considers the following factors in determining whether the trustee would be abusing his or her discretion by refusing to distribute trust principal to the individual:
 - a. the clarity of the settlor's intention to provide for the general or medical support of the individual; and
 - b. the degree of discretion afforded to the trustee; and
 - c. the value of the trust created, with a high dollar value tending to indicate an intent to provide for general or medical support; and
 - d. the history of trust expenditures prior to the filing of an application for assistance for or on behalf of the individual.

C. Medicaid-Qualifying Trusts -- MA

The funds in an inter vivos trust, to the extent that they may be used at the discretion of the trustee, are considered available to an individual if:

1. the trust was established by the individual or individual's spouse prior to August 11, 1993; and
2. the individual is a beneficiary of the trust; and

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4030.80 C. Medicaid-Qualifying Trusts – MA (continued)

3. the trustee is able to distribute the funds to the individual at the trustee's discretion. This is true even if:
 - a. the trust is irrevocable; and
 - b. the trustee does not exercise his or her discretion.

D. Inter Vivos Trusts Established on or After August 11, 1993 - MA

For the purpose of determining an individual's eligibility under the Medicaid program, paragraph D pertains to inter vivos trusts established by the individual on or after August 11, 1993.

1. The Department considers an individual to have established a trust if the individual's assets were used to form all or part of the corpus of the trust and if any of the following individuals established the trust by means other than a will:
 - a. the individual; or
 - b. the individual's spouse; or
 - c. a person, including a court or administrative body, with legal authority to act in place of or on behalf of the individual or the individual's spouse; or
 - d. a person, including a court or administrative body, acting at the direction or upon the request of the individual or the individual's spouse.
2. For a trust whose corpus includes assets of an individual described in paragraph 1 and of any other person, the Department evaluates only that portion of the trust attributable to the assets of the individual.
3. The Department evaluates trusts described in paragraph D regardless of:
 - a. why the trust was established; or

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4030.80 D. 3. Inter Vivos Trusts Established on or After August 11, 1993 (continued)

- b. whether the trustees have or exercise any discretion under the trust; or
- c. any restrictions on when or whether distributions may be made from the trust; or
- d. any restrictions on the use of distributions from the trust.

4. With respect to a revocable trust, the following principles apply:

- a. The Department considers the corpus of such a trust as an available asset.
- b. The Department considers payments from the trust made to or for the benefit of the individual as income of the individual.
- c. The Department considers payments from a revocable trust that are neither to nor for the benefit of the individual to be assets transferred by the individual as described in chapters 3028 and 3029.

5. With respect to an irrevocable trust, the following principles apply:

- a. The Department considers the portion of the corpus of an irrevocable trust, or the income generated by the corpus of such trust to be an available asset of the individual if there are any circumstances under which a payment from the trust could be made to or on behalf of the individual.
- b. The Department considers payments from that portion of the corpus or income generated by the corpus of a trust described in paragraph a to be:
 - (1) the individual's income, if the payments are to or for the benefit of the individual; and
 - (2) a transfer of assets by the individual, as described in chapters 3028 and 3029, if the payments are for any other purpose.

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4030.80 D. 5. Inter Vivos Trusts Established on or After August 11, 1993 (continued)

- c. The Department considers any portion of a trust from which, or any income generated by the corpus from which, no payment could be made to the individual under any circumstances as a transfer of assets, as described in chapters 3028 and 3029.

6. The Department does not consider the following types of trusts in determining the individual's eligibility for Medicaid:

- a. a trust containing the assets of an individual under age 65 who is disabled, according to criteria under the SSI program, if:

- (1) the trust is established for the benefit of such individual by his or her parent, grandparent, or legal guardian, or by a court acting in accordance with the authority of state law; and

- (2) under the terms of the trust, the state will receive all amounts remaining in the trust upon the death of the individual, up to an amount equal to the total amount of Medicaid benefits paid on behalf of the individual.

- b. a trust that meets the following conditions:

- (1) the trust is established and managed by a non-profit association; and

- (2) a separate account is maintained for each beneficiary of the trust, but, for purposes of investment and management of the funds, the trust pools these accounts; and

- (3) accounts in the trust are established solely for the benefit of individuals who are disabled, according to criteria under the SSI program, by the individuals, their parent, grandparent or legal guardian, or by a court; and

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4030.80 D. 6. b. Inter Vivos Trusts Established on or After August 11, 1993 (continued)

- (4) to the extent that the amounts remaining in the individual's account upon his or her death are not retained by the trust, the trust is required by its terms to pay to the state from such remaining amount, an amount equal to the total amount of Medicaid benefits paid on behalf of the individual.

7. The Department waives the policies described in paragraph D if it is determined that the application of such policies would create an undue hardship (Cross References: 3028 and 3029 for undue hardship criteria).

E. Trusts in the Food Stamps Program

1. The funds in a trust are considered inaccessible to the assistance unit if:
 - a. the trust arrangement is not likely to cease during the certification period and the assistance unit has no power to revoke the trust arrangement or change the name of the beneficiary during the certification period; or
 - b. the trustee is either:
 - (1) a court or an institution, corporation or organization which is not under the direction or ownership of the assistance unit; or
 - (2) an individual appointed by the court who has court imposed limitations placed on the use of the funds; or
 - c. trust investments made on behalf of the trust do not directly involve or assist any business or corporation under the control, direction, or influence of the assistance unit; and
 - d. the funds held in irrevocable trust are either:

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4030.80 | E. 1. d. Trusts in the Food Stamps Program (continued)

- (1) established from the assistance unit's own funds, if the trustee uses the funds solely to make investments on behalf of the trust or to pay the educational or medical expenses of any person named by the assistance unit creating the trust; or
 - (2) established from non-assistance unit funds by a non-assistance unit member.
 2. If the funds in a trust are totally available to the assistance unit at the present time, the total value is a counted asset.

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Chapter: Treatment of Specific Types	Program:	AFDC AABD MA
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Subject: Disaster Assistance		FS
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- 4030.85 A. Funds derived from disaster assistance paid under the Disaster Relief Act of 1974, as amended, including the Individual and Family Grant (IFG) program, and comparable disaster assistance provided by states, local governments and private organizations are considered excluded assets for all programs, providing the funds are kept separate from counted assets.

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Section:	Type:
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Chapter:	Program:	AFDC
Verification		AABD
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Subject:		FS

4099 This chapter contains the policy and procedures regarding verification requirements related to the treatment of assets.

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4099.05

Section:

Treatment of Assets

Type:

POLICY

Chapter:

Verification

Program:

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FS**

Subject:

Asset Limits

4099.05 A. Asset Limit Requirement

1. The assistance unit must verify its equity in counted assets.
2. If the unit does not verify its equity in counted assets, the unit is ineligible for assistance.

B. Reduction of Excess Assets

1. The assistance unit must verify that it has properly reduced its equity in counted assets to within the program's limit.
2. If the unit does not verify that it has properly reduced its equity in counted assets, the unit is ineligible for assistance.

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Section:
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Verification

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 Asset Limits

- P-4099.05
1. Verification regarding the status of the assistance unit's assets as excluded, inaccessible, counted, or deemed is discussed in the previous pages of this chapter.
 2. The following sources may be used to verify the assistance unit's or deemor's equity in counted assets:
 - NADA "blue" book of trade-in values for automobiles;
 - real estate conveyance records;
 - marketing appraisals;
 - bank records;
 - passbooks;
 - records of stock transactions;
 - property appraisals performed by the Department;
 - tax assessment records;
 - tracers sent by the Department and answered by appropriate agency personnel (e.g. W-36 completed by bank official; W-279 completed by insurance company official).
 3. The assistance unit verifies that it reduced excess assets by providing the Department a bill of sale or other document showing:
 - the date the asset was reduced; and
 - the value of any remaining part of the asset still owned by the unit.
 4. The assistance unit verifies that it has properly reduced excess assets by providing documentation as described in Section P-3025.

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Chapter:	Program:	AFDC
Verification		AABD
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Subject:		FS
Determination of Ownership		

4099.10 A. Ownership Determination

1. The assistance unit must verify that it is not the legal owner of an asset if the unit claims to be merely the record owner of the asset.
2. If the unit is unable to verify that it is merely the record owner, and not the legal owner of an asset, the Department counts the asset as owned by the assistance unit.

B. Necessary Transfer

1. If the assistance unit is required to transfer an asset to its legal owner, as described in this section, the unit must verify that the transfer has been made.
2. If the unit is unable to verify that it has made the necessary transfer, as described above, the Department counts the asset as available to the assistance unit.

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Subject:
Determination of Ownership

P-4099.10 The following are pieces of information which may help support the assistance unit's claim to be merely the record owner of an asset.

1. Corroborating statement from the alleged legal owner;
2. Bill of sale showing who paid the purchase price for the asset;
3. Receipts showing who is maintaining the asset;
4. Actual written legal document describing an expressed agreement concerning ownership of the asset;
5. Statement from non-interested third party confirming the existence of an oral agreement as described in step 4.
6. Document showing that the asset has been transferred to the legal owner.

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Chapter: Verification	Program:	AFDC AABD MA
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Subject: Inaccessible Assets		FS
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4099.15 A. Factors Relating to Inaccessibility

1. The assistance unit must verify that an otherwise counted asset is inaccessible to the unit if the unit claims it can not convert the asset to cash.
2. If the unit is unable to verify that the asset is inaccessible, the asset is considered a counted asset.

B. Factors Once the Asset Becomes Available

1. Once an inaccessible asset becomes available to the unit, the unit must verify the amount of equity the unit has in the asset.
2. If the unit does not verify the amount of equity it has in the asset, it is ineligible for assistance.

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Verification**Program:** **AFDC**
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Subject:
Inaccessible Assets

P-4099.15 The following are examples of verifications that an asset is inaccessible:

1. document showing that someone else other than the assistance unit or deemor has to agree to liquidate a jointly held asset; and a statement from the other person that he or she is not willing or able to do so;
2. trust statement showing that the assistance unit must rely on the trustee to release funds to it; and a statement from the trustee showing that he or she does not intend to release funds to the unit (this is not true in the MA program, however);
3. police report showing that an asset has been stolen from the assistance unit;
4. real estate company's statement showing that the assistance unit has made a bonafide effort to sell real property but has been unable to sell.

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Chapter: Verification	Program:	AFDC AABD MA
Subject: Excluded Assets		FS

4099.20 A. Factors Which are Verified

1. The assistance unit must verify the reason for the exclusion of an asset if there is a question regarding the validity of the exclusion.
2. If the unit is unable to verify that an asset should be excluded, the Department considers the asset a counted asset.

B. Reasons for Exclusions

Reasons for an exclusion include, but are not limited to:

1. source from which the assistance unit obtains the asset;
2. purpose for which the assistance unit uses the asset;
3. fair market value of the asset;
4. income generated by the asset;
5. expectation of an institutionalized individual to return to the home.

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Date: 7-1-07

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Section:
Treatment of Assets

Type:
PROCEDURES

Chapter:
Verification

Program: **AFDC**
 AABD
 MA
Subject: **FS**
 Excluded Assets

P-4099.20 Use the following as examples of verifications that an asset may be excluded:

AFDC, AABD, MA

statement from the appropriate agency identifying the source of an asset and/or the purpose for which it is intended;

statement from a funeral director showing that a burial fund is irrevocable;

insurance documents showing that a policy has no cash surrender value;

statement from a real estate agency showing that the assistance unit has been making a bona fide effort to sell real property;

statement from assessor, dealer, or other appropriate source showing that a motor vehicle's fair market value is less than a certain amount;

physician's statement showing that an institutionalized individual can reasonably be expected to return to the home;

postal records, voting records, tax assessment records, etc. showing that a specified institutionalized individual has resided in the home for at least one year prior to the individual's institutionalization.

copy of the client's Plan for Achieving Self-Support (PASS) and a copy of the approval letter issued to the client by the Social Security Administration.

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statement from the appropriate agency identifying the source of an asset and/or the purpose for which it is intended;

statement from a funeral director showing that a burial fund is irrevocable;

physician's statement that an individual currently not living in the home due to illness can reasonably be expected to return to the home;

statement from a bank or employer that the self-employed farmer stopped farming on a specific date as the result of bankruptcy or employment in private industry;

any other documentation offered that can provide suitable verification that the person is no longer pursuing employment as a farmer.

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Date: 7-1-92**Transmittal: UP-92-22****4099.22**

Section:**Treatment of Assets****Type:****POLICY**

Chapter:**Verification****Program:****MAABD**

Subject:**Asset Disregards**

4099.22 A. Long-Term Care Insurance Disregard (LTCID)

The individual must verify:

1. that his or her long-term care insurance policy is precertified; and
2. the amount of covered services paid under the precertified long-term care insurance policy or the actual charge for the services, whichever is less.

B. Results of Failing to Verify

1. The Department does not allow the LTCID unless the policy is verified as being precertified.
2. The Department allows the LTCID only to the extent that the lesser of the following amounts is verified:
 - a. the amount of the payment made by the precertified long-term care insurance policy for covered services; or
 - b. the actual charge for the services.

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Section:

Treatment of Assets

Type:

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Verification

Program:

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Subject:

Asset Disregards

P-4099.22 Long-Term Care Insurance Disregard

1. Verify that the individual's long-term care insurance policy is "Precertified" by:
 - seeing the policy which is marked "Precertified" by the Connecticut Department of Insurance; or
 - obtaining oral or written confirmation from the insurer or the Connecticut Insurance Department.
2. Verify the amount of the LTCID by:
 - seeing a Summary Statement furnished by the individual's insurer; or
 - obtaining other confirmation from the insurer.

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Chapter: Verification	Program:	AFDC AABD MA
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Subject: Deemed Assets		FS
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4099.25 A. What Must be Verified

The assistance unit must verify the amount of the deemor's equity in counted assets.

B. Penalty for Failure to Verify

If the assistance unit fails to verify the amount of the deemor's counted assets, the unit is ineligible for assistance.

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Date: 12-1-91**Transmittal: UP-91-51****P-4099.25**

Section:
Treatment of Assets**Type:**
PROCEDURES

Chapter:
Verification**Program:** **AFDC**
 AABD
 MA
Subject: **FS**
 Deemed Assets

- P-4099.25 1. See Sections P-4099.05 through P-4099.20, and P-4099.30 for verifications used in evaluating the assets of the deemor. The verifications are the same as those used in evaluating the assets of the assistance unit.
2. The following are examples of verifications which may be obtained in determining whether an asset is to be deemed to the assistance unit:
- in the AFDC and FMA program, a statement from the Social Security Department showing that a potential deemor is an SSI recipient and therefore cannot be a deemor;
 - INS identification card I-179 or I-197 or other document showing the non-citizen's date of entry into the United States;
 - INS document identifying the sponsor of the non-citizen;
 - INS document naming others sponsored by the non-citizen's sponsor.

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Subject: Treatment of Specific Types		FS
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4099.30 A. Factors to be Verified

The assistance unit must verify the following for the Department to evaluate each asset held by the assistance unit. This list is not necessarily all-inclusive.

1. the asset's legal owner, if there is a question of ownership, as described in 4010; and
2. the asset's status as either inaccessible or excluded, if there is a question, as described in 4015 and 4020, respectively; and
3. the amount of equity the assistance unit has in the asset; and
4. the amount of equity in counted assets to be deemed available to the unit, as described in 4025.

B. Penalty for Failure to Verify

The penalty for failure to verify the various items of information concerning assets is described in the previous pages of this chapter.

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P-4099.30 The following are examples of verifications that may be obtained in evaluating specific types of assets:

1. bank statements, passbook, or answered W-36 showing:
 - who owns the account;
 - pattern of deposits and withdrawals;
 - who has access to the account;
 - whether there has been a large withdrawal within the last 24 months;
2. statement from funeral director showing:
 - whether the burial fund is revocable or irrevocable;
 - what the value of the burial fund is;
 - when the burial fund was established;
3. in the MA program, regarding home property:
 - Post Office statement, utility bill, town record, or other documentation showing that a relative as specified in policy is living in the home of an institutionalized MA recipient;
 - evidence such as hospital reports or doctor's assessments regarding an institutionalized individual's expectation to return home;
4. statement from IRS showing how much of a refund is the actual refund, how much is the EIC;
5. life insurance policy statement from insurance company, or answered W-279 showing:
 - who owns the policy;
 - face value of the policy;
 - cash surrender value of the policy;

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6. statement from real estate agent showing that the assistance unit is making a bonafide effort to sell its life use in real property no longer occupied as the unit's home;
 7. document showing the source and intended use of monies obtained in the form of a loan;
 8. mortgage note, installment contract, or annuity showing:
 - the value of the asset;
 - how much income, if any, the asset is producing;
 - whether the asset is accessible;
 - | 9. document showing assistance unit's encumbrances against personal or real property (mortgage, car loan, etc.);
 - | 10. receipts showing income derived from non-home property in determining whether the income is consistent with the fair market value of the property (not needed for AFDC cases);
 - | 11. statement from real estate agency showing that assistance unit is making a bonafide effort to sell non-home property;
 - | 12. statement from a landlord showing:
 - when he or she obtained a security deposit from the assistance unit;
 - the amount of the security deposit;
 - the date he or she returned the deposit to the unit, and the amount returned;
 - | 13. statement from stockbroker showing:
 - value of stock;
 - broker's fee if the stock is sold;
 - | 14. savings bond or statement from bank showing the present value of the bond;

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P-4099.30 | 15. trust document showing:

- amount of money in the trust;
- identity of trustee and beneficiary;
- availability of trust money to beneficiary;
- any income derived from the trust

| 16. motor vehicle records showing:

- the number of vehicles registered to the assistance unit;
- age and make of the vehicles;
- assessed value of the vehicles;

| 17. NADA book showing fair market and trade-in values of vehicle;

| 18. statement from dealer or other reliable source such as licensed mechanic or authorized garage if the assistance unit claims the value of the vehicle is less than the Department computes the value to be;

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Date: 02-13-01**Transmittal: UP-01-04****4099.35**

Section:
Eligibility Process**Type:**
POLICY

Chapter:
Verification**Program: MAABD**

Subject:
Undue Hardship - MCCA Spouses

4099.35 A. The Department requires the applicant to verify the following:

1. that he or she has been threatened with eviction from the long term care facility due to non-payment of the cost of care; and
2. that the assets of the community spouse are unavailable to the institutionalized spouse because:
 - a. the location of community spouse is unknown; or
 - b. the community spouse is unable, after reasonable efforts have been made, to provide information regarding his or her assets due to circumstances beyond his or her control; or
 - c. the community spouse is incompetent and is unwilling or unable to provide the information; and
3. the amount of institutionalized spouse's counted assets is equal to or less than the asset limit; and
4. the institutionalized spouse has executed an assignment of support rights.

- B. If the above listed factors cannot be verified, the determination of undue hardship is not made.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 10-1-89

Transmittal: UP-92-20

P-4099.35

Section:
Eligibility Process

Type:
PROCEDURES

Chapter:
Verification

Program:
MAABD

Subject:
Undue Hardship - MCCA Spouses

P-4099.35 If the institutionalized spouse claims undue hardship exists in respect to deemed assets from the community spouse, accept the following as examples of methods of verification:

1. oral or written verification from the facility regarding threatened eviction due to non-payment of the cost of care;
2. documents indicating that the community spouse's assets are unavailable to the institutionalized spouse;
3. any corroborating oral or written information from third parties indicating that the community spouse's assets are unavailable to the institutionalized spouse;
4. all acceptable forms of verification listed in P-4099 regarding the total amount of the institutionalized spouse's counted assets;
5. a copy of the assignment of support rights or other corroborating oral or written statements to that effect;
6. legal records, medical records, or other corroborating evidence attesting to the community spouse's incompetence, if such a claim is made;
7. affidavits attesting to any of the above factors as well as the following, as appropriate:
 - the lack of knowledge by the institutionalized spouse regarding the location of his or her spouse;
 - the inability of the community spouse to provide information regarding his or her assets.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 1-1-94	Transmittal: UP-94-30	4500
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Section:	Type:		
Standards of Assistance			POLICY

Chapter:	Program:		
			AFDC
			AABD
			MA
Subject:			FS

4500 Standards of Assistance discusses specific need standards and income limits associated with the cash, medical and Food Stamp programs. Need and income standards are used to determine income eligibility and the amount of assistance to which an assistance unit is entitled.

This section describes what is included in the standard of need for AFDC and AABD, and the amounts of the standard of need for each program. Also included are the provisions for eligibility for special needs. The standard of need and special needs standards are used in the determination of income eligibility (cross reference: 5500) and in the calculation of benefits (cross reference: 6000).

This section also includes the retroactive consideration of needs, the regional breakdown of the State, and how to determine basic needs and special needs.

This section includes the following chapters:

- 4505 Need and Income Standards
- 4510 Standard of Need - AFDC
- 4515 Special Needs - AFDC
- 4520 Basic Needs - AABD
- 4525 Special Needs - AABD
- 4530 Medical Assistance Income Standards
- 4535 Food Stamp Eligibility Standards
- 4599 Verification

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 12-1-02	Transmittal: UP-02-20	4500.01
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Section: Standards of Assistance	Type: POLICY
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Chapter:	Program: AFDC AABD MA FS
-----------------	--

Subject:
Definitions

4500.01 Adult Family Living Homes

- | Adult family living homes are adult foster care homes, approved by the Department, for elderly, blind or disabled individuals who without the services provided would require institutionalization. Adult family living homes provide lodging, meals, assistance with activities of daily living and other activities including, but not limited to, shopping, laundry, housekeeping and transportation.
- |

Calendar Year

A period of twelve consecutive months beginning with January 1 and ending December 31.

Catastrophic Event

A catastrophic event is a natural or other disaster over which the individual or family has no control, and which renders the individual's or family's residence uninhabitable, as determined by local or state officials or by the Department.

Commercial Housing

Commercial housing is any residential building, other than an apartment building, which contains at least three rental units.

Department of Mental Health and Addiction Services (DMHAS) Sanctioned Supervised Apartment

A Department of Mental Health and Addiction Services (DMHAS) sanctioned supervised apartment is a DMHAS approved residence where a private mental health agency provides on-site services.

Emergency Housing

Emergency Housing is housing which serves as a temporary shelter until permanent housing is secured, including, but not limited to, commercial lodging, shelters for the homeless and shelters for victims of domestic violence. Emergency housing shall not include temporary residence with a friend or a relative.

Essential

Essential means necessary to the health and well-being of individuals or to the attainment of self-sufficiency as determined by the Department.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-92

Transmittal: UP-92-25

4500.01 page 2

Section:

Standards of Assistance

Type:

POLICY

Chapter:

Program:

**AFDC
AABD
MA
FS**

Subject:

Definitions

4500.01 Fuel

Fuel is electricity, natural gas, petroleum, petroleum products, coal and coal products or wood.

Independent Community Living

Independent community living is any type of living arrangement which is not a licensed room and board facility or medical or penal institution.

Licensed Boarding Facility

A licensed boarding facility is a community group home, training home, family care home, private boarding home or other residential facility licensed by the State Department of Mental Retardation, Department of Children and Youth Services, Department of Mental Health, Department of Health or other state agency, which at a minimum provides lodging and meals to various groups of elderly, blind or disabled individuals.

Meals on wheels

Meals on wheels is a community sponsored program designed to provide nutritious and well-balanced meals to individuals living in the community.

Needs

Needs are essential items recognized by the Department to be required for the daily living, health and well-being of individuals for which the Department has determined a specific monetary value.

Needs Budget

The needs budget is the itemized summary of basic and special need standards of the State Supplement Programs.

Needs Group

Needs group is the group of persons comprising the assistance unit and certain other persons whose basic needs are added to the total needs of the assistance unit members when determining the income eligibility of the assistance unit.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-92

Transmittal: UP-92-25

4500.01 page 3

Section:

Standards of Assistance

Type:

POLICY

Chapter:

Program:

AFDC

AABD

MA

FS

Subject:

Definitions

4500.01 New Horizons

New Horizons is a nonprofit, nonsectarian corporation which provides independent community living arrangements and related services to severely physically disabled adults. Basic housing is provided in the form of independent apartment units with separate metering of heating fuel and utility costs, and is designed to accommodate family groups.

Occurrence of Emergency Housing

An occurrence of emergency housing is entry into emergency housing.

Permanent Housing

Permanent housing is housing which is intended to be a residence for the foreseeable future.

Primary Heat Source

A primary heat source is the type of fuel which supplies the main method of heating a residence.

Private Fuel Supplier

A private fuel supplier is a privately operated business or corporation engaged in the retail sale and delivery of fuel.

Public Housing

Public Housing is an apartment building or complex which is not privately developed, where the apartment unit rather than the tenant is subsidized by a state, federal, or municipal housing program.

Public Service Company

A public service company is a public utility company which is not a private fuel supplier or municipal corporation, and is enjoined by state law from refusing to provide utility service to a residential customer based on the inability of the customer to pay a security deposit.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 02-13-01

Transmittal: UP-01-04

4500.01 page 4

Section:	Type:	
Standards of Assistance		POLICY
Chapter:	Program:	AFDC
		AABD
		MA
Subject:		FS
Definitions		

4500.01 Rated Housing Facility

A rated housing facility is a licensed boarding facility, New Horizons or other living arrangement for which the Department has regulatory authority to establish rate standards for the housing cost charged to assistance units that are residents of the housing unit.

Section 8 Subsidy

A Section 8 Subsidy is a federally assisted housing program established by the US Housing Act of 1937, which subsidizes the rent payments of individuals, or the operating costs of apartment buildings or complexes.

Special Needs

Special needs are needs other than basic needs which are recognized by the Department as essential to the health and well-being of a particular assistance unit. Special needs may be recurrent or nonrecurrent.

Standard of Assistance

A standard of assistance is a rate established by the Department for a particular item of need or consolidated group of need items.

Standard of Need

The standard of need is a monthly dollar amount deemed necessary to meet basic needs which are recognized by the Department as predictable, recurrent, and common to all individuals within a particular assistance program category.

Thrifty Food Plan

The Thrifty Food Plan is the table of maximum coupon benefits of the Food Stamp program. It represents the minimum expenditure for food that is required to meet the basic monthly nutritional needs of assistance units of equal size.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 1-1-88

Transmittal: UP-88-1

4500 – Appendix I

Section:

Standards of Assistance

Type:

POLICY

Program:

**AFDC
AABD**

Essential Household Furniture, Furnishings, Appliances and Clothing

The following tables list the household items and articles of clothing that the Department considers as essential to the health and well-being of individuals and families. Listed are the specific items, allowable quantities, and cost standards.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 1-1-88

Transmittal: UP-88-1

4500 – Appendix I, Page 2

Section:

Standards of Assistance

Type:

POLICY

Program:

**AFDC
AABD**

Essential Furniture

<u>Item</u>	<u>Quantity</u>		<u>Cost Standard (per item)</u>	
			<u>Twin</u>	<u>Full</u>
Bed: frame	(1)	bed space per person so that no more than two	\$ 35.00	\$ 35.00
box spring		persons use a full bed and children of different	\$ 58.00	\$ 76.00
mattress		sexes do not share the same bed.	\$ 58.00	\$ 76.00
Crib and Mattress	(1)	per infant under 2 years of age	\$ 95.00	
Dinette set				
(used): table	(1)	per assistance unit	\$ 80.00	
chairs	(1)	per assistance unit member (non-infants)	\$ 10.00	
Chest of Drawers	(1)	minimum per assistance unit and enough to allow		
(4 drawers used)		two drawers per assistance unit member	\$ 60.00	
Lamp	(1)	per assistance unit	\$ 20.00	
High-chair (used)	(1)	per infant to a maximum of two per assistance unit	\$ 18.00	
Living Room Chair	(1)	per assistance unit	\$ 50.00	
(used)				
Sofa (used)	(1)	per assistance unit	\$146.00	

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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4500 – Appendix I, Page 3

Section:

Standards of Assistance

Type:

POLICY

Program:

**AFDC
AABD**

Essential Furnishings

<u>Item</u>	<u>Quantity</u>	<u>Cost Standard (per item)</u>	
Towels: hand	(2) per assistance unit member	\$ 2.00	
bath	(2) per assistance unit member	\$ 7.00	
Bedding supplies:			
pillow	(1) per assistance unit member	\$10.00	
pillowcase set	(1) per assistance unit member	\$ 8.00	
		<u>Twin</u>	<u>Full</u>
blanket	(2) per bed	\$15.00	\$18.00
sheet set	(2) sets per bed	\$11.00	\$15.00
pad	(1) pad per bed	\$10.00	\$14.00
Cooking utensils	(1) set per assistance unit	\$30.00	
Silverware (service for 8)	(1) per assistance unit	\$17.00	
Dishes (service for 8)	(1) per assistance unit	\$26.00	
Dish towel (set of 3)	(1) per assistance unit	\$ 4.50	
Glassware (service for 8)	(1) per assistance unit	\$10.00	
Ironing board	(1) per assistance unit	\$18.00	
Window shades	(1) per window	\$ 5.00	

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Date: 1-1-88

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4500 – Appendix I, Page 4

Section:

Standards of Assistance

Type:

POLICY

Program:

**AFDC
AABD**

Essential Appliances

<u>Item</u>	<u>Quantity</u>	<u>Cost Standard (per item)</u>
Iron	(1) per assistance unit	\$ 18.00
Range (used)	(1) per assistance unit	\$150.00
Refrigerator	(1) per assistance unit	\$180.00
Washing machine (used)	(1) per assistance unit	\$160.00
Miscellaneous		Essentials

<u>Item</u>	<u>Quantity</u>	<u>Cost Standard (per item)</u>
Baby carriage or Stroller (used)	(1) per assistance unit	\$ 35.00
Garbage can	(1) per assistance unit	\$ 5.00

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 1-1-88

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4500 – Appendix I, Page 5

Section:

Standards of Assistance

Type:

POLICY

Program:

**AFDC
AABD**

Essential Articles of Clothing

The clothing table below lists the quantity and cost standards per item in dollars of essential clothing for each eligible assistance unit member. Individuals are grouped according to the following age categories:

Infant – Under 4 years old

Child – 4-12 years old

Teen – 13-18 years old

Adult – 19 years or older

Clothing Item	Infant		Child		Teen Male		Teen Female		Adult Male		Adult Female	
	Qty	Cost	Qty	Cost	Qty	Cost	Qty	Cost	Qty	Cost	Qty	Cost
<u>UNDER GARMENTS</u>												
Under Shirts	3	\$ 1.25	3	\$ 1.50	3	\$ 2.00			3	\$ 2.00		
Bras							2	\$ 4.00			2	\$ 7.00
Underpants, shorts or training shorts	4	\$ 1.25	4	\$ 1.50	3	\$ 2.00	3	\$ 2.00	3	\$ 2.00	3	\$ 2.00
Slips	1	\$ 4.00	1	\$ 4.00			2	\$ 6.00			2	\$ 6.00
Pajamas	2	\$ 4.00	2	\$ 6.00	2	\$ 8.00	2	\$ 8.00	2	\$ 9.00	2	\$ 9.00
Bathrobe	1	\$ 8.00	1	\$ 8.00	1	\$12.00	1	\$10.00	1	\$16.00	1	\$14.00
Waterproof Panties	2	\$ 1.50										
Girdle											1	\$12.00
Pantyhouse							2	\$ 2.00			2	\$ 2.00
<u>FOOTWARE</u>												
Socks	3	\$.80	3	\$ 1.00	4	\$ 1.40	3	\$ 1.40	4	\$ 1.40	3	\$ 1.40
Stocking							2	\$ 1.60			2	\$ 1.60
Shoes	1	\$10.00	1	\$10.00	1	\$18.00	1	\$17.00	2	\$20.00	2	\$22.00
Playshoes	1	\$ 6.00	1	\$ 6.00	1	\$15.00	1	\$14.00				
Rubbers	1	\$ 2.50	1	\$ 6.00	1	\$ 7.00	1	\$ 7.00				
Bedroom Slippers	1	\$ 4.00	1	\$ 6.00	1	\$ 6.00	1	\$ 6.00	1	\$ 6.00	1	\$ 6.00
Winter Boots	1	\$ 8.00	1	\$12.00	1	\$14.00	1	\$14.00	1	\$16.00	1	\$16.00

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Date: 1-1-88

Transmittal: UP-88-1

4500 – Appendix I, Page 6

Section:

Standards of Assistance

Type:

POLICY

Program:

**AFDC
AABD**

Essential Articles of Clothing

Clothing Item	Infant		Child		Teen Male		Teen Female		Adult Male		Adult Female	
	Qty	Cost	Qty	Cost	Qty	Cost	Qty	Cost	Qty	Cost	Qty	Cost
<u>OUTERWEAR</u>												
Spring coat or light jacket	1	\$14.00	1	\$16.00	1	\$20.00	1	\$20.00	1	\$ 20.00	1	\$20.00
Snow suit with hood	1	\$20.00										
Winter Coat			1	\$30.00	1	\$45.00	1	\$45.00	1	\$45.00	1	\$45.00
Sweater	2	\$8.00	2	\$11.00	2	\$14.00	2	\$14.00	2	\$14.00	2	\$14.00
Suit – male			1	\$32.00	1	\$40.00			1	\$70.00		
Dress – female	1	\$11.00	1	\$16.00			2	\$20.00			2	\$20.00
Sport Shirt, jersey or blouse	2	\$ 4.00	2	\$ 6.00	2	\$ 9.00	2	\$11.00	2	\$11.00	2	\$12.00
Dress shirt or blouse			1	\$ 9.00	1	\$11.00	1	\$14.00	1	\$14.00	1	\$14.00
Skirt or slacks					1	\$16.00	1	\$17.00	1	\$20.00	1	\$20.00
Casual slacks or shorts			1	\$12.00	1	\$16.00	1	\$17.00	1	\$16.00	1	\$18.00
Jeans or playsuit	3	\$ 8.00	3	\$ 8.00	1	\$16.00	1	\$16.00	1	\$16.00	1	\$16.00
Rain coat	1	\$ 6.00	1	\$ 6.00	1	\$ 9.00	1	\$ 9.00	1	\$15.00	1	\$15.00
Winter hat	1	\$ 3.00	1	\$ 4.00	1	\$ 6.00	1	\$ 8.00	1	\$ 6.00	1	\$ 8.00
Mittens or gloves	1	\$ 4.00	1	\$ 4.00	1	\$ 6.00	1	\$ 6.00	1	\$ 6.00	1	\$ 6.00
Scarf	1	\$ 4.00	1	\$ 4.00	1	\$ 8.00	1	\$ 8.00	1	\$ 8.00	1	\$ 8.00

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 1-1-88**Transmittal: UP-88-1****4500 – Appendix I, Page 7**

Section:**Standards of Assistance****Type:****POLICY**

Program:**AFDC**

Minimum Layette

Layette items that have been lost or destroyed as a result of a catastrophic event or eviction can be replaced in the following amount for each infant assistance unit member under 2 years of age.

<u>Item</u>	<u>Quantity</u>	<u>Cost Standard (per item)</u>
Diapers (dozen)	3	\$ 8.00
Shirts (3 pack)	2	\$ 4.00
Nightgown	4	\$ 2.50
Waterproof panties	3	\$ 1.50
Receiving Blanket (set of 2)	1	\$ 4.00
Blanket	1	\$ 6.00
Nursing bottles – 8 oz.	6	\$.75
Nursing bottles – 4 oz.	4	\$.75

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88	Transmittal: UP-88-1	4505
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Section:	Type:
Standards of Assistance	POLICY

Chapter:	Program:	AFDC
Need and Income Standards		AABD
		MA
Subject:		FS

4505 This chapter discusses basic principles relating to need and income standards and specific rules concerning their application in the determination of eligibility or benefit level.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-94	Transmittal: UP-93-43	4505.05
Section: Standards of Assistance	Type:	POLICY
Chapter: Need and Income Standards	Program:	AFDC AABD MA FS
Subject: Standards of Assistance		

- 4505.05 A. Need and income standards are expressed in terms of specific money amounts.
- B. Need and income standards represent fixed limits that may not be reduced or exceeded unless otherwise specified by the provisions of this section.
- C. Standards of assistance are used in:
1. The determination of income eligibility (cross reference: 5500); and
2. The calculation of the level of benefits. (cross reference: 6000).

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-94**Transmittal: UP-93-43****P-4505.05**

Section:
Standards of Assistance**Type:**
PROCEDURES

Chapter:
Need and Income Standards**Program:** **AFDC**
 AABD

Subject:
Determining Need Standard

- P-4505.05 1. Determine the appropriate standard of need for the assistance unit, based on the size of the needs group.
2. Discuss special needs with the assistance unit.
3. Determine which special needs are required by the assistance unit.
4. Determine the amount of the special need.
5. For AABD, add all applicable special needs to the standard of need to determine eligibility.
6. For AFDC, add all applicable special needs to the AFDC need standard for the gross income test and the determination of the period of ineligibility due to a lump sum. See Gross Income Test at 5520 and Treatment of Lump Sums at 5050.
7. In the applied income test and when calculating benefits for AFDC, add in special needs to the benefit amount after the reducing percentage is applied. See Applied Income Test at 5520 and Calculation of Benefits at 6005.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-94	Transmittal: UP-93-43	4505.10
Section: Standards of Assistance	Type: POLICY	
Chapter: Need and Income Standards	Program: AFDC AABD	
Subject: Need Standards		

4505.10 A. Provisions

1. The Department recognizes certain essential expenses as need requirements in the cash assistance programs.
2. Needs vary:
 - a. by program; and
 - b. according to the circumstances of a particular assistance unit.
3. Needs include:
 - a. the standard of need which is considered common to all assistance units within the same program category; and
 - b. special needs that relate to the specific needs of a particular assistance unit.
4. For AFDC:
 - a. The standard of need is used in the applied income test;
 - b. The standard of need plus special needs are used in the gross income test and when determining the period of ineligibility when the assistance unit is in receipt of a lump sum.
5. For AABD:
 - a. The sum of the standard of need and special needs:
 - (1) is rounded down to the next lower whole dollar; and
 - (2) equals the total need requirement of the assistance unit.
 - b. Applied income is always compared to the total needs when determining income eligibility and the amount of assistance.
6. The Department recognizes only those needs for which a standard has been established in this section.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-94

Transmittal: UP-93-43

4505.10 page 2

Section:

Standards of Assistance

Type:

POLICY

Chapter:

Need and Income Standards

Program:

**AFDC
AABD**

Subject:

Need Standards

4505.10 B. Budgeting Needs

1. In order to be considered in the determination of eligibility or benefit level, a need must have been incurred:
 - a. in or following the month of application; and
 - b. while the assistance unit is living in the State of Connecticut.
2. Expenses incurred prior to the month of application or while an assistance unit is living out of state are not considered when budgeting needs.
3. For the purpose of budgeting, a need is considered to have been incurred when a service is performed or when an assistance unit becomes liable for the need expense.
4. The standard of need and recurrent special needs are budgeted monthly on an ongoing basis.
5. Nonrecurrent special needs are budgeted in the month assistance is requested for the cost of the special need, even if payment is provided by the Department in a subsequent month.
6. When information is received that an assistance unit has an increase in needs, the Department will increase benefits effective the later of the following:
 - a. the first day of the month in which needs increased; or
 - b. the first day of the month preceding the month in which the Department received information that needs increased.

C. Determining Special Needs

Eligibility for special needs must be determined at the following times:

1. When a verbal or written statement is received by the department, requesting a specific special need; or
2. When the department is presented with information that allows an eligibility determination to be made for a special need item.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-94	Transmittal: UP-93-43	4510
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Section: Standards of Assistance	Type: POLICY
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Chapter: Standard of Need	Program: AFDC
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Subject:

4510 This chapter discusses the items represented in the consolidated standard of need which incorporates all of the basic needs recognized for AFDC assistance units by the Department. The Department pays a percentage of the standard of need.

Also included are the provisions for the Standard of Need, the regional breakdown of the State, the amounts of the Standard of Need and how they are determined.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-94**Transmittal: UP-93-43****4510.05**

Section:**Standards of Assistance****Type:****POLICY**

Chapter:**Standard of Need****Program:****AFDC**

Subject:**The Monthly Standard of Need**

- 4510.05 A. The standard of need requirements of AFDC assistance units are consolidated into a uniform monthly basic needs standard.
- B. The following basic need items are represented in the consolidated standard:
- | | |
|--|---|
| a. appliances and appliance installation | l. life, hospital and personal health insurance premiums |
| b. basic telephone service and normal installation | m. non-medical public and private transportation |
| c. carrying charges on home owned property | n. personal incidentals |
| d. chore service | o. refuse collection |
| | p. repair of furnishings, furniture and appliances |
| e. clothing | |
| f. food | q. repair of household items |
| g. fuel | r. scout uniforms |
| h. furniture and home furnishings | s. shelter |
| i. household supplies | t. school expenses |
| j. installment payments on personal and small loans | u. summer campership not medically related |
| | v. therapeutic dietary costs |
| k. laundry | w. utilities and utility shutoff |
- C. The AFDC standard of need is inviolate. It may not be reduced or prorated for any reason including:
1. the presence in the home of a non-legally responsible individual; or
 2. the assistance unit not incurring a separate or identifiable expense for a need item contained in the standard; or
 3. the payment of a special need benefit by the Department.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-94

Transmittal: UP-93-43

4510.05 page 2

Section:

Standards of Assistance

Type:

POLICY

Chapter:

Standard of Need

Program:

AFDC

Subject:

The Monthly Standard of Need

- 4510.05 D. The standard of need varies according to the following criteria but is otherwise uniform for all AFDC assistance units:
1. the region of the state in which the assistance unit currently resides; and
 2. in direct proportion to the number of members of the needs group.
- E. AFDC assistance units are entitled to have the appropriate standard of need considered in the determination of eligibility and the amount of assistance.
- F. The standard of need is added to the sum of the special needs for the gross income test and to determine the period of ineligibility when the assistance unit is in receipt of a lump sum. (Cross-reference: Gross Income Test 5520; Lump Sums 5050)
- G. When doing the applied income test and benefit calculation, special needs are added to the benefit amount that is determined after the reducing percentage has been applied. (Cross-reference: Applied Income Test 5520; Calculation of Benefits 6005)

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-94**Transmittal: UP-93-43****P-4510.05**

Section:**Standards of Assistance****Type:****PROCEDURES**

Chapter:**Standard of Need****Program:****AFDC**

Subject:**Determining Standard of Need**

- P-4510.05
1. Determine the number of eligible members of the assistance unit (Cross reference: Assistance Unit Composition: 2000).
 2. Determine the number of deemors who are members of the needs group. (Cross reference: Income Eligibility 5500).
 3. Add the number of assistance unit members to the number of deemors from step 2. to determine the total number of individuals in the needs group.
 4. Determine the appropriate region in which the assistance unit resides by looking at the regional breakdown in policy.
 5. Compare needs group size and region to the Standard of Need in Section 4510.15 to determine the monthly amount of basic needs.

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Date: 1-1-94	Transmittal: UP-93-43	4510.10
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Section: Standards of Assistance	Type: POLICY
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Chapter: Standard of Need	Program: AFDC
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Subject: Regions

4510.10 A. Provisions

1. The State of Connecticut is divided into three geographic regions on the basis of a similarity in the cost of housing.
2. Separate standards of need are established for each state region.
3. The standard of need which is applicable to a particular assistance unit is based on:
 - a. the current region of residence; and
 - b. the appropriate needs group size.

B. Regional Breakdown

The regional breakdown of the state by cities and towns is as follows:

1. Region A

Bethel
Bridgewater
Brookfield
Danbury
Darien
Greenwich
New Canaan
New Fairfield
New Milford
Newtown
Norwalk
Redding
Ridgefield
Roxbury
Sherman
Stamford
Washington
Weston
Westport
Wilton

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Section:
Standards of Assistance

Type:
POLICY

Chapter:
Standard of Need

Program: AFDC

Subject:
Regions

4510.10 B. Regional Breakdown (continued)

2.	<u>Region B</u>	<u>Region B</u>	<u>Region B</u>	<u>Region B</u>
	Andover	Enfield	New London	Voluntown
	Ashford	Essex	North Branford	Wallingford
	Avon	Fairfield	North Haven	Waterford
	Berlin	Farmington	N.Stonington	Westbrook
	Bethany	Franklyn	Norwich	West Hartford
	Bloomfield	Glastonbury	Old Lyme	West Haven
	Bolton	Granby	Old Saybrook	Wethersfield
	Bozrah	Griswold	Orange	Willington
	Branford	Groton	Plainfield	Windham
	Bridgeport	Guilford	Plainville	Windsor
	Bristol	Haddam	Plymouth	Windsor Locks
	Brooklyn	Hamden	Pomfret	Woodbridge
	Burlington	Hampton	Portland	Woodstock
	Canterbury	Hartford	Preston	
	Canton	Hebron	Putnam	
	Chaplin	Killingly	Rocky Hill	
	Chester	Killingworth	Salem	
	Clinton	Lebanon	Scotland	
	Colchester	Ledyard	Shelton	
	Columbia	Lisbon	Simsbury	
	Coventry	Lyme	Somers	
	Cromwell	Madison	Southington	
	Deep River	Manchester	South Windsor	
	Durham	Mansfield	Sprague	
	Eastford	Marlborough	Stafford	
	East Granby	Meriden	Sterling	
	East Haddam	Middlefield	Stonington	
	East Hampton	Middletown	Stratford	
	East Hartford	Milford	Suffield	
	East Haven	Monroe	Thompson	
	East Lyme	Montville	Tolland	
	Easton	New Britain	Trumbull	
	East Windsor	New Haven	Union	
	Ellington	Newington	Vernon	

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Section:
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Type:
POLICY

Chapter:
Standard of Need

Program:
AFDC

Subject:

Regions

4510.10 B. Regional Breakdown (continued)

3. Region C

Ansonia
Barkhamsted
Beacon Falls
Bethlehem
Canaan
Cheshire
Colebrook
Cornwall
Derby
Goshen
Hartland
Harwinton
Kent
Litchfield
Middlebury
Morris
Naugatuck
New Hartford
Norfolk
North Canaan
Oxford
Prospect
Salisbury
Seymour
Sharon
Southbury
Thomaston
Torrington
Warren
Waterbury
Watertown
Winchester
Wolcott
Woodbury

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Date: 7-01-07 Transmittal: UP-08-05 4510.15

Section: Standards of Assistance Type: POLICY

Chapter: Standard of Need Program: AFDC

Subject: AFDC Standards of Need

4510.15 The standard of need for the basic need requirements of an AFDC assistance unit is the following amount for the appropriate region and assistance unit size:

AFDC STANDARDS OF NEED

Assistance Unit Size	Region A	Region B	Region C
1	\$569	\$472	\$472
2	\$725	\$627	\$627
3	\$899	\$768	\$758
4	\$1048	\$903	\$880
5	\$1181	\$1033	\$1002
6	\$1322	\$1169	\$1139
7	\$1470	\$1320	\$1279
8	\$1617	\$1458	\$1416
9	\$1736	\$1579	\$1536
10	\$1896	\$1725	\$1710
11	\$1972	\$1799	\$1781
12	\$2140	\$1972	\$1953
13	\$2192	\$2048	\$2005
14	\$2346	\$2174	\$2159
15	\$2479	\$2309	\$2294
16	\$2553	\$2381	\$2365
17	\$2662	\$2491	\$2474
18	\$2772	\$2602	\$2584
19	\$2881	\$2709	\$2695
20	\$2992	\$2821	\$2805

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Date: 3-1-91	Transmittal: UP-91-8	4515
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Section: Standards of Assistance	Type: POLICY
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Chapter: Special Needs	Program: AFDC
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Subject:

4515 This chapter describes the types of special needs available to the particular assistance unit under the AFDC program, and the conditions and limits which are applied to special needs.

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Date: 02-13-01

Transmittal: UP-01-04

4515.05

Section:
Standards of Assistance

Type:
POLICY

Chapter:
Special Needs

Program:
AFDC

Subject:
Emergency Housing

4515.05 A. Provisions

1. Emergency housing is recognized by the Department as a special need when the assistance unit cannot remain in permanent housing and:
 - a. the assistance unit is not able to move into permanent housing on the same day that the existing housing is lost; and
 - b. the reason for the loss of housing meets one of the conditions specified in A. 2.; and
 - c. the assistance unit is not receiving relocation assistance under the State Uniform Relocation Assistance Act despite having made reasonable efforts to apply for such assistance. For purposes of this section, receiving relocation assistance means being placed by the town welfare agency in temporary or permanent housing.
2. The reason for the assistance unit's being unable to remain in permanent housing must be one of the following:
 - a. a judgment has been entered against the assistance unit in a summary process action instituted pursuant to Chapter 832 of the Connecticut General Statutes, provided that the action was not based on criminal activity of the assistance unit; or
 - b. the recipient has left the current housing arrangement to escape domestic violence; or
 - c. a judgment has been entered against the assistance unit in a foreclosure action pursuant to Chapter 846 of the Connecticut General Statutes and the time limit for redemption has passed; or
 - d. the assistance unit is required to relocate by local health or building officials because:
 - (1) a child in the assistance unit or under the unit's supervision has been found to have either:
 - (a) a level of lead in the blood equal to or greater than 20 micrograms per deciliter; or
 - (b) any other abnormal body burden of lead; and
 - (2) the local director of health has determined that the source of the lead poisoning is the assistance unit's residence; or

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POLICY

Chapter:
Special Needs

Program:
AFDC

Subject:
Emergency Housing

4515.05 A. 2. Provisions (continued)

- e. a catastrophic event has rendered the current housing uninhabitable as determined by appropriate state or local officials or by the Department; or
- f. the assistance unit has been ordered to vacate current housing by a local code enforcement official; or
- g. the assistance unit left a shared living arrangement when the primary tenant:
 - (1) is in the process of being evicted, or
 - (2) has received a preliminary notice from the landlord under Section 47a-15 of the General Statutes, or
 - (3) has received a notice to quit due to termination of a rental agreement for lapse of time, or
 - (4) is engaged in criminal activity; or
- h. the assistance unit was illegally locked out of the current living arrangement by the landlord and has filed a complaint with the police concerning such lockout.

B. Special Need Application

Application for the special need of emergency housing must be made within 45 days of the loss of permanent housing.

C. Limitation of Coverage

1. Eligible families entering emergency housing **on or after July 1, 1992** may receive this special need for not more than one occurrence during a calendar year and not more than **sixty days** per occurrence. Eviction from one emergency housing location and subsequent entry into another emergency housing location constitutes one occurrence.
2. If the assistance unit is in a hotel or motel, this special need can be included only when the assistance unit's inability to remain in permanent housing is because of a catastrophic event.

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Special Needs

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AFDC

Subject:

Emergency Housing

4515.05 D. Assistance Unit Requirements

As a condition of eligibility for this special need, the assistance unit must:

1. agree to make reasonable efforts to locate permanent housing; and
2. accept less costly, reasonable, alternative emergency housing when requested to do so by the Department; and
3. accept permanent housing if it was constructed, renovated or rehabilitated with state or federal financial assistance.

E. Standard of Assistance

The standards of assistance for emergency housing are the following:

1. for assistance units in private non-profit shelters, the actual amount charged, not to exceed \$14.00 per night per person;
2. for assistance units in locations other than private non- profit shelters, the per diem rate, including tax, not to exceed charges for the same or similar housing which the provider would normally charge the general public, up to a maximum of \$42.00.
 - a. The Department pays up to the maximum when the assistance unit uses an apartment as emergency housing regardless of the number of rooms in the apartment.
 - b. The Department pays up to the maximum on a per room basis when the assistance unit uses a location such as a hotel or motel as emergency housing provided the number of rooms used does not exceed the minimum number of rooms required by local fire codes for the number of assistance unit members involved.

F. Referrals

The Department refers assistance units denied the special need, or still in emergency housing at the end of the coverage period, to the Department of Human Resources for emergency shelter services.

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Type:
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Chapter:
Special Needs

Program:
AFDC

Subject:
Determining Eligibility for Emergency Housing

- P-4515.05
1. Determine why the assistance unit is requesting emergency housing benefits.
 2. Evaluate whether the reason in step 1 prevents the assistance unit from remaining in its present housing and is an acceptable one under which you may authorize a payment for emergency housing, as described in policy.
 - If not, deny the request for emergency housing and send the assistance unit notice of denial.
 - If the reason in step 1 is an acceptable one, go on to step 3.
 3. Determine whether the assistance unit is receiving relocation assistance under the State Uniform Relocation Assistance Act.
 - If yes, deny the request for emergency housing and send the assistance unit a notice of denial.
 - If not, go to step 4.
 4. Require the assistance unit to apply for relocation assistance. Confirm with the local official that the unit, has, in fact, applied.
 - If the unit does not cooperate, deny the application and send the unit notice of the denial.
 - If the unit has applied but must wait before its eligibility is determined, go on to step 5.
 5. If the assistance unit entered emergency housing prior to July 1, 1992, and the case is still pending as of that date, use the policy in effect immediately prior to July 1, 1992 to determine eligibility for emergency housing benefits.
 6. If the assistance unit enters emergency housing on or after July 1, 1992, use the policy in effect as of July 1, 1992 to determine eligibility for emergency housing benefits.
 7. If the assistance unit has already received emergency housing benefits during one occasion this calendar year, deny the request and send the unit a notice of denial. If not, go on to step 8.
 8. Determine the last date of eligibility for emergency housing benefits based on the 80 or 60 day limit, whichever is appropriate. Go to step 9.

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Standards of Assistance

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Special Needs

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AFDC

Subject:
Determining Eligibility for Emergency Housing

- P-4515.05 9. Explain the policy to the assistance unit and include an explanation of the time restrictions. Also explain that the Department will make a referral to DHR regarding locating permanent housing. Send the assistance unit a notice of eligibility for Emergency Housing. Remember to include the date eligibility ends, based on the 80 or the 60 day limit, whichever applies.
10. Determine whether the assistance unit prefers to have the special need payment issued as a vendor payment or to have the amount added to the basic need payment.
11. Ask the assistance unit to complete form W-1479, and use it to document the method of payment chosen by the assistance unit.
12. Refer the case, with as much information as is available, to DHR for help in locating permanent housing. Also make a referral to DCYS if there is evidence of danger to minor children as described in policy.
13. Authorize emergency housing payments if the assistance unit qualifies for the special need. For assistance units entering emergency housing on or after July 1, 1992, do not authorize payment for this special need if the assistance unit is in a hotel or motel unless the need for emergency housing is caused by a catastrophic event, as described in policy.
14. Explain to the recipient that, for each month the assistance unit qualifies for emergency housing, the monthly assistance payment will be mailed to the District Office. Inform the recipient that he or she should pick up the check at the D.O. or that DIM will mail the check to the emergency housing address.
15. Use the "ES" puller code so that the check will be pulled for routing to the District Office. Contact the Information Unit in Central Office if the emergency housing mailing address will be located outside the area serviced by your District Office.
16. If the unit begins receiving relocation assistance under the State Uniform Relocation Assistance Act, discontinue the special need payment after sending the assistance unit proper notification. If the recipient's eligibility for Relocation Assistance is still pending, contact the town each month before authorizing another payment.

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PROCEDURES

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Special Needs

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AFDC

Subject:
Determining Eligibility for Emergency Housing

P-4515.05 17. Whenever sending an adverse action notice to the assistance unit regarding eligibility for emergency housing, remember to inform the unit in writing that benefits will not be continued beyond the date established in step 9, even if the unit requests a Fair Hearing within 10 days of the adverse action notice. Add the following text to the notice:

"Benefits will not continue beyond (date), even if you request a Fair Hearing within 10 days of this notice."

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Date: 4-1-88	Transmittal: UP-88-21	4515.10
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Section: Standards of Assistance	Type: POLICY
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Chapter: Special Needs	Program: AFDC AABD
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Subject: Emergency Telephone Installation

4515.10 A. Provisions

1. Installation charges required to obtain telephone service are recognized as a non-recurrent special need requirement if:
 - a. the physical or mental condition of an assistance unit member requires immediate access to a telephone in case of an emergency; and
 - b. there is no operational telephone within the confines of the unit's residence.
2. In order to qualify for telephone installation on the basis of a physical or mental condition, the disorder or disability must be:
 - a. chronic in nature rather than a temporary illness; or
 - b. one that results from a severe injury or illness.
3. The assistance unit is required to provide a statement from an attending physician attesting to the medically related need for a telephone.

B. Standards of Assistance

The standards of assistance for emergency telephone installation is the amount charged for the following services up to the appropriate maximum:

1. the standard residential line service connection charge;
2. a one-time product charge for telephone rental, up to a maximum of \$5.00;
3. the cost of labor, up to a maximum of \$23.00;
4. the cost of one telephone jack, up to a maximum of \$4.00.

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Section:
Standards of Assistance**Type:**
PROCEDURES

Chapter:
Special Needs**Program: AFDC**

Subject:
Determining Need for Emergency Telephone Installation

- P-4515.10
1. Using the principles in the policy, determine if the assistance unit qualifies for the special need.
 2. Document the case record accordingly if a recipient provides a statement from an attending physician.
 3. For the gross income test or calculation of the period of ineligibility due to receipt of a lump sum, calculate total needs by adding the amount authorized to the standard of need. See Gross Income Test at 5520 and Treatment of Lump Sums at 5050.
 4. For the applied income test and the calculation of benefits, add the special need to the benefit amount determined after reducing percentage is applied. See Applied Income Test at 5520 and Calculation of Benefits at 6005.

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Date: 7-1-90**Transmittal: UP-90-16****4515.15**

Section:**Standards of Assistance****Type:****POLICY**

Chapter:**Special Needs****Program:****AFDC**

Subject:**Meals on Wheels**

4515.15 A. Provisions

Meals on Wheels is recognized as a recurrent special need requirement under the following conditions:

1. the assistance unit is unable to prepare meals at home due to the lack of cooking facilities or because of the physical or mental incapacity of the caretaker relative;
2. a casework assessment recommending Meals on Wheels has been completed by a DHR worker.

B. Standards of Assistance

The standards of assistance for Meals on Wheels is \$73.50 per person for one meal and \$147.00 per person for two meals.

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Section:**Standards of Assistance****Type:****PROCEDURES**

Chapter:**Special Needs****Program:****AFDC**

Subject:**Determining Needs for Meals on Wheels**

- P-4515.15
1. Using the principles in policy, determine if the assistance unit qualifies for the special need.
 2. Document the case record accordingly if assessment is received by DHR case worker.
 3. For the gross income test or calculation of the period of ineligibility due to receipt of a lump sum, calculate total needs by adding the amount authorized to the standard of need. See Gross Income Test at 5520 and Lump Sums at 5050.
 4. For the applied income test and the calculation of benefits, add the special need to the benefit amount determined after the reducing percentage is applied. See Applied Income Test at 5520 and Calculation of Benefits at 6005.

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Section: Standards of Assistance	Type: POLICY
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Chapter: Special Needs	Program: AFDC
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Subject: Moving Expenses

4515.20 A. Provisions

1. The cost of moving household furnishings and personal belongings is recognized as a non-recurrent special need when it is necessary for the assistance unit to move to a new permanent residence within the state under one of the following conditions:
 - a. Relocation is required due to the chronic illness of an assistance unit member in order to provide living quarters which are more conducive to the health of the individual.
 - b. Relocation is necessary due to an increase in the shelter cost, provided that the assistance unit's shelter obligation in the new residence does not exceed the rate of the current residence prior to the increase.
 - c. Relocation is due to the need for living quarters which are closer to a place of employment or to a new job site.
 - d. Relocation is necessary provided that the assistance unit is eligible, or would be eligible for emergency housing payments if such assistance were requested.
 - e. Relocation is necessary because the assistance unit is living above its means and has obtained housing at a lower rate.
2. The cost of moving may include reasonable charges for the preparation of the household items.

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Type:

POLICY

Chapter:

Special Needs

Program:

AFDC

Subject:

Moving Expenses

4515.20 A. Provisions (continued)

3. Assistance is not provided for the cost of moving to or from an out-of-state residence.

B. Standards of Assistance

1. The standards of assistance for the cost of moving household goods and personal belongings is the cost submitted by the assistance unit, if it reflects charges for a similar service that the provider would normally charge the general public. If the provider does not regularly provide similar services to the general public, the cost must reflect charges for a similar service that a moving contractor serving the local area normally charges the general public.

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Special Needs

Program:
AFDC

Subject:
Determining Need for Moving Expenses

- P-4515.20
1. Using the principles in policy, determine if the assistance unit qualifies for the special need.
 2. Ask the assistance unit to provide the name and address of the moving provider and one of the following:
 - a copy of the bill noting the service provided and the amount charged
 - an estimate of the cost of the service
 3. If the charges presented are questionable, contact the Department of Public Utility Control, Rate Setting Unit to assess whether the charges are reasonable.
 4. For the gross income test or calculation of the period of ineligibility due to receipt of a lump sum, calculate total needs by adding the amount of the authorized special need to the standard of need. See Gross Income Test at 5520 and Treatment of Lump Sums at 5050.
 5. For the applied income test and the calculation of benefits, add the special need to the benefit amount determined after the reducing percentage is applied. See Applied Income Test at 5520 and Calculation of Benefits at 6005.

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Date: 4-1-88	Transmittal: UP-88-21	4515.25
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Section: Standards of Assistance	Type: POLICY
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Chapter: Special Needs	Program: AFDC
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Subject: Repair or Replacement of Essential Household Items

4515.25 A. Provisions

1. The cost of repairing or replacing essential household furniture, furnishings or appliances is recognized as a non-recurrent special need requirement when the essential items have been damaged or are unavailable to an assistance unit that is eligible, or would be eligible for emergency housing payments if such assistance were requested.
2. Assistance units are required to file a police report if the need for repair or replacement stems from a theft.

B. Eligible Items

1. Essential household items are limited to:
 - a. the items and cost standards listed in Appendix I of this section; and
 - b. those items immediately needed, and otherwise unavailable to the assistance unit.
2. Assistance is not provided for:
 - a. the repair of items which are not owned by the assistance unit;
 - b. items which are otherwise available in a furnished apartment or through a shared living arrangement;
 - c. items covered by insurance.

C. Home Visit

The Department conducts a home visit upon each request for the repair or replacement of household items, except that if a DHR service worker is involved, a home visit is done at the option of the Department.

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Section:

Standards of Assistance

Type:

POLICY

Chapter:

Special Needs

Program:

AFDC

Subject:

Repair or Replacement of Essential Household Items

4515.25 D. Repair

1. The Department makes a practical decision to repair or replace damaged items.
2. The determination is based on such factors as:
 - a. whether the item is under warranty;
 - b. the period of time required to effect repair;
 - c. a reasonable assessment of value of repairing an old or inadequate item;
 - d. repair versus replacement costs.
3. Assistance units are required to obtain an estimate of the cost of repair for any item that:
 - a. has a replacement cost in excess of \$100.00; and
 - b. is not totally destroyed or obviously damaged beyond repair.
4. Assistance is provided for the cost of obtaining a repair estimate if the estimate is required by the Department.
5. Items are replaced if the cost of repair exceeds the cost of replacement.

E. Standards of Assistance

The standards of assistance for the cost of repairing or replacing essential household items is:

1. the lower of the cost of repair or the standard established in Appendix I for the cost of replacement; and
2. the amount charged for a repair estimate that was obtained at the request of the Department.

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Section:
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Type:
PROCEDURES

Chapter:
Special Needs

Program:
AFDC

Subject:
Determining Need for Repair or Replacement of Essential Household

- P-4515.25
1. Using the principles in policy, and based on the circumstances of the assistance unit, determine if the assistance unit qualifies for the special need.
 2. Document the case record accordingly as to the reason for the request for repair or replacement.
 3. Inform the assistance unit of the requirement to file a police report if the need is due to theft.
 4. Remember to document the case record of the filing of a police report.
 5. Determine if a home visit is necessary.
 6. Using the principles in policy, determine if the item will be repaired or replaced.
 7. If it is decided that the item can be repaired, inform the assistance unit of the requirement to obtain a cost estimate.
 8. If it is determined that the item will be replaced, compare the item needed to the list in Appendix I of the policy section to determine appropriate cost.
 9. Authorize the special need in an amount equal to cost estimate or the standard.
 10. For the gross income test or calculation of the period of ineligibility due to receipt of a lump sum, calculate total needs by adding the amount of the authorized special need to the standard of need. See Gross Income Test at 5520 and Treatment of Lump Sums at 5050.
 11. For the applied income test and the calculation of benefits, add the special need to the benefit amount determined after the reducing percentage is applied. See Applied Income Test at 5520 and Calculation of Benefits at 6005.

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Section: Standards of Assistance	Type: POLICY
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Chapter: Special Needs	Program: AFDC
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Subject: Replacement of Essential Clothing
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4515.30 A. Provisions

1. The cost of purchasing essential clothing is recognized as a non-recurrent special need when essential clothing has been damaged or is unavailable to an assistance unit that is eligible, or would be eligible for emergency housing payments if such assistance were requested.
2. Assistance units are required to file a police report if the need for replacement clothing stems from a theft.

B. Eligible Items

1. Essential clothing is limited to:
 - a. the items and cost standards listed in Appendix I of this section; and
 - b. those items immediately needed and otherwise unavailable to the assistance unit.
2. The Department does not provide assistance for the replacement of clothing if the loss is covered by a insurance plan.

C. Standards of Assistance

The standards of assistance for the cost of replacing essential clothing is the sum of the cost standards for the eligible items listed in Appendix I of this section.

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Section:
Standards of Assistance**Type:**
PROCEDURES

Chapter:
Special Needs**Program:**
AFDC

Subject:
Determining Replacement of Essential Clothing

- P-4515.30 1. Using the principles in policy, and based on the circumstances of the assistance unit, determine if the assistance unit qualifies for the special need.
2. Document the case record of the filing of a police report if the request for replacement of essential clothing stems from theft.
3. Document the case record as to whether or not the assistance unit has insurance coverage.
4. If the assistance unit has no insurance coverage and it is determined that the clothing can be replaced, compare the items needed to the list in Appendix I of the policy section to determine the amount.
5. For the gross test and the calculation of the period of ineligibility due to receipt of a lump sum, calculate total needs by adding the amount of the authorized special need to the standard of need. See Gross Income Test at 5520 and Treatment of Lump Sums at 5050.
6. For the applied income test and the calculation of benefits, add the special need to the benefit amount determined after the reducing percentage is applied. See Applied Income Test at 5520 and Calculation of Benefits at 6005.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-90**Transmittal: UP-90-16****4515.35**

Section:**Standards of Assistance****Type:****POLICY**

Chapter:**Special Needs****Program:****AFDC**

Subject:**Restaurant Meals**

4515.35 A. Provisions

The cost of obtaining restaurant meals is recognized as a non-recurrent special need requirement for the number of days in a given month that an assistance unit:

1. is eligible for and receives emergency housing as a special need; and
2. is required to obtain at least one daily meal from a restaurant due to the lack or inaccessibility of cooking facilities in the emergency housing.

B. Standards of Assistance

The per diem standard for the cost of restaurant meals is \$7.80 per person.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 1-1-94

Transmittal: UP-93-43

P-4515.35

Section:
Standards of Assistance

Type:
PROCEDURES

Chapter:
Special Needs

Program:
AFDC

Subject:
Determining Need for Restaurant Meals

- P-4515.35
1. Using the principles in policy, determine if the assistance unit qualifies for the special need.
 2. Determine the number of days restaurant meals will be needed.
 3. Authorize an amount equal to the number of days multiplied by \$7.80.
 4. If the period of time for the restaurant meals need is unknown, authorize the need on a biweekly basis.
 5. For the gross income test or the calculation of the period of ineligibility due to receipt of a lump sum, calculate total needs by adding the amount of the authorized special need to the standard of need. See Gross Income Test at 5520 and Treatment of Lump Sums at 5050.
 6. For the applied income test and the calculation of benefits, add the special need to the benefit amount determined after the reducing percentage is applied. See Applied Income Test at 5520 and Calculation of Benefits at 6005.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88	Transmittal: UP-88-1	4515.40
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Section: Standards of Assistance	Type: POLICY
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Chapter: Special Needs	Program: AFDC
----------------------------------	-------------------------

Subject: Security Deposit - Heating Service

4515.40 A. Provisions

1. The cost of a security deposit which is required in order to obtain heating service is recognized as a non-recurrent special need requirement if:
 - a. the fuel provider is a private fuel supplier, such as a propane or bottle gas company, that requires an equipment deposit; or
 - b. the provider is a municipal utility company.
2. Security deposits for heating service are not provided for if the fuel supplier is a public service company regulated by the State Department of Public Utility Control.

B. Standards of Assistance

The standards of assistance for a security deposit on heating service is the amount charged to the assistance unit for equipment only, by the provider up to a maximum of \$200.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88

Transmittal: UP-88-1

P-4515.40

Section:

Standards of Assistance

Type:

PROCEDURES

Chapter:

Special Needs

Program:

AFDC

Subject:

Determining Need for Security Deposit - Heating Service

- P-4515.40
1. Using the principles in policy, determine if the assistance unit qualifies for the special need.
 2. Remember that deposits for heating service are not provided for fuel supplies that are regulated by the DPUC.
 3. Authorize an amount as billed, for equipment only, up to \$200.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88	Transmittal: UP-88-1	4515.45
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Section: Standards of Assistance	Type: POLICY
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Chapter: Special Needs	Program: AFDC
----------------------------------	-------------------------

Subject: Security Deposit - Housing

4515.45 A. Provisions

In accordance with the following provisions, the cost of a security deposit is recognized as a non-recurrent special need when a deposit is required for admission to housing.

1. The following assistance units are eligible for payment of a security deposit:
 - a. an assistance unit that:
 - (1) is eligible or would be eligible for emergency housing payments if such assistance were requested; and
 - (2) is in need of a security deposit in order to obtain permanent housing.
2. Assistance units are entitled to assistance for a housing security deposit once in an eighteen calendar month period.
3. The request for payment of a security deposit is denied if the Department determines that the assistance unit cannot be reasonably expected to afford the cost of the housing.

B. Affordable Housing

1. The Department exercises prudent judgement in determining the affordability of housing.
2. The decision on whether or not the housing is affordable is based on factors such as:
 - a. the assistance unit's estimation of its own ability to afford the housing;

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 6-1-88

Transmittal: UP-88-27

4515.45 page 2

Section:

Standards of Assistance

Type:

POLICY

Chapter:

Special Needs

Program:

AFDC

Subject:

Security Deposit - Housing

4515.45 B. 2. Affordable Housing (continued)

- b. the cost of previous housing which the assistance unit has been able to afford;
- c. whether heat or utilities are included in the rent;
- d. contributions from non-assistance unit members who may share the cost of the housing.

C. Standards of Assistance

The standard of assistance for the cost of a security deposit for permanent housing is based on the assistance unit's rental obligation and the status of the housing unit.

- 1. For permanent housing, the cost of which is subsidized by a government agency, the standard is the amount charged up to twice the amount which represents the assistance unit's monthly rental obligation if the rental was not subsidized.
- 2. For unsubsidized permanent housing, the standard is the amount charged up to twice the assistance unit's monthly rental obligation.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-94**Transmittal: UP-93-43****P-4515.45**

Section:
Standards of Assistance**Type:**
PROCEDURES

Chapter:
Special Needs**Program:**
AFDC

Subject:
Determining Need for Security Deposit - Housing

- P-4515.45
1. Using the principles in policy, determine if the assistance unit is eligible for the special need.
 2. Remember to take into account the affordability of the available housing.
 3. If the assistance unit qualifies for payment of a security deposit, authorize an amount up to a maximum of 2 months rent.
 4. For the gross income test or the calculation of the period of ineligibility due to receipt of a lump sum, calculate the total needs by adding the amount of the authorized special need to the standard of need. See Gross Income Test at 5520 and Treatment of Lump Sums at 5050.
 5. For the applied income test and the calculation of benefits, add the special need to the benefit amount determined after the reducing percentage is applied. See Applied Income Test at 5520 and Calculation of Benefits at 6005.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88	Transmittal: UP-88-1	4515.50
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Section: Standards of Assistance	Type: POLICY
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Chapter: Special Needs	Program: AFDC
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Subject: Special School Expenses
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4515.50 A. Provisions

1. Certain educational expenses of a child member of the assistance unit are recognized as a special need requirement under the following conditions:
 - a. When an educational expense is incurred through participation in a course which is offered as part of a child's secondary school education through:
 - (1) a public school; or
 - (2) a private school; or
 - (3) a technical or vocational school; and
 - b. The expenses are for a child attending high school regularly on a full time basis, as determined by the school; and
 - c. The child is attending or has been admitted to the course.
2. Items which qualify as special school expenses are limited to the following:
 - a. fees for special training courses such as shop courses, home economics courses, courses on construction, art, graphic design, etc.; and
 - b. related classroom materials and equipment.
3. Under no circumstances is assistance provided for the cost of tuition for a private, parochial or other school or institution.

B. Standards of Assistance

The standards of assistance for special school expenses is:

1. the actual course fee; and
2. the cost of related equipment and materials up to a maximum of \$25 per course per semester.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 1-1-96**Transmittal: UP-95-34****P-4515.50**

Section:
Standards of Assistance**Type:**
PROCEDURES

Chapter:
Special Needs**Program:**
AFDC

Subject:
Determining Need for Special School Expenses

- P-4515.50
1. Using the principles in policy, determine if an eligible child member of the assistance unit qualifies for the special need.
 2. Authorize the amount up to a maximum of \$25.00 per course per semester as a supplemental payment to the assistance unit.
 3. For the gross income test or the calculation of the period of ineligibility due to receipt of a lump sum, calculate the total needs by adding the amount of the authorized special need to the standard of need. See Gross Income Test at 5520 and Treatment of Lump Sums at 5050.
 4. For the applied income test and calculation of benefits, add the special need to the benefit amount determined after the reducing percentage is applied. See Applied Income Test at 5520 and Calculation of Benefits at 6005.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 5-1-88	Transmittal: UP-88-15	4515.55
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Section: Standards of Assistance	Type: POLICY
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Chapter: Special Needs	Program: AFDC
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Subject: Storage Charges

4515.55 A. Provisions

1. The cost of commercial storage of furnishings, appliances and furniture is recognized as a non-recurrent special need when housing cannot be maintained due to one of the following:
 - a. the hospitalization or out-of-home rehabilitation of the caretaker relative or other member of the assistance unit;
 - b. an event which would qualify the assistance unit for emergency housing as a special need.
2. The cost of storage may include reasonable charges for preparation of the household goods.

B. Limitations

1. The Department provides assistance for the cost of storage for a period not to exceed one of the following:
 - a. the period during which the assistance unit resides in emergency housing or qualifies to reside in emergency housing
 - b. if storage is required because of hospitalization or out-of-home rehabilitation, three calendar months
2. The Department will only pay for storage of appliances, furniture and household goods if the storage facility is designed and used for the purpose of storing goods and is not for residential use.

C. Standards of Assistance

The standards of assistance for the cost of storage of essential furnishings, appliances and furniture is the lower of the two cost estimates provided by the assistance unit.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-94**Transmittal: UP-93-43****P-4515.55**

Section:
Standards of Assistance**Type:**
PROCEDURES

Chapter:
Special Needs**Program:**
AFDC

Subject:
Determining Need for Storage Charges

- P-4515.55
1. Using the principles in policy, determine if the assistance unit qualifies for the special need.
 2. Collect information which identifies the provider of storage. Document the case record with this information.
 3. Determine whether the facility is normally used for storage of furniture and household goods.
 4. If the charges presented appear questionable, contact the provider to determine that the charge to the assistance unit represents an amount which would be charged of the general public for the same service.
 5. For the gross income test and the calculation of the period of ineligibility due to receipt of a lump sum, calculate total needs by adding the amount of the authorized special need to the standard of need. See Gross Income Test at 5520 and Treatment of Lump Sums at 5050.
 6. For the applied income test and the calculation of benefits, add the special need to the benefit amount determined after the reducing percentage is applied. See Applied Income Test at 5520 and Calculation of Benefits at 6005.
 7. Set a tickler for a month prior to the expiration of the storage period.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88	Transmittal: UP-88-1	4520
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Section: Standards of Assistance	Type: POLICY
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Chapter: Basic Needs	Program: AABD
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Subject:

4520 This chapter discusses the two major components of the Basic Needs standard in the AABD Program, the personal needs component and the shelter needs component.

Also included in this chapter is the discussion of the further breakdown of the two components according to the three major living arrangement classifications.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-98

Transmittal: UP-98-31

4520.05

Section:

Standards of Assistance

Type:

POLICY

Chapter:

Basic Needs

Program:

AABD

Subject:

General Requirements

4520.05 A. Classification of AABD Assistance Units

1. The basic need requirements of AABD assistance units vary according to the type of living arrangement in which the unit resides.
2. AABD assistance units are classified by living arrangement into the following categories:
 - a. residents of rated housing facilities;
 - b. residents of housing which is not rated; and
 - c. residents of long term care facilities.
3. Uniform standards are established for assistance units belonging to the same type of housing classification.

B. Need Determination

1. Basic needs of AABD assistance units consist of:
 - a. a consolidated personal needs standard; and
 - b. a shelter standard for permanent housing.
2. The personal need standard is:
 - a. uniform for all assistance units belonging to the same housing classification; and
 - b. not reduced or prorated.
3. The shelter standard varies according to:
 - a. the housing classification; and
 - b. the actual cost of the housing; and
 - c. rates or limits established by the Department.
4. The shelter standard contains basic needs which:
 - a. are recognized by the Department;
 - b. not incorporated into the personal needs standard.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 1-1-88

Transmittal: UP-88-1

4520.05 page 2

Section:

Standards of Assistance

Type:

POLICY

Chapter:

Basic Needs

Program:

AABD

Subject:

General Requirements

4520.05 B. Need Determination (continued)

5. The assistance unit's basic needs are equal to the sum of the personal and shelter need standards.

C. Multiple Living Arrangements

1. The basic need requirements in any month in which an assistance unit resides in a rated housing facility and non-rated housing are determined by combining:
 - a. the highest applicable personal need standard for the calendar month; and
 - b. the sum of appropriate per diem rated and actual non-rated shelter need standards.
2. The total basic need requirements are equal to the sum of the highest personal need standard and the combined shelter standards.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-11

Transmittal: UP-11-10

P-4520.05

Section:
Standards of Assistance

Type:
PROCEDURES

Chapter:
Basic Needs

Program:
AABD

Subject:
Determining Basic Needs

- P-4520.05
1. Based on circumstances of the assistance unit, determine if the assistance unit member resides in a rated housing facility, in non-rated housing or in a long term care facility.
 - If the assistance unit member has resided in both rated and non-rated housing during the month, determine the number of days spent in rated housing.
 - If the assistance unit member resides in a rated facility, determine the type of facility in which he or she resides.
 - If the assistance unit member resides in a non-rated facility, determine if the housing unit is shared or occupied solely by the assistance unit member.
 2. Based on the living arrangement of the assistance unit, authorize the appropriate personal needs standard. For assistance units residing in long term care facilities, the personal needs standard is \$60 per month.
 3. Based on the living arrangement of the assistance unit authorize the appropriate shelter standard up to the maximum allowable.
 - If two spouses are sharing a living arrangement solely by themselves, presume they are each sharing the costs equally and allow each spouse of the total cost, or \$200.00, whichever is lower.
 - If the two spouses share their living arrangement with others, determine the amount each spouse is obligated to pay.
 - If each spouse pays an actual obligated amount, allow each spouse his or her obligated amount or \$200, whichever is lower.
 - If there is no actual amount obligated for each spouse, consider that they are sharing the costs equally and allow each spouse of the total obligation that they pay or \$200, whichever is less.
 - If the other persons who share the couple's living arrangement comprise an AFDC unit, do not determine the couple's obligation by automatically presuming that anything over the AFDC shelter component constitutes the AABD couple's shelter obligation.
 4. There is no shelter standard for an assistance unit residing in a long term care facility.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 12-1-02	Transmittal: UP-02-20	4520.10
Section: Standards of Assistance	Type: POLICY	
Chapter: Basic Needs	Program: AABD	
Subject: Rated Housing Facilities		

4520.10 A. Types of Rated Housing Facilities

1. Rated housing facilities include:
 - a. licensed boarding facilities; and
 - b. New Horizons; and
 - c. adult family living homes approved by the Department.
2. Licensed boarding facilities include all of the following:
 - a. private homes licensed by:
 - (1) the Department of Mental Retardation (DMR); or
 - (2) the Department of Mental Health (DMH);
 - b. homes for the aged licensed by the Department of Health Services (DHS);
 - c. permanent family homes licensed by the Department of Children and Youth Services (DCYS);
 - d. other room and board facilities that are:
 - (1) licensed by an appropriate department of state; and
 - (2) approved for payment by the Department.
3. Individuals residing in any of the above licensed boarding facilities, adult family living homes, or New Horizons are considered to be residing in a rated housing facility.

B. Personal Needs

1. Separate standards for personal needs are established for residents of licensed boarding facilities and adult family living homes, and for New Horizons residents, based on differences in expenses which are provided as a condition of the living arrangement.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Date: 5-1-98

Transmittal: UP-02-20

4520.10 page 2

Section:

Standards of Assistance

Type:

POLICY

Chapter:

Basic Needs

Program:

AABD

Subject:

Rated Housing Facilities

4520.10 B. Personal Needs (continued)

2. The personal needs standard in a licensed boarding facility or an adult family living home contains a cost allowance for the following expenses:
 - a. personal incidentals;
 - b. clothing;
 - c. laundry.
3. The New Horizons personal needs standard contains a cost allowance for the following expenses:
 - a. clothing;
 - b. food;
 - c. household supplies;
 - d. personal incidentals;
 - e. phone;
 - f. transportation;
 - g. laundry.
4. The standard of assistance for personal needs of individuals residing in a rated housing facility is:
 - a. \$28.90 per month for licensed boarding facility and adult family living home residents;
 - b. \$130.40 per month for New Horizons residents.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 5-1-98

Transmittal: UP-02-20

4520.10 page 3

Section:

Standards of Assistance

Type:

POLICY

Chapter:

Basic Needs

Program:

AABD

Subject:

Rated Housing Facilities

4520.10 C. Shelter Needs

1. The following rules apply to licensed boarding facilities and adult family living homes:
 - a. The standard of need for shelter for assistance units residing in a licensed boarding facility or in an adult family living home is based on a monthly rate established by the Department.
 - b. Assistance units are considered to be maintaining residence in the facility or adult family living home if they are not maintaining a separate residence in the community.
 - c. The monthly need standard is prorated on a per diem basis in any month that the assistance unit does not maintain residence in the facility or adult family living home for the entire calendar month.
 - d. Assistance units that are temporarily absent from the facility or adult family living home are considered to be maintaining permanent residence if both of the following conditions are met:
 - (1) the unit does not enter into another permanent housing agreement during the period of absence; and
 - (2) the unit is expected to return to the residence within a reasonable period of time, as defined by the Department.
 - e. The period of absence is considered to be reasonable if the unit is expected to return to the residence by the last day of the month following the month that the unit temporarily left the residence.
 - f. The shelter standard is not prorated as long as the facility or adult family living home remains the residence for the entire calendar month.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Date: 1-1-88

Transmittal: UP-88-1

4520.10 page 4

Section:

Standards of Assistance

Type:

POLICY

Chapter:

Basic Needs

Program:

AABD

Subject:

Rated Housing Facilities

4520.10 C. 1. Shelter Needs (continued)

g. The standard of assistance for shelter in a rated housing facility is:

- (1) the monthly facility rate if the assistance unit resides in the facility for entire calendar month; or
- (2) the per diem facility rate times the number of days the unit resided in the facility if the shelter rate is prorated.

2. The following rules apply to New Horizons Village:

- a. the standard of need for shelter for assistance units residing at New Horizons Village is \$3388.72 per month;
- b. the per diem standard is \$111.41;
- c. the monthly shelter standard is prorated on a per diem basis for the month the assistance unit moves into New Horizons if the move is later than the first day of the month;
- d. the monthly shelter standard is not prorated for the month the assistance unit moves out of New Horizons;
- e. assistance units that are temporarily absent from New Horizons Village are considered to be maintaining permanent residence there if the following criteria are met:
 - (1) the housing agreement between New Horizons Village and the assistance unit remains in effect;
 - (2) the assistance unit does not establish a permanent housing arrangement elsewhere.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88

Transmittal: UP-88-1

5000

Section:	Type:	
Treatment of Income		POLICY
Chapter:	Program:	AFDC
		AABD
		MA
Subject:		FS

5000 This section describes how income received by the assistance unit and certain individuals outside the assistance unit is treated. It describes the progression from consideration of total gross income to determining the amount used in determining eligibility and calculating benefits. The policy contained in this section relates to:

- distinguishing between income which is available and that which is inaccessible;
- excluding certain types of income based upon the nature and sources of the income;
- deeming income to the assistance unit from individuals outside the unit;
- converting income which is received at varying intervals to a usable monthly amount;
- adjusting income which is counted by subtracting certain allowable amounts each month;
- calculating the applied income to be used in determining eligibility and benefit amount.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 02-13-01

Transmittal: UP-01-04

5000.01 page 1

Section:	Type:	
Treatment of Income		POLICY
Chapter:	Program:	AFDC
		AABD
		MA
Subject:		FS
Definitions		

5000.01 Anticipated Income

Anticipated income is that income which is expected to exist during a projected period of eligibility.

Available Income

Available income is all income from which the assistance unit is considered to benefit, either through actual receipt or by having the income deemed to exist for its benefit.

Applied Income

Applied income is that portion of the assistance unit's countable income that remains after all deductions and disregards are subtracted.

Community Spouse

A community spouse is an individual who resides in the community, who does not receive home and community based services under a Medicaid waiver, who is married to an individual who resides in a medical facility or long term care facility or who receives home and community based services (CBS) under a Medicaid waiver.

Continuous Period of Institutionalization

A continuous period of institutionalization is a period of 30 or more consecutive days of residence in a medical institution or long term care facility, or receipt of home and community based services (CBS) under a Medicaid Waiver.

Counted Income

Counted income is that income which remains after excluded income is subtracted from the total of available income.

Deductions

Deductions are those amounts which are subtracted as adjustments to counted income and which represent expenses paid by the assistance unit.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 8-1-99

Transmittal: UP-99-17

5000.01 page 2

Section:

Treatment of Income

Type:

POLICY

Chapter:

Program:

**AFDC
AABD
MA
FS**

Subject:

Definitions

5000.01 Deemor

A deemor is a person from whom income or assets are deemed available to the assistance unit.

Deemed Income

Deemed income is that portion of income belonging to someone who is not a member of assistance unit which is considered available to the unit.

Disabled Person - Food Stamp Program

A disabled person, in the context used by the Food Stamp program, means a person who meets any of the following conditions:

1. receives or is certified to receive SSI (Title XVI) benefits or disability or blindness payments under Titles I, II, XIV, or XVI of the Social Security Act; or
2. receives assistance through the AABD program; or
3. receives disability retirement benefits from a governmental agency because of a disability considered permanent under Section 221(i) of the Social Security Act; or
4. is a veteran with a service-connected disability, which under Title 38 of the United States Codes is:
 - a. rated or paid as a total disability; or
 - b. considered to necessitate regular aid and attendance; or
 - c. severe enough to permanently preclude self-support; or
5. is a disabled surviving spouse or child of a veteran and considered to be in need of aid and attendance, permanently housebound, or permanently incapable of self-support; or

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 8-1-99

Transmittal: UP-99-17

5000.01 page 3

Section:

Treatment of Income

Type:

POLICY

Chapter:

Program:

**AFDC
AABD
MA
FS**

Subject:

Definitions

5000.01 Disabled Person Food Stamp Program (continued)

6. is a veteran's surviving spouse or child who is considered permanently disabled under Section 221(i) of the Social Security Act and receiving or authorized to receive:
 - a. compensation for a service connected death; or
 - b. pension benefits for a non-service connected death; or
7. receives an annuity payment under Section 2(a)(1)(iv) of the Railroad Retirement Act of 1974 and is determined to be eligible for Medicare by the Railroad Retirement Board; or
8. receives annuity payment under Section 2(a)(i)(v) of the Railroad Retirement Act of 1974 and is determined to be disabled based upon the criteria used for SSI; or
9. receives a Federal or State benefit payment under 212 (a) of Public Law 93-66; or
10. is a recipient of interim assistance benefits pending the receipt of Supplemental Security Income, a recipient of disability related medical assistance under title XIX of the Social Security Act, or a recipient of disability-based State General Assistance benefits provided that the eligibility to receive any of these benefits is based upon disability or blindness criteria established by the state agency which are at least as stringent as those used under Title XVI of the Social Security Act.

Disregards

Disregards are those amounts which are subtracted as standard adjustments to countable income and which do not represent expenses paid by the assistance unit.

Diverted Income

Diverted income is that portion of income belonging to a member of the assistance unit which is considered available to meet the needs of someone who is not a member of the assistance unit.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 9-21-96

Transmittal: UP-99-17

5000.01 page 4

Section:

Treatment of Income

Type:

POLICY

Chapter:

Program:

**AFDC
AABD
MA
FS**

Subject:

Definitions

5000.01 Earned Income

Earned Income is income which the assistance unit receives in exchange for the performance of duties or through self-employment and may be in the form of wages, salary, benefits, or proceeds from self-employment.

Elderly Person - Food Stamp Program

An elderly person, in the context used by the Food Stamp program, means a person who is sixty or more years of age.

Excluded Income

Excluded income is income which is available from certain specified sources and is not counted in determining eligibility and level of benefits.

Full-time Employment

Full-time employment means that the income being counted from a particular calendar month resulted from at least 130 hours of employment.

Gross Earned Income

Gross Earned Income is the total amount of counted earned income before deductions or disregards are subtracted from it. When earnings are from self-employment, the gross amount is the difference between self-employment income and self-employment expenses.

Gross Unearned Income

Gross unearned income is the total amount of counted unearned income before disregards are subtracted from it.

Homeless Assistance Units - Food Stamp Program

An assistance unit meets the homeless criteria when all its members lack a fixed and regular nighttime residence or when their primary nighttime residence is one of the following:

1. a supervised shelter designed to provide temporary accommodations;
2. a halfway house or other institution that provides temporary residence for individuals intended to be institutionalized;

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 02-13-01

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Section:

Treatment of Income

Type:

POLICY

Chapter:

Program:

**AFDC
AABD
MA
FS**

Subject:

Definitions

5000.01 Homeless Assistance Units (continued)

3. a temporary accommodation that lasts no more than ninety days in the residence of another individual;
4. a place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

Inaccessible Income

Inaccessible income is money which an assistance unit member is due but neither receives nor benefits from due to circumstances beyond his or her control.

Income-In-Kind

Income-in-kind is the value of goods, commodities, or services which are provided to the assistance unit or to a third party in behalf of the assistance unit in lieu of cash.

Institutionalized Spouse

An institutionalized spouse is a spouse who resides in a medical facility or long term care facility, or who receives home and Community Based Services (CBS) under a Medicaid waiver, and who is legally married to someone who does not reside in such facilities or who does not receive such services.

Intermittent Income

Intermittent income is income which is received at recurrent intervals longer than one month.

Lump Sum

A lump sum is an amount of money which is received by an assistance unit on a one time basis and is not expected to recur.

Net Earned Income

Net earned income is that portion of the gross earned income which remains after deductions are subtracted from the gross earned income amount.

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Section:	Type:	
Treatment of Income		POLICY
Chapter:	Program:	AFDC
		AABD
		MA
Subject:		FS
Definitions		

5000.01 Part-time Employment

Part-time employment means fewer than 130 hours were spent in the performance of the duties for which the total earned income received in a calendar month is paid.

Self-employment Expenses

Self-employment expenses are non-personal business expenses directly related to producing goods or services and incurred in the budget month.

Self-employment Income

Self-employment income means the total amount of income derived from a self-employment enterprise before self-employment expenses are deducted.

Sponsor

A sponsor is an individual who executed an affidavit of support or similar agreement on behalf of a non-citizen, other than the non-citizen's parent or spouse, as a condition of the non-citizen's entry into the United States.

Unearned Income

Unearned income is income which does not constitute compensation for work or services performed or business conducted and includes returns from capital investments when the individual is not actively involved in the production of the income.

Windfall

A windfall is a type of lump sum which is not earned, does not occur on a regular basis, and does not represent accumulated monthly income received in a lump sum.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88

Transmittal: UP-88-1

5005

Section: Treatment of Income	Type: POLICY
Chapter: Consideration of Income - General Principles	Program: AFDC AABD MA
Subject:	FS

- 5005 A. In consideration of income, the Department counts the assistance unit's available income, except to the extent that it is specifically excluded. Income is considered available if it is:
1. received directly by the assistance unit; or
 2. received by someone else on behalf of the assistance unit and the unit fails to prove that it is inaccessible; or
 3. deemed by the Department to benefit the assistance unit.
- B. The Department does not count income which it considers to be inaccessible to the assistance unit.
- C. The Department computes applied income by subtracting certain disregards and deductions, as described in this section, from counted income.
- D. The Department uses the assistance unit's applied income to determine income eligibility and to calculate the amount of benefits.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88**Transmittal: UP-88-1****P-5005.05**

Section:
Treatment of Income**Type:**
PROCEDURES

Chapter:
General Principles of Considering Income**Program:** **AFDC**
 AABD
 MA
Subject: **FS**

- P-5005.05 1. Ask the applicant or recipient to provide information about all the income each member of the unit can claim as his or her own regardless of its type, frequency or receipt or availability.
2. Review the income reported in respect to the following:
- accessibility
 - excludability
 - nature of the income
 - frequency of receipt
 - disregards
 - deductions
 - diversions
 - computing the amounts to be applied in determining eligibility and calculating benefits.
- 3 When adding a new member to the assistance unit, obtain and review that individual's income, as described above.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88	Transmittal: UP-88-1	5010
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Section:	Type:	
Treatment of Income		POLICY

Chapter:	Program:	AFDC
Inaccessible Income		AABD
		MA
Subject:		FS

- 5010 A. The Department considers all income to be accessible unless otherwise indicated.
- B. Inaccessible income is not counted for any month in which it is considered inaccessible throughout the month.
- C. The assistance unit must, as a condition of eligibility, cooperate as required by the Department, in gaining access to the inaccessible income. (Cross Reference: 3525 - "Procedural Eligibility Requirements")

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88**Transmittal: UP-88-1****P-5010**

Section:
Treatment of Income**Type:**
PROCEDURES

Chapter:
Inaccessible Income**Program:** **AFDC**
 AABD
 MA
Subject: **FS**

- P-5010
1. Consider all income to be accessible unless the unit indicates otherwise.
 2. If the unit claims the income is not accessible, explore the following areas:
 - is the income received directly by the unit member or is received by someone else in behalf of the unit member?
 - if the income is being received by someone other than the unit member, is it being used to meet the needs of the unit member?
 3. Consider the income accessible to the extent that it is received by the unit member or is being used to meet his or her needs.
 4. Consider any portion of the income which is neither received by the unit member nor used for his or her needs as being inaccessible.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 1-1-88	Transmittal: UP-91-15	5015
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Section: Treatment of Income	Type: POLICY
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Chapter: Excluded Income	Program: AFDC AABD MA FS
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Subject:

5015 Income which is considered available to the assistance unit is either excluded or counted by the Department. This chapter delineates the types of income which are excluded in each program. It describes types excluded at all times as well as those which are excluded only under certain conditions. When possible, income exclusions are grouped according to types.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 02-13-01

Transmittal: UP-01-04

5015.05

Section:

Treatment of Income

Type:

POLICY

Chapter:

Excluded Income

Program:

AFDC

FMA

Subject:

Types of Excluded Income in AFDC and FMA

5015.05 A. Payments Made To Students

1. Grants, loans, or work/study earnings paid to any undergraduate student for educational purposes by any federal, state or private source are totally excluded when determining eligibility and calculating benefits.
2. Payments made to students enrolled in institutions of post-secondary education who are involved in a program of full time volunteer service under the Service Learning Program (University Year for Action - UYA) authorized under Title I of the Domestic Volunteer Service Act of 1973 are totally excluded when determining eligibility and calculating benefits.

B. Payments Made to Volunteers

Payments made for supportive services or reimbursement of out-of-the-pocket expenses are excluded when made to individual volunteers serving as foster grandparents, senior health aids, or senior companions, and to persons serving in the Service Corps of Retired Executives (SCORE) and Active Corps of Executives (ACE) and any other programs pursuant to Titles II and III, Section 418 of P.L. 93-113.

C. Payments Made to Children or on Their Behalf

1. Adoption Assistance Payments

- a. Adoption assistance payments from federal, state, and local funds are excluded when the child for whom the payment is made is not a member of the assistance unit.
- b. Any part of an adoption assistance payment that does not duplicate the AFDC standard of need or is paid to supplement AFDC assistance benefits which are insufficient to meet the special needs of the child.
(Cross Reference: 4510.05)

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Date: 5-1-92

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Section:

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Type:

POLICY

Chapter:

Excluded Income

Program:

**AFDC
FMA**

Subject:

Types of Excluded Income in AFDC and FMA

5015.05 C. Payments Made to Children or on Their Behalf (continued)

2. Foster Care Payments

Payments received from federal, state, or local funds for the care of foster children placed in the care of the assistance unit are excluded.

3. Supplemental Food Assistance

Supplemental food assistance is excluded when received under the Child Nutrition Act of 1966, as amended, and the special food service program for children under the National School Lunch Act as amended (P.L. 92-433 and P.L. 93-150).

4. JTPA Earnings

JTPA earned income received by a dependent child is excluded either on the basis of the child's student status or on the basis of the income's source per se. When the income is excluded on the basis of it being from JTPA, the six-month period involved consists of any six months within a calendar year in which the unit receives a money payment as a result of meeting all eligibility requirements as well as, specifically, have the JTPA earnings excluded.

a. Applicants

(1) Gross Income Eligibility Test

JTPA earnings are excluded for six months per calendar year regardless of the child's student status.

(2) Applied Income Eligibility Test

JTPA earnings are excluded for six months per calendar year regardless of the child's student status.

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Section:
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POLICY

Chapter:
Excluded Income

Program: **AFDC**
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Subject:
Types of Excluded Income in AFDC and FMA

5015.05 C. 4. a. Applicants (continued)

(3) Benefit Calculation - AFDC

JTPA earnings are excluded for:

- (a) an indefinite period when the child is either a full-time student or a part-time student who is not employed full-time; or
- (b) six months per calendar year when the child is not either a full-time student or a part-time student who is not employed full-time.

b. Recipients

(1) Gross Income Eligibility Test

JTPA earnings are excluded for six months per calendar year regardless of the child's student status.

(2) Applied Income Eligibility Test

JTPA earnings are excluded for:

- (a) an indefinite period when the child is either a full-time student or a part-time student who is not employed full-time; or
- (b) six months per calendar year when the child is not either a full-time student or a part-time student who is not employed full-time.

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Excluded Income

Program: **AFDC**
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Subject:
Types of Excluded Income in AFDC and FMA

5015.05 C. 4. b. Recipients (continued)

(3) Benefit Calculation - AFDC

JTPA earnings are excluded for:

- (a) an indefinite period when the child is either a full-time student or a part-time student who is not employed full-time; or
- (b) six months per calendar year when the child is not either a full-time student or a part-time student who is not employed full-time.

5. Non-JTPA Earnings

Non-JTPA earnings received by dependent children are excluded according to the following guidelines:

a. Applicants

(1) Gross Income Eligibility Test

Non-JTPA earnings are excluded for six months per calendar year only if the dependent child is a full-time student.

(2) Applied Income Eligibility Test

Non-JTPA earnings are excluded for six months per calendar year if the dependent child is a full-time student.

(3) Benefit Calculation - AFDC

Non-JTPA earnings are excluded for an indefinite period if the dependent child is a full-time student or a part-time student who is not employed full-time.

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Section:

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Type:

POLICY

Chapter:

Excluded Income

Program:

**AFDC
FMA**

Subject:

Types of Excluded Income in AFDC and FMA

5015.05 C. 5. Non-JTFA Earnings (continued)

b. Recipients

(1) Gross Income Eligibility Test

Non-JTPA earnings are excluded for six months per calendar year if the dependent child is a full-time student.

(2) Applied Income Eligibility Test

Non-JTPA earnings are excluded for an indefinite period if the child is a full-time student or a part-time student who is not employed full-time.

(3) Benefit Calculation - AFDC

Non-JTPA earnings are excluded for an indefinite period if the dependent child is a full-time student or a part-time student who is not employed full-time.

D. Payments Made to Indian Tribe Members

The following payments are excluded:

1. payments from Indian judgment funds, including any interest paid, distributed to or held in trust for members of various Indian Tribes pursuant to Public Law 98-64;
2. receipts distributed to members of certain Indian tribes which are referred to in Section 5 of P.L. 94-114 that became effective October 17, 1975.

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Section:

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Program:

**AFDC
FMA**

Subject:

Types of Excluded Income in AFDC and FMA

5015.05 E. Miscellaneous Payments

The following payments are excluded:

1. payments made under the Experimental Housing Allowance Program under Annual Contributions Contracts entered into prior to January 1, 1975, under Section 23 of the United States Housing Act of 1937, as amended;
2. the value of food stamp allotments made under the Food Stamp program;
3. cash contributions from agencies and organizations for goods and services not included in the Department's standards of need;
4. gifts received too irregularly or infrequently to be counted, but not more than \$30.00 per calendar quarter;
5. value of goods and services given as in-kind income except when provided by General Assistance;
6. settlement payments received by applicants and recipients as members of the nationwide class of present and former tenants covered by the settlement of the Underwood versus Harris court case;
7. payments received under Title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970;
8. payments made under means-tested energy assistance programs;
9. reimbursements for expenditures which do not represent benefit or gain to the recipients;
10. money received on behalf of a person who is not a member of the assistance unit and used for his or her care and support;
11. payments made by the Department of Social Services for the expenses of day care and essential services unless the assistance unit member is the provider

of the services;

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Section:
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POLICY

Chapter:
Excluded Income

Program: **AFDC**
 FMA

Subject:
Types of Excluded Income in AFDC and FMA

5015.05 | E. Miscellaneous Payments (continued)

12. those portions of lump sums which are paid to the unit for the purpose of meeting certain designated expenses such as settlement of back medical bills or compensation for loss of resources to the extent that they are used for that purpose and can be identified apart from other funds;
13. support payments only when collectable by the Department of Social Services (DSS) IV-D Support Program pursuant to an assignment of support rights as follows:
 - a. excluded status extends only to the process of calculating monthly benefits for AFDC;
 - b. existing support payments are included in the gross and applied income eligibility tests for AFDC and in determining eligibility for Medicaid;
14. payments made to volunteers under Title I, Vista Volunteers, Section 404 (g) of P.L. 93-113 except when the Director of Action determines that the payment is equal to or greater than the minimum wage in effect under the Fair Labor Standards Act of 1938 or State minimum wage, whichever is greater;
15. disaster assistance paid under the Disaster Relief Act of 1974, as amended, including the Individual and Family Grant (IFG) program, and comparable disaster assistance provided by states, local governments and private organizations, and any interest earned on funds from this source;
16. payments received as rebates from support collected under the Title IV-D Support Program as provided by the Deficit Reduction Act (DEFRA) of 1984;
17. payments made by the Department of Labor to meet the cost of pursuing employment;
18. security deposits paid by the Department;
19. utility subsidies;
20. security deposits returned to the unit; (Cross Reference: 4030);
21. rent money returned to a unit by a court;

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Transmittal: UP-02-15

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Section:

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POLICY

Chapter:

Excluded Income

Program:

**AFDC
FMA**

Subject:

Types of Excluded Income in AFDC and FMA

5015.05 E. Miscellaneous Payments (continued)

22. that portion of military pay which is withheld as funding for the G.I. Bill under Public Laws 94-502 and 99-576;
23. earned income tax credit payments received as advance payments or as single non-recurring payments when calculating applied income to determine eligibility and to calculate benefits;
24. Agent Orange payments made pursuant to Public Law 101-201 and Section 10405 of Public Law 101-239;
25. Japanese Restitution payments and payments to residents of the Aleut and Pribilof Islands made pursuant to Public Law 100-383;
26. effective October 15, 1990, Radiation Exposure Compensation payments made pursuant to Section 6 (h)(2) of Public Law 101-426;
27. up to \$2,000 in total cash payments per year per individual made pursuant to Section 15 of the Alaska Native Claims Settlement Act (Public Law 100-241);
28. payments made to victims of Nazi persecution pursuant to Public Law 103-286;
29. payments made to certain hemophilia patients who contracted HIV from blood transfusions (FMA only):
 - a. payments made under the settlement to the lawsuit entitled "Factor VIII or IX Concentrate Blood Products Litigation" MDL 986 (No. 93-C-7542, Northern District of Illinois) pursuant to Section 4735 of the Balanced Budget Act of 1997 (BBA);
 - b. payments received under the Ricky Ray Hemophilia Relief Fund Act of 1998 (the Ricky Ray Act), Public Law 105-369.

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Section: Treatment of Income	Type: POLICY
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Chapter: Excluded Income	Program: AABD MAABD
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Subject: Types of Excluded Income in AABD and MAABD	
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5015.10 A. Payment Made To Students

1. Grants, loans, or work/study earnings paid to any undergraduate student for educational purposes under Title IV of the Higher Education Act, the Bureau of Indian Affairs or the Carl D. Perkins Act of 1990 are excluded when determining eligibility and calculating benefits to the extent that they are made available for tuition, mandatory fees, or other necessary educational expenses except payments for food, clothing, or shelter.
2. Grants, loans, or work/study earnings paid to any undergraduate student for educational purposes from any source other than Title IV of the Higher Education Act, the Bureau of Indian Affairs or the Carl D. Perkins Act of 1990 are excluded when determining eligibility and calculating benefits to the extent that they are used for tuition, mandatory fees, or other necessary educational expenses except payments for food, clothing, or shelter.
3. Payments made to students enrolled in institutions of post-secondary education who are involved in a program of full-time volunteer service under the Service Learning Program (University Year for Action - UYA) authorized under Title I of the Domestic Volunteer Service Act of 1973 are excluded.

B. Payments Made to Volunteers

Payments for supportive services or reimbursement for out-of-pocket expenses are excluded when made to individual volunteers serving as foster grandparents, senior health aides, or senior companions, and to persons serving in the Service Corps of Retired Executives (SCORE) and Active Corps of Executives (ACE) and any other programs pursuant to Titles II and III, Section 418 of P.L. 93-113.

C. Payments Made for the Care of Children

Payments received for the care of foster children placed in the care of the assistance unit are excluded.

D. Payments to Indian Tribe Members

Payments, including those from any interest earned, made from Indian judgment funds or funds held in trust for members of various Indian Tribes pursuant to Public Law 98-64 are excluded.

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Section:
Treatment of Income

Type:
POLICY

Chapter:
Excluded Income

**Program: AABD
MAABD**

Subject:
Types of Excluded Income in AABD and MAABD

5015.10 E. Supplemental Security Income (SSI) Benefits (MAABD Only)

1. SSI benefits are excluded from consideration when determining eligibility for Medicaid.
2. SSI benefits are excluded in the calculation of applied income for the contribution to cost of care for LTCF and CBS assistance units only when full SSI benefits are paid pursuant to P.L. 99-643. (Cross Reference: 5045 - "Post Eligibility Treatment")

F. Miscellaneous Payments

The following payments are excluded when determining eligibility and calculating benefits:

1. payments made under the Experimental Housing Allowance Program made under Annual Contributions Contracts entered into prior to January 1, 1975, under Section 23 of the United States Housing Act of 1937, as amended;
2. the value of food stamp allotments made under the Food Stamp program;
3. cash contributions from agencies and organizations for goods or services not in the Department's standards of needs;
4. gifts received too irregularly or infrequently to be counted, but not more than \$20.00 per calendar month;
5. value of goods and services given as in-kind income under the conditions described in chapter 5050;
6. settlement payments received by applicants and recipients as members of the nationwide class of present and former tenants covered by the settlement of the Underwood versus Harris court case;
7. payments received by applicants and recipients from Housing and Urban Development (HUD) Community Block Grant Funds;

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Section:
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POLICY

Chapter:
Excluded Income

Program: **AABD**
 MAABD

Subject:
Types of Excluded Income in AABD and MAABD

5015.10 F. Miscellaneous Payments (continued)

8. benefits received under Title VII, Nutrition Program for the Elderly, of the Older Americans Act of 1965, as amended;
9. payments received under Title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and comparable relocation assistance provided by a State or local government;
10. payments made under means-tested energy assistance programs;
11. reimbursements for expenditures which do not represent benefit or gain to the recipients;
12. money received for the care and support of a person who is not a member of the assistance unit;
13. payments made by the Department of Human Resources for the expenses of day care and essential services unless the assistance unit member is the provider of the services;
14. those portions of lump sums which are paid to the unit for the purpose of meeting certain designated expenses such as settlement of back medical expenses or compensation for loss of resources to the extent that:
 - a. they are used for that purpose; and
 - b. can be distinguished from other funds;
15. disaster assistance paid under the Disaster Relief Act of 1974, as amended, including the Individual and Family Grant (IFG) program, and comparable disaster assistance provided by states, local governments and private organization, and any interest earned on funds from this source;
16. security deposits paid by the Department;

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Type:

POLICY

Chapter:

Excluded Income

Program:

**AABD
MAABD**

Subject:

Types of Excluded Income in AABD and MAABD

5015.10 F. Miscellaneous Payments (continued)

17. HUD, Section 8, rent and utility subsidies;
18. security deposits returned to an assistance unit by a landlord; (Cross Reference: 4030)
19. rent money returned to an assistance unit by a court;
20. State funded assistance payments which are based on need if the recipient's income is used to establish the amount of the payment;
21. Earned Income Tax Credit payments received as advance payments or as a single non-recurring payment;
22. Agent Orange Payments distributed by Aetna Life and Casualty made pursuant to Public Law 101-201 and Section 10405 of Public Law 101-239;
23. Effective January 1, 1991, reparation payments made to holocaust victims by the Federal Republic of Germany;
24. Japanese Restitution payments and payments to residents of the Aleut Islands and the Pribilof Islands made pursuant to Public Law 100-383;
25. Effective October 15, 1990, Radiation Exposure Compensation payments made pursuant to Section 6 (h)(2) of Public Law 101-426;
26. Effective September 1, 1991 reparation payments made under Section 500-526 of the Austrian General Insurance Act;
27. Up to \$2,000 in total payments per individual per year made pursuant to Section 15 of the Alaska Native Claims Settlement Act (Public Law 100-241);
28. retroactive Agent Orange Settlement payments made by the Department of Veterans Affairs pursuant to Public Law 102-4;
29. payments made to victims of Nazi persecution pursuant to Public Law 103-286;
30. payments from a fund established by a State to aid victims of crime;
31. payments made to offspring of Vietnam veterans who are born with spina

bifida pursuant to Public Law 104-204;

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Section:

Treatment of Income

Type:

POLICY

Chapter:

Excluded Income

Program: AABD

MAABD

Subject:

Types of Excluded Income in AABD and MAABD

5015.10 F. Miscellaneous Payments (continued)

32. that part of a Veteran's benefit which represents an allowance for a surviving spouse based on his or her being permanently housebound because of a disability, pursuant to 38 U.S.C. 1311 (d).

G. Payments Made to Certain Hemophilia Patients Who Contracted HIV from Blood Transfusions

1. Payments made under the settlement to the lawsuit entitled "Factor VIII or IX Concentrate Blood Products Litigation" MDL 986 (No. 93-C-7452, Northern District of Illinois) are excluded pursuant to Section 4735 of the Balanced Budget Act of 1997 (BBA).
2. Payments received under the Ricky Ray Hemophilia Relief Fund Act of 1998 (the Ricky Ray Act), Public Law 105-369 are excluded.

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Date: 05-10-10

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5015.15

Section:
Treatment of Income

Type:
POLICY

Chapter:
Excluded Income

Program:
SNAP

Subject:
Types of Excluded Income in SNAP

5015.15 A. Totally Excluded

The following types of income are totally excluded at all times for the Supplemental Nutrition Assistance Program:

1. payments to volunteers under Title II (RSVP, Foster Grandparents and others) of the Domestic Volunteer Services Act of 1973 (P.L. 93-113);
2. noneducational loans;
3. income derived from certain submarginal land of the United States which is held in trust for certain Indian Tribes (P.L. 94-114, Section 6);
4. income-in-kind;
5. payments made to a third party on behalf of the household which are not otherwise obligated to the household;
6. payments for relocation assistance made to members of the Hopi and Navajo Tribes;
7. non-recurrent lump sum payments; (Cross Reference: 4030.17 "Earned Income Tax Credits")
8. federal earned income tax credit received by any member of the assistance unit under Section 3507 of the Internal Revenue Code of 1986;
9. disaster assistance paid under the Disaster Relief Act of 1974, as amended by P.L. 100-707, Section 105(i), the Disaster Relief and Emergency Assistance Amendments of 1988, including the Individual and Family Grant (IFG) program, Disaster Assistance Payments made to Farmers under P.L. 100-387, and comparable disaster assistance provided by states, local governments and private organizations, and any interest earned on funds from this source;

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Program:
SNAP

Subject:
Types of Excluded Income in SNAP

5015.15 A. Totally Excluded (continued)

10. money received and used for the care and maintenance of a third party beneficiary who is not a household member;
11. earned income received by children who are full or part time students in an elementary or high school, who are 17 years old or younger, and who also live in one of the following arrangements:
 - a. under the supervision of another assistance unit member;
 - b. with and a member of the assistance unit of a natural, adoptive or step-parent;
 - c. with a natural, adoptive or step-parent but a separate assistance unit;
12. unearned income from the Job Training and Partnership Act (JTPA);
13. earned income from JTPA when received by dependent children under 19 years of age;
14. earned income from projects conducted under Title I of the National Community Service Act (NCSA) of 1990 pursuant to P.L. 101-610, Section 177(d);
15. income derived from home property through home equity conversion plans;
16. payments made for energy assistance under a federal energy assistance program excluding payments provided under the Title IV Block Grant program;
17. one-time federal or state assistance payments made for weatherization or the emergency repair or replacement of heating or cooling equipment;
18. energy assistance benefits which under state law cannot be paid in cash to the household;

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5015.15 A. Totally Excluded (continued)

19. those portions of educational loans which represent the costs of origination fees and loan insurance premiums when:
 - a. they are paid to the source of the loan by being deducted from the total loan; or
 - b. they are not deducted from the loan itself, but the unit verifies that the fees and premiums were paid from other income or assets;
20. security deposits returned to a unit by a landlord;
21. rent money returned to a unit by a court;
22. that portion of military pay which is withheld as funding for the G.I. Bill under P. L. 94-502 and P. L. 99-576;
23. benefits received under the Senior Community Service Employment Program (SCSEP) under Title V of the Older Americans Act of 1965, as amended;
24. Agent Orange Settlement Payments distributed by Aetna Life and Casualty pursuant to P. L. 101-201 and Section 10405 of P. L. 101-239;
25. emergency assistance payments provided to a third party on behalf of a migrant or seasonal farm worker assistance unit while the assistance unit is in the job stream;
 - a. Such payments may include, but are not limited to, emergency vendor payments for housing or transportation;
 - b. Vendor payments for gas or auto repair to get the migrant back home, to the farm, or to another area of employment are not excluded;

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5015.15 A. Totally Excluded (continued)

26. Japanese restitution payments and payments to residents of the Aleut and Pribilof Islands pursuant to P. L. 100-383;
27. any child care payments, including any transitional child care payments, made under Title IV-A of the Social Security Act;
28. the value of any child care provided or arranged, or any amount received as payment for such care or reimbursement for costs incurred for such care, provided through the Child Care Certificate program under the Child Care and Development Block Grant Act Amendments of 1992 (P. L. 102-586, Section 8), as amended by Section 658S;
29. any payments received under Title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970;
30. all payments made to households under P. L. 92-203, Section 29, the Alaska Native Claims Settlement Act, and Section 15 of P. L. 100-241, the Alaska Native Claims Settlement Act Amendments of 1987;
31. relocation assistance payments to members of the Navajo and Hopi Tribes pursuant to Section 22 of P. L. 93-531;
32. payments from the disposition of funds to the Grand River Band of Ottawa Indians pursuant to P. L. 94-540;
33. Indian Claims Commission payments to the Confederated Tribes and Bands of the Yakima Indian Nation and the Apache Tribe of the Mescalero Reservation pursuant to Section 2 of P. L. 95-433;
34. payments to the Passamaquoddy Tribe, the Penobscot Nation and the Houlton Band of Maliseet pursuant to Section 2(c) of P. L. 96-420;
35. payments to the Turtle Mountain Band of Chippewas, Arizona pursuant to P. L. 97-403;
36. payments to the Blackfeet, Grosventra, and Assiniboiné Tribes of Montana and the Papago of Arizona pursuant to P. L. 97-408;
37. per capita and interest payments made to the Assiniboiné Tribe of the Fort Belknap Indian Community and the Assiniboiné Tribe of the Fort Peck Indian Reservation of Montana pursuant to Section 5 of P. L. 98-124 and to the Red Lake Band of Chippewas pursuant to P. L. 98-123;

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5015.15 A. Totally Excluded (continued)

38. payment to the Saginaw Chippewa Indian Tribe of Michigan pursuant to Section 6(b)(2) of P. L. 99-346;
39. per capita payments to the Chippewas of Mississippi pursuant to Section 4(b) of P. L. 99-377;
40. effective October 15, 1990, Radiation Exposure Compensation payments made pursuant to Section 6(h)(2) of P. L. 101-426;
41. any portion of a civil service retirement benefit that is payable to a third party;
42. federal, state or local foster care payments paid to the unit for an individual who is not a member of the assistance unit;
43. all financial assistance paid to students under any Bureau of Indian Affairs student assistance, education or training program;
44. loans provided under the Tribal Development Student Assistance Act (Title XIII, Indian Higher Education Programs, Part E);
45. HUD, Section 8, and Farmers Home Administration (FmHA) rent and utility subsidies;
46. food program payments under the School Lunch Act paid to day care providers for meals served to their own children;
47. the value of assistance to children under P. L. 79-396, Section 12(e) of the National School Lunch Act, as amended by Section 9(d) of P.L. 94-105 through the School Lunch Program, the Summer Food Service Program for Children, the Commodity Distribution Program, and the Child and Adult Care Food Program;

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5015.15 A. Totally Excluded (continued)

48. the value of assistance provided under P. L. 89-642, the Child Nutrition Act of 1966, Section 11(b) through the Special Milk Program, the School Breakfast Program, and the Special Supplemental Food Program for women, infants, and Children (WIC);
49. coupons provided under P. L. 100-435, Section 501, which may be changed for food at farmers' markets;
50. "at-risk" block grant child care payments made under P. L.101-508, Section 5801;
51. funds distributed per capita or held in trust for members of the Chippewas of Lake Superior under P. L. 99-146, Section 6(b);
52. funds distributed to members of the White Earth Band of Chippewa Indians under P. L. 99-264, Section 16;
53. funds, assets or income from the trust fund established for the Puyallup Tribe under P. L. 101-41, Section 10 (b) and (c);
54. payments, funds or distributions authorized, established, or directed by the Seneca Nation Settlement Act of 1990 (P. L. 101-503, Section 8(b)), and the income derived therefrom;
55. payments made to victims of Nazi persecution pursuant to Public Law 103-286;
56. payments made to offspring of Vietnam veterans who are born with spina bifida pursuant to Public Law 104-204;
57. the value of any service provided to a public housing resident pursuant to Public Law 101-625, Section 22(i), the Cranston-Gonzales National Affordable Housing Act of 1990;

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5015.15 A. Totally Excluded (continued)

58. payments made to or held in trust for the Sac and Fox Tribe of Oklahoma and the Sac and Fox Tribe of the Mississippi in Iowa pursuant to Public Law 94-189;
59. payments made to the Colville Reservation of Grand Coulee Dam Settlement pursuant to Public Law 103-436, Section 7(b);
60. payments made under the Ricky Ray Hemophilia Act pursuant to Section 103(h)(2) of Public Law 105-369;
61. deposits to and payments from escrow accounts held under the Department of Housing and Urban Development (HUD) Family Self-Sufficiency Program;
62. payments under the subsidized guardianship program for children provided the subsidized child is not part of the Food Stamp household;
63. payments made under the Robert T. Stafford Disaster Relief and Emergency Assistance Act to pay Disaster Unemployment Assistance pursuant to Public Law 100-707; and
64. combat-related military pay if the additional pay is the result of deployment to or service in a combat zone and was not received immediately prior to serving in a combat zone.

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5015.15 B. Partially Excluded

The following types of income are excluded under SNAP subject to limitations and conditions:

1. reimbursements for past and future expenses to the extent that they:
 - a. do not exceed actual expenses;
 - b. do not represent gain or benefit to the household;
 - c. are not for normal household living expenses;
 - d. are for a specifically identified expense;
2. educational funds, funded wholly or in part under Title IV of the Higher Education Act in accordance with P. L. 100-50 and under the Bureau of Indian Affairs to the extent that they are made available or used for meeting tuition and mandatory fees normally charged students carrying the same academic workload as determined by the institution;
3. educational funds, funded wholly or in part under Title IV of of Indian Affairs for the Higher Education Act in accordance with P.L. 100-50 and under the Bureau Made available for:
 - a. rental or purchase of equipment, materials, or supplies related to the student's course of study; and
 - b. books, supplies, and transportation; and
 - c. miscellaneous personal expenses, excluding room and board and dependent care costs, which are incurred as a result of participation in college-related activities during the academic school year and/or normal living expenses associated with college or university living;

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5015.15 B. Partially Excluded (continued)

4. educational funding issued under the Carl D. Perkins Act of 1990 to the extent that they are made available for meeting the following costs of attendance:
 - a. tuition and mandatory fees normally charged student carrying the same academic workload as determined by the institution; and
 - b. rental or purchase of equipment, materials, or supplies required of all student sin the same course of study; and
 - c. books, supplies, and transportation; and
 - d. miscellaneous personal expenses, excluding room and board, which are incurred as a result of participation in college-related activities and normal living expenses associated with college or university living[;] .
5. educational funding from any federal, state, or private source **other than** Title IV of the Higher Education Act or the Bureau of Indian Affairs or the Carl D. Perkins Act of 1990 subject to ahead limitations listed below, when the money is used at an institution of post secondary education, including correspondence schools at that level, or at a school at any level for the physically or mentally handicapped, or in a vocational education program, or in a program that provides for completion of a secondary school diploma or equivalent;
 - a. educational funds from a federal source **other than** Title IV of the Higher Education Act or the Bureau of Indian Affairs or the Carl D. Perkins Act of 1990 are excluded to the extent that they are used for tuition and mandatory school fees;
 - b. educational funds from any non-federal source are excluded to the xtent that they are used for tuition and mandatory fees **and** to the extent that the money meets education expenses other than tuition and mandatory fees when the source of the funds earmarks the money for these additional expenses;

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5015.15 B. Partially Excluded (continued)

6. payments made under Title I of the domestic Volunteers' Act of 1973 (P. L. 93-113) to volunteers working in such programs as VISTA, University Year for Action, and the Urban Crime Prevention Programs. This income is excluded to the following extent:
 - a. the volunteer must have been receiving Food Stamps or Public Assistance at the time he/she joined the Title I program;
 - b. those volunteers receiving an income exclusion for a VISTA or other Title I Subsistence allowance at the time of conversion to the Food Stamp Act of 1977, shall continue to receive an income exclusion for VISTA for the length of their contract which was in effect at the time of conversion;
7. support payments for recipients of AFDC are excluded from counted income only when collected by the Child Support Program pursuant to an agreement assigning rights to collect support payments to the State of Connecticut. All payments received by the household and not collected by the Support Program or covered by the assignment are counted;
8. all income received from a new source or anticipated by a destitute assistance unit in the month of application except that received between the first of the application month and the date of application; (Cross Reference: 1515 "Expedited Service")
9. income received too irregularly or infrequently to be counted, but not more than \$30.00 per calendar quarter;
10. amounts withheld from AFDC and AABD benefits as recoupment payments provided the overpayment did not result from an intentional program violation;

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5015.50 B. Partially Excluded (continued)

11. cash charitable contributions which are based on need issued to assistance units by private nonprofit charitable organizations. This exclusion is limited to \$300 per calendar quarter;
12. up to \$2,000 of each payment made to an individual from Indian judgement funds or funds held in trust for various Indian Tribes pursuant to P. L. 93-134, as amended by Section 1407 of P. L. 97-458 and P. L. 98-64. The exclusion applies to each individual regardless of how frequently the payments are made or the number of months for which the payments are made;
13. up to \$2,000 per calendar year of the payments made to each individual from interest accrued on Indian judgement funds while held in trust pursuant to P. L. 103-66;
14. up to \$2,000 of each payment made per capita to heirs of Indians pursuant to P. L. 98-500 Section 8 of the Old Age Assistance Claims Act;
15. funds appropriated in satisfaction of judgments awarded to the Seminole Indians except for per capita payments in excess of \$2000.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 1-1-88**Transmittal: UP-88-1****P-5015**

Section:
Treatment of Income**Type:**
PROCEDURES

Chapter:
Excluded Income**Program:** **AFDC**
 AABD
 MA
Subject: **FS**

- P-5015
1. Review all accessible income to determine whether it is counted or excluded from further consideration.
 2. Consider the income in respect to the following factors when deciding whether or not to exclude it:
 - the program from which the unit is requesting assistance;
 - whether the income is earned or unearned;
 - the source of the income;
 - special conditions or circumstances pertinent to the income being reviewed.
 3. Exclude all income which meets the appropriate criteria for exclusion when determining eligibility, calculating benefits, or both.
 4. Count all income which does not meet the criteria for exclusion.

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Date: 05-10-10

Transmittal: UP-10-03

P-5016

Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Excluded Income

Program: SNAP

Subject:
Combat Pay

P-5016 To exclude additional pay received by a member of the U.S. Armed Forces who has been deployed to a designated combat zone for as long as the member is deployed to the combat zone, follow the steps listed below:

Establish the amount of the military member's pay made available to the SNAP household prior to deployment to a designated combat zone.

Determine the amount of the household's allotment after deployment.

If the household's allotment is less than or equal to the amount of pay the military person received prior to deployment to a designated combat zone, count all of the allotment as income to the household.

If the allotment is more than the amount of pay the military person received prior to deployment, exclude the additional money in the allotment.

Exclude the additional income until the military person is no longer deployed to the designated combat zone.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 1-1-88	Transmittal: UP-88-1	5020
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Section:	Type:	
Treatment of Income		POLICY

Chapter:	Program:	AFDC
Deemed Income		AABD
		MA
Subject:		FS

5020 In addition to income which is actually received by the assistance unit, the Department also considers some income which is received by persons who are not part of the unit. This chapter describes who these persons are and the methods used to calculate the amounts deemed.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 5-1-92

Transmittal: UP-92-13

5020.05

Section:	Type:	
Treatment of Income		POLICY
Chapter:	Program:	AFDC
Deemed Income		AABD
		MA
Subject:		FS
General Principles		

- 5020.05 A. In calculating the amount of deemed income, the income of the deemor is counted in full, except for those reductions specifically described in this chapter.
- B. Income exclusions applicable to applicants and recipients are applied to the income of the deemor.
- C. If the deemor is a recipient of SSI or AABD, none of his or her income is deemed to an AFDC or FMA assistance unit.
- D. If the deemor receives federal, state, or local foster care maintenance payments or adoption assistance payments, none of his or her income is deemed to an AFDC or FMA assistance unit.
- E. If the deemor is a recipient of AFDC or General Assistance, none of his or her income is deemed to an AFDC, FMA, AABD, or MAABD unit.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 5-1-92

Transmittal: UP-92-13

P-5020.05

Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Deemed Income

Program: **AFDC**
 AABD
 MA
 FS

Subject:
General Principles

- P-5020.05 1. Exclude from the deemors' income the same types of income which are excluded from that of the assistance unit members.
2. Calculate the amount of income to be deemed to the assistance unit using the formulas indicated for each deemor.
3. Do not deem any income from a child who receives federal, state, or local foster care maintenance payments or adoption assistance payments.
4. Do not deem any income from recipients of SSI and/or AABD to an AFDC or FMA assistance unit.
5. Do not deem any income from recipients of AFDC or General Assistance to an AFDC, FMA, AABD, or MAABD assistance unit.

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Date: 8-1-89	Transmittal: UP-89-26	5020.07
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Section:	Type:
Treatment of Income	POLICY

Chapter:	Program: FMA
Deemed Income	

Subject:
Coverage Groups and Related Methodologies

5020.07 A. Categorically Needy Methodology

Income is deemed to members of the following FMA coverage groups using the same calculation as the AFDC program.

These coverage groups include the following:

1. AFDC Recipients;
2. Additional Work Transition Extension;
3. AFDC-Eligible Non-Recipients;
4. Special Child Care Deductions;
5. Participants in Work Supplementation;
6. Categorically Needy Pregnant Women;
7. Categorically Needy Ribicoff Children.

B. Medically Needy Methodology

1. Income is deemed to members of coverage groups under the medically needy methodology using the same calculations as the AFDC program, unless both of the following are true:
 - a. the assistance unit is ineligible because income exceeds needs; and
 - b. counted income includes income deemed from beyond the medically needy deeming limits.
2. Under the medically needy deeming limits, income is deemed only from a spouse to a spouse and a parent to a child.

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Date: 1-1-08

Transmittal: UP-09-13

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Section:
Treatment of Income

Type:
POLICY

Chapter:
Deemed Income

Program: FMA

Subject:
Coverage Groups and Related Methodologies

- 5020.07 3. If the deeming of income beyond the medically needy limits causes ineligibility for the assistance unit:
- a. eligibility is recalculated; and
 - b. income from the deemor is not counted for any member who is not the deemor's child or spouse; and
 - c. if necessary, the assistance unit is split into sub-units to separate the members who are within the medically needy deeming limits from those who are not .
(Cross-Reference: Assistance Unit Composition-2010.20)
4. This methodology is used for all medically needy coverage groups and for the following categorically needy groups:
- a. Eligible for AFDC except for Non-Medicaid Requirements;
 - b. Pregnant Women Under 250% of the Federal Poverty Level;
 - c. Children Under 185% of the Federal Poverty Level (under age one);
 - d. Children Under 185% of the Federal Poverty Level (between ages one and six);
 - e. Children Under 185% of the Federal Poverty Level (age six or over born after 9/30/83).

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Date: 3-1-06	Transmittal: UP-06-05	5020.10
Section: Treatment of Income	Type:	POLICY
Chapter: Deemed Income	Program:	AFDC FMA
Subject: Parents, Stepparents, and Spouses of Dependent Children		

5020.10 A. Description of Deemor Group

This deemor group consists of:

1. a parent of a minor parent, including a minor pregnant woman, when:
 - a. the parent is living with the assistance unit; and
 - b. the minor parent is less than 18 years of age.
2. a step-parent of a dependent child when:
 - a. the dependent child is a member of the assistance unit; and
 - b. the step-parent is legally married to the natural parent of the child; and
 - c. the step-parent lives with the dependent child.
3. a spouse of a dependent child when:
 - a. the dependent child is a member of the assistance unit; and
 - b. the spouse lives with the dependent child; and
 - c. the spouse is not a member of the assistance unit.
4. a parent of a dependent child when:
 - a. the parent is ineligible for reasons other than disqualification such as non-citizen status or receipt of a lump sum but not including ineligibility due to failure to comply with Social Security Number requirements; and
 - b. the parent lives with the dependent child.

B. Calculation of Deemed Amount

The amount deemed from an individual in this group is calculated in the following manner:

1. income which is excluded from consideration for unit members is excluded from the deemor's income;

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Transmittal: UP-93-43

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Type:

POLICY

Chapter:

Deemed Income

Program:

**AFDC
FMA**

Subject:

Parents, Stepparents, and Spouses of Dependent Children

5020.10 B. Calculation of Deemed Amount (continued)

2. any self-employment income of the deemor is adjusted by subtracting the actual expenses of self-employment, if applicable;
3. the total gross earnings amount is then reduced by subtracting \$75.00 per month for personal employment expenses regardless of whether the individual is employed full or part time;
4. the remaining gross earnings amount is added to the total monthly gross unearned income;
5. from the combined total of earned and unearned income an amount is subtracted equivalent to the standard of need of the following persons as determined under the AFDC program:
 - a. the deemor; and
 - b. all others living in the assistance unit's home who:
 - (1) do not have their needs considered in the determination of eligibility for AFDC, and
 - (2) have not been disqualified from receiving AFDC; and
 - (3) are or could be claimed by the deemor as legal tax dependents;
6. the remaining total of the income is further reduced by the following expenses if they are applicable:
 - a. the actual amounts of monthly support payments made by the deemor to legal dependents who do not share the deemor's home;
 - b. the actual amounts of payments for alimony and child support made by the deemor;
7. the income which remains is deemed available to the appropriate members of the assistance unit for determining eligibility and calculating benefits.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-91**Transmittal: UP-91-35****P-5020.10**

Section:
Treatment of Income**Type:**
PROCEDURES

Chapter:
Deemed Income**Program:** **AFDC**
 FMA

Subject:
Parents, Step-parents, and Spouses of Dependent Children

- P-5020.10 1. Check that the potential deemors meet the following conditions:
- parents are living with a minor parent, or minor pregnant woman, who is less than 18 years of age;
 - the step-parent is legally married to the parent of the dependent child and is living with the child;
 - the spouse of the dependent child is living with the assistance unit but is not a member of the unit.
 - the parent who is otherwise a mandated member has been excluded due to not meeting an eligibility requirement.
2. Calculate the amount of income to be deemed from each of the above deemors in the following manner:
- a. determine all earned income and subtract self-employment expenses, if appropriate, and a deduction for personal employment expenses;
 - b. combine the remaining amount of earned income with gross unearned income;
 - c. subtract the amounts described in policy relative to the needs of the deemor, others in the assistance unit's home, and payments made by the deemor;
 - d. deem the remaining amount to the assistance unit.

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Date: 1-1-94	Transmittal: UP-93-43	5020.20
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Section: Treatment of Income	Type: POLICY
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Chapter: Deemed Income	Program: AFDC FMA
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Subject: Spouses of Non-Parent Caretaker Relative	
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5020.20 A. Description of Deemor Group

 This group includes spouses of non-parent caretaker relatives when:

1. the non-parent caretaker relative requests assistance; and
2. the deemor lives with the assistance unit.

 B. Determining the Amount of Income Deemed from the Spouse of the Non-Parent Caretaker Relative

 The amount of income deemed from the caretaker relative's spouse is calculated as follows:

1. income which would be excluded from consideration for an assistance unit member is excluded from the income of the spouse of the non-parent caretaker relative.
2. the counted monthly earned income of the caretaker relative's spouse is reduced by:
 - a. the expenses of self-employment, if applicable; and
 - b. the deduction for personal employment expenses; (Cross Reference: 5035.05-"Income Deductions")
3. the remaining amount of earnings is added to the spouse's total monthly unearned income.
4. from the combined total of earned and unearned income an amount is subtracted equivalent to the standard of need of the following persons as determined under the AFDC program:
 - a. the spouse of the non-parent caretaker relative;
 - b. all others living in the spouse's home who:
 - (1) do not have their needs considered in the determination of eligibility for AFDC; and
 - (2) have not been disqualified from receiving AFDC; and
 - (3) are or could be claimed by the spouse as legal tax dependents;

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Section:

Treatment of Income

Type:

POLICY

Chapter:

Deemed Income

Program:

**AFDC
FMA**

Subject:

Spouses of Non-Parent Caretaker Relative

5020.20 B. Determining the Amount of Income Deemed from the Spouse of the Non-Parent Caretaker Relative (continued)

5. the remaining total of the income is further reduced by the following expenses, if they are applicable:
 - a. the actual amounts of monthly support payments made by the deemor to legal dependents who do not share the spouse's home;
 - b. the actual amounts of payments for alimony and child support made by the deemor.
6. any remaining income is deemed to be that of the non-parent caretaker relative for the purpose of determining the relative's need and for calculating benefits if the relative is added to the assistance unit.

C. Determining the Need of the Caretaker Relative

The non-parent caretaker relative is added to the assistance unit when he or she is determined to be needy using the following method:

1. income which would be excluded from consideration for an assistance unit member is also excluded from the income of the non-parent caretaker relative;
2. the counted monthly earned income of the non-parent caretaker relative is reduced by:
 - a. the expenses of self-employment, if applicable; and
 - b. the total gross earnings amount is reduced by subtracting \$75.00 per month for personal employment expenses regardless of whether the individual is employed full or part time;
 - c. a deduction for day care expenses; (Cross Reference: 5035.05 p.2 - "Income Deductions")
3. the remaining amount of earned income is added to the caretaker relative's monthly gross unearned income and any income deemed from his or her spouse;

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Section:

Treatment of Income

Type:

POLICY

Chapter:

Deemed Income

Program:

**AFDC
FMA**

Subject:

Spouses of Non-Parent Caretaker Relative

5020.20 C. Determining the Need of the Caretaker Relative (continued)

4. the total applied income is compared to the AFDC standard of need amount for one person:
 - a. if the total applied income equals or exceeds the AFDC standard of need amount for one person:
 - (1) the non-parent caretaker relative is not eligible to be added to the assistance unit; and
 - (2) his or her income is not counted as available to the assistance unit;
 - b. if the total applied income is less than the AFDC standard of need amount for one person:
 - (1) the non-parent caretaker relative is added to the assistance unit; and
 - (2) his or her income, including any amount deemed from his or her spouse, is counted as available to the assistance unit.

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Date: 1-1-94**Transmittal: UP-93-43****P-5020.20**

Section:
Treatment of Income**Type:**
PROCEDURES

Chapter:
Deemed Income**Program:** **AFDC**
 FMA

Subject:
Spouses of Non-Parent Caretaker Relatives

- P-5020.20
1. Check to see if the non-parent caretaker relative is requesting to be added to the assistance unit.
 2. If he or she is requesting assistance, do the following:
 - ° calculate the amount of income to be deemed from the spouse of the caretaker relative, if any, when the relative and spouse live together;
 - ° determine whether or not the caretaker relative is needy.
 3. Calculate the amount of income to be deemed to the non-parent caretaker relative from his or her spouse in the following manner:
 - a. subtract from the spouse's total earnings:
 - ° self-employment expenses, if appropriate;
 - ° a deduction for personal employment expenses;
 - b. add the spouse's remaining earnings to any unearned income he or she has;
 - c. reduce the combined figure by the rest of the applicable amounts allowed by policy;
 - d. the remaining amount of money is deemed to the non-parent caretaker relative.
 4. If the non-parent caretaker relative is requesting assistance as part of the assistance unit, determine the caretaker relative's need in the following way:
 - a. subtract from the caretaker relative's total earnings self-employment expenses and a deduction for personal employment expenses;
 - b. add the remaining amount of earnings to any unearned and deemed income the caretaker relative may have.
 - c. compare the combined total to the AFDC standard of need amount for one person;

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Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Deemed Income

Program: **AFDC**
 FMA

Subject:
Spouses of Non-Parent Caretaker Relatives

P-5020.20 4. (continued)

- d. do not add the caretaker relative to the assistance unit if need does not exist and do not count his or her income available to the unit;
- e. add the caretaker relative to the assistance unit if there is need and count all the caretaker's income, including deemed income, as available to the unit.

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Date: 3-1-06

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5020.25

Section:
Treatment of Income

Type:
POLICY

Chapter:
Deemed Income

Program: AFDC

Subject:
Disqualified Individuals

5020.25 A. Description of Deemor Group

This group consists of those persons who are mandatory members of the unit who are disqualified for the following reasons:

1. failing or refusing to cooperate without good cause regarding the pursuit of support;
2. transferring assets for the purpose of qualifying for assistance;
3. failing to comply with or violating any procedural eligibility requirement except Social Security Number requirements;
4. failing or refusing to comply with work registration requirements;
5. delaying or failing to report the individual's presence in the home by the assistance unit;
6. committing an intentional recipient error in the AFDC program. (Cross-Reference: 7050.30)

B. Calculation of Amount Deemed

The income of these disqualified persons is deemed to the assistance unit in accordance with the following guidelines:

1. income excluded from consideration for unit members is also excluded from the deemor's income;
2. unearned income is deemed to be totally available without any disregards;
3. earned income is deemed available subject only to a deduction for any applicable self-employment expenses.

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Date: 6-1-89**Transmittal: UP-89-49****P-5020.25**

Section:
Treatment of Income**Type:**
PROCEDURES

Chapter:
Deemed Income**Program:**
AFDC

Subject:
Disqualified Individuals

- P-5020.25
1. Determine if the potential deemor is a mandatory assistance unit member who has been disqualified from receiving assistance for the reasons listed in policy.
 - ° if the individual is not a mandatory unit member, do not deem his or her income to the unit;
 - ° if the individual is a mandatory member and has been disqualified, continue with these procedures.
 2. Calculate the amount of income to be deemed as follows:
 - a. subtract any self-employment expenses from any earnings from self-employment;
 - b. add the total monthly gross earnings to the deemor's total gross unearned income;
 - c. deem the entire combined gross income amount of income to the assistance unit.

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Date: 7-1-97

Transmittal: UP-98-3

5020.27

Section:
Treatment of Income

Type:
POLICY

Chapter:
Deemed Income

Program: AFDC

Subject:
Individuals Disqualified for Fraudulent Misrepresentation

5020.27 A. Description of Deemor Group

This group consists of those persons who are mandatory members of the unit who are disqualified for fraudulently representing his or her place of residence in order to receive assistance simultaneously from two or more states. (cross reference 3030.10)

B. Calculation of Amount Deemed

The needs of the disqualified individual are not used for purposes of determining eligibility or calculating benefits of the remaining members of the assistance unit, but income of these disqualified persons is deemed to the assistance unit in accordance with the following guidelines:

1. income excluded from consideration for unit members is also excluded from the deemor's income;
2. unearned income is deemed to be totally available without any disregards;
3. earned income is deemed available subject only to a deduction for any applicable self-employment expenses.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 7-1-91	Transmittal: UP-91-35	5020.30
Section: Treatment of Income	Type: POLICY	
Chapter: Deemed Income	Program: AFDC	
Subject: Deemors of Pregnant Women		

5020.30 A. Description of Deemor Group

1. This group includes all individuals who would in the month of the child's birth:
 - a. meet the AFDC categorical and technical eligibility requirements; and
 - b. be mandatory inclusions in the assistance unit using AFDC rules.
2. Members of this deemor group described in A. 1. are members of the needs group for determining the assistance unit's eligibility.
3. This group does not include:
 - a. spouses of pregnant women who will be stepparents, rather than parents, in the month of the child's birth; and
 - b. parents of minor pregnant women (Cross-Reference: 5020.10).

B. Calculation of Amount Deemed

The amounts of income to be deemed for determining eligibility and for calculating benefits are calculated differently:

1. The amount of income deemed for determining the assistance unit's eligibility is calculated in the following way:
 - a. income which is excluded from consideration for assistance unit members is also excluded from each deemor's income;
 - b. each deemor's monthly earned income is reduced by:
 - (1) self-employment expenses, if any; and
 - (2) the deduction for personal employment expenses; and (Cross-Reference: 5035.05)
 - (3) a deduction for day care expenses; (Cross Reference: 5035.05)

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AFDC

Subject:
Deemors of Pregnant Women

5020.30 B. 1. Calculation of Amount Deemed (continued)

- c. each deemor's remaining earned income is added to his or her monthly gross unearned income;
 - d. the totals of the deemors' combined earned and unearned incomes are deemed to the assistance unit for the purpose of determining eligibility for assistance;
2. The amount of income deemed for the purpose of calculating benefits is calculated in the following manner:
- a. after the spouse's net earnings and unearned income are combined, an amount is subtracted equivalent to the standard of need of the following persons as determined under the AFDC program:
 - (1) the deemor; and
 - (2) all others living in the assistance unit's home who:
 - (a) do not have their needs considered in the determination of eligibility for AFDC; and
 - (b) have not been disqualified from receiving AFDC; and
 - (c) are or could be claimed by the deemor as legal tax dependents;
 - b. the remaining total of the income is further reduced by the following expenses if they are applicable:
 - (1) the actual amounts of monthly support payments made by the deemor to legal dependents who do not share the deemor's home;
 - (2) the actual amounts of payments for alimony and child support made by the deemor;
 - c. the income which remains is deemed available to the assistance unit for calculating benefits.

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Chapter:
Deemed Income

Program:
AFDC

Subject:
Deemors of Pregnant Women

- P-5020.30
1. Establish that each potential deemor:
 - is the legal spouse or dependent child of the pregnant woman or is the father of the unborn child's siblings; and
 - lives with the pregnant woman; and
 - would be a mandatory member of the assistance unit if the child were born.
 2. Do not deem income from persons who do not meet the above criteria. If the pregnant woman's spouse would be a stepparent in the month of the child's birth, use the stepparent methodology (Cross-Reference: 5020.10).
 3. If the pregnant woman is a minor, living with her parents, deem income using the stepparent methodology (Cross-Reference: 5020.10).
 4. If the spouse and children meet the criteria in step 1, continue with these procedures.
 5. Calculate the amount of income to be deemed from each deemor in the following manner:
 - a. subtract self-employment expenses from any earnings from self-employment;
 - b. subtract the following from the deemor's gross earnings:
 - personal employment expenses;
 - day care expenses to the extent allowed in policy;
 - c. add the deemor's net earnings to his or her monthly gross unearned income;
 - d. deem the combined total of each deemor's income to the assistance unit for the purpose of determining eligibility.
 6. Remember that each deemor described in step 1 is a member of the needs group in determining income eligibility. Do not include parents of minor pregnant woman or spouses who are only stepparents in the needs group.

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Section:
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Type:
PROCEDURES

Chapter:
Deemed Income

Program:
AFDC

Subject:
Deemors of Pregnant Women

- P-5020.30 7. Calculate the amount of income to be deemed to the assistance unit for the purpose of calculating benefits in the following manner:
- a. count only the income to be deemed from the pregnant woman's spouse;
 - b. determine all earned income and subtract self-employment expenses, if appropriate, and a deduction for personal employment expenses;
 - c. combine the remaining amount of earned income with gross unearned income;
 - d. subtract the amounts described in policy relative to the needs of the deemor, others in the assistance unit's home, and payments made by the deemor;
 - e. deem the remaining amount to the assistance unit.

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Date: 10-1-93

Transmittal: UP-93-28

5020.32

Section:

Treatment of Income

Type:

POLICY

Chapter:

Deemed Income

Program:

FMA

Subject:

Parent and Spouse of Children Who Receive SSI

5020.32 A. Description of Deemor Group

Income is deemed from parents and spouses of children who receive SSI and live with their parents or spouses.

B. Coverage Group

Income is deemed from parents and spouses of children who receive SSI in all FMA coverage groups.

C. Deeming Methodology

The amount deemed from an individual in this group is calculated using the methodology for step-parents. (Cross Reference: 5020)

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Date: 10-1-93

Transmittal: UP-93-28

5020.34

Section:
Treatment of Income

Type:
POLICY

Chapter:
Deemed Income

Program:
FMA

Subject:
Deemors of Non-SSI FMA Children

5020.34 A. Description of Deemor Group

1. This group includes the following deemors who are living with the assistance unit, other than assistance units receiving SSI:
 - a. spouses of Ribicoff Children;
 - b. parents of Ribicoff Children;
 - c. individuals who are receiving MAABD benefits and whose children are receiving FMA benefits;
 - d. other spouses and parents who have not chosen to apply for FMA;
 - e. non-SSI siblings of FMA children who apply for or receive FMA benefits under another FMA coverage group.
2. Members of these deemor groups are members of the needs group for determining the assistance unit's eligibility.

B. Deeming Methodology

The amount of income which is deemed is calculated using the methodology for deemors of pregnant women. (Cross Reference: 5020.36)

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Treatment of Income

Type:

POLICY

Chapter:

Deemed Income

Program: FMA

Subject:

Deemors of Pregnant Women

5020.36 A. Description of Deemor Group

1. The Department deems income available to a woman qualifying under the pregnant woman coverage groups from the following individuals living with the pregnant woman:
 - a. the spouse of the pregnant woman with no other children receiving FMA who:
 - (1) would be included in the FMA assistance unit in the month of the child's birth using AFDC assistance unit composition rules; and
 - (2) is not just a stepparent; and
 - b. children of pregnant women with no other children receiving FMA:
 - (1) for whom FMA assistance would be requested in the month of the child's birth; and
 - (2) who would qualify for FMA; and
 - c. fathers of the unborn child's siblings, if FMA assistance would be requested for the siblings in the month of the child's birth.
2. Members of this deemor group described in A.1. are members of the needs group for determining the assistance unit's eligibility.
3. This group does not include:
 - a. spouses of pregnant women who will be stepparents, rather than parents, in the month of the child's birth; and
 - b. parents of minor pregnant women (Cross-Reference: 5020.10).

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Type:
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Chapter:
Deemed Income

Program: FMA

Subject:
Deemors of Pregnant Women

5020.36 B. Deeming Methodology

Deemed income is calculated using the same methodology as used to determine eligibility for pregnant women under AFDC (Cross-Reference: 5020.30).

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P-5020.36

Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Deemed Income

Program: FMA

Subject:
Deemors of Pregnant Women

- P-5020.36
1. Establish that each potential deemor:
 - ° is the legal spouse or dependent child of the pregnant woman or is the father of the unborn's siblings; and
 - ° lives with the pregnant woman; and
 - ° would be a mandatory member of the assistance unit in the month of the child's birth using FMA assistance unit composition rules (Cross-Reference: 2010).
 2. If the pregnant woman's spouse would be a stepparent in the month of the child's birth, use the stepparent methodology (Cross-Reference: 5020.10).
 3. If the pregnant woman is a minor parent, living with her parents, deem income from the parents using the step-parent methodology (Cross-Reference: 5020.10).
 4. Remember that each deemor described in step 1 is a member of the needs group. Do not include parents of minor pregnant women or spouses who are only stepparents in the needs group.
 5. Calculate the amount of income to be deemed using the AFDC deeming methodology for determining eligibility of pregnant women (Cross-Reference: 5020.30).

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Date: 3-1-06	Transmittal: UP-06-05	5020.38
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Section: Treatment of Income	Type: POLICY
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Chapter: Deemed Income	Program: FMA
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Subject: Disqualified Individuals
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5020.38 A. Circumstances in Which Income is Deemed

The Department deems the income of an individual available to the assistance unit if the individual:

1. is living with the unit; and
2. is the parent or spouse of an assistance unit member; and
3. is disqualified from the program for:
 - a. transferring assets for the purpose of qualifying for assistance; or
 - b. failing to cooperate in pursuing support; or
 - c. failing to comply with or violating any procedural eligibility requirement except Social Security Number requirements.

B. Deeming Methodology

Deemed income is calculated using the AFDC deeming methodology for disqualified individuals (cross reference: 5020.25).

C. Disqualified Individuals Not Members of Needs Group

The disqualified individuals described above are deemors but not members of the needs group containing the assistance unit from which they were disqualified.

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Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Deemed Income

Program:
FMA

Subject:
Disqualified Individuals

- P-5020.38
1. Determine whether there are any disqualified individuals living with the assistance unit, as described in policy. If yes, continue with step 2.
 2. Deem all the counted income of a disqualified individual to the assistance unit if the disqualified individual:
 - is living with the assistance unit; and
 - is either the parent or spouse of an assistance unit member.
 3. Remember, a disqualified individual is not a member of the needs group.
 4. Calculate the income to be deemed using the AFDC deeming methodology for disqualified individuals. (cross-reference: 5020.25).

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Date: 6-1-89**Transmittal: UP-89-49****P-5020.39**

Section:
Treatment of Income**Type:**
PROCEDURES

Chapter:
Deemed Income**Program:**
FMA

Subject:
Parents and Spouses of Children Who Receive SSI

- P-5020.39
1. Establish that the potential deemor is the parent or spouse of a child who receives SSI and that they live together.
 2. Calculate the amount of income to be deemed using the methodology for deeming from stepparents (Cross-Reference 5020.10).
 3. Do not include the deemors in the needs group.

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P-5020.45

Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Deemed Income

Program:
FMA

Subject:
Deemers of Non-SSI FMA Children

- P-5020.45
1. Determine whether the child receives SSI payments. If yes, stop here. If no, continue with step 2.
 2. Identify the coverage group to which the assistance unit belongs.
 3. Establish that the potential deemor is:
 - a spouse or parent of a child who lives with the deemor; or
 - an individual who is receiving MAABD assistance and is living with his or her child who is receiving FMA benefits; or
 - a non-SSI sibling who qualifies for and receives FMA under another coverage group.
 4. Include all deemors in the needs group.
 5. Calculate the amount of income to be deemed using the AFDC deeming methodology for determining eligibility of pregnant women (Cross-Reference 5020.30).

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Date: 10-1-09

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5020.60

Section:
Treatment of Income

Type:
POLICY

Chapter:
Deemed Income

Program: **MA**
 SNAP

Subject:
Sponsors of Non-citizens

5020.60 Sponsors of Non-Citizens Who Entered the U.S. on or after August 22, 1996 and Executed the Revised Affidavit of Support (I-864) or the Contract Between Sponsor and Household Member (I-864A)

A. Circumstances Under Which Income is Deemed

1. The Department deems the income of a non-citizen's sponsor and the sponsor's spouse, if the spouse signed the Revised Affidavit of Support (I-864) or the Contract Between Sponsor and Household Member (I-864A) to the non-citizen under the following circumstances:
 - a. the sponsor and the sponsor's spouse are not members of the same assistance unit as the non-citizen; and
 - b. the non-citizen must have a sponsor under USCIS rules; and
 - c. the sponsor and the sponsor's spouse have executed an Affidavit of Support (I-864) or the Contract Between Sponsor and Household Member (I-864A) pursuant to 8 U.S.C. § 1183a (a) (section of the Personal Responsibility and Work Opportunity Act of 1996, amending Title II of the Immigration and Nationality Act by adding section 213(a) on behalf of the non-citizen; and
 - d. the sponsor is an individual rather than an institution; and
 - e. none of the exceptions set forth in Paragraph C of this section are applicable.
2. The Department deems income in accordance with Paragraph A.1 of this section, whether or not the sponsor lives with the non-citizen.
3. The Department deems income in accordance with Paragraph A.1 until one of the following events occurs:
 - a. the non-citizen becomes a citizen of the United States; or
 - b. the non-citizen works 40 qualifying quarters, as defined under Title II of the Social Security Act; or
 - c. the non-citizen is credited for having worked 40 qualifying quarters if, beginning January 1, 1997, the qualifying quarters were worked when the non-citizen did not receive any federal means-tested public benefit, and either

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Program:

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Subject:

Sponsors of Non-citizens

5020.60 A. Circumstances Under Which Income is Deemed (continued)

- (1) the qualifying quarters were worked by a parent of such non-citizen while the non-citizen was under 18 years of age; or
- (2) the qualifying quarters were worked by a spouse of such non-citizen during the couple's marriage and the non-citizen remains married to such spouse or such spouse is deceased; or
- (3) the non-citizen or the sponsor dies.

B. Computation of the Amount of Deemed Income

The amount of income deemed from a sponsor and the sponsor's spouse is calculated in the following manner:

1. income which is excluded from consideration for assistance unit members is excluded from the sponsor's income;
2. self-employment earnings are adjusted by subtracting the applicable self-employment expenses;
3. the gross monthly earned income amount is reduced by 20% to allow for personal work expenses;
4. the remaining earnings plus gross unearned income is totaled and reduced by the Supplemental Nutrition Assistance Program Gross Income Limit as determined by the family size of the sponsor and any other person who is claimed or could be claimed by the sponsor or the sponsor's spouse as a dependent for federal income tax purposes;
5. this amount is prorated for the non-citizen if the sponsor is also sponsoring other non-citizens; and
6. this amount is deemed to the assistance unit as unearned income to determine the non-citizen's eligibility.
7. In addition to the amount deemed, any amount in excess of the deemed amount which is paid by the sponsor to each non-citizen is also counted as unearned income.

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Subject:
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5020.60 | C. Exceptions to Deeming

The Department does not deem the income of the non-citizen's sponsor and the sponsor's spouse to the non-citizen under the following circumstances:

1. Indigence

- a. The non-citizen may be considered indigent and exempt from the deeming requirement if the following criteria are met:
 - (1) the non-citizen does not have enough money to buy food and maintain a place to live without assistance from the Department based on:
 - (a) the total of the non-citizen's income and income-in-kind is less than the Supplemental Nutrition Assistance Program Gross Income Limit for his or her household size; or
 - (b) the non-citizen is living in an institution or in rated housing; or
 - (c) the non-citizen is applying for or receiving benefits under any Medicaid Home and Community Based waiver program; and
 - (2) the non-citizen's sponsor is not providing both free room and free board to the non-citizen; and
 - (3) the non-citizen lives apart from the sponsor, except as outlined in section 5020.60 C.1.a.(1)(c).
- b. If the non-citizen meets the criteria in Paragraph C.1.a, the non-citizen shall indicate, in writing, whether he or she wants the Department to apply the indigence exception to the non-citizen's application for benefits.
 - (1) If the non-citizen does not want the Department to apply the indigence exception, the income of the sponsor shall be deemed to the non-citizen.

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5020.60 C. Exceptions to Deeming (continued)

- (2) If the non-citizen wants the Department to apply the indigence exception, the Department shall not deem the sponsor's income to the non-citizen. The Department shall notify the United States Attorney General of the name and address of the non-citizen and the name and address of the sponsor.

2. Battery or Extreme Cruelty

- a. If the non-citizen, the non-citizen's child or the parent of the non-citizen child has been battered or subjected to extreme cruelty in the United States, the non-citizen is exempt from the deeming requirement for a period of 12 months, effective the date that the Department determines that the following conditions are met:
 - (1) the Department determines that the battery or extreme cruelty has a substantial connection to the need for assistance from the Department; and
 - (2) the individual responsible for the battery or extreme cruelty was residing in the same household or assistance unit as the individual subjected to the battery or extreme cruelty, as the time that the batter or extreme cruelty occurred and these individuals no longer reside together; and
 - (3) the non-citizen has been battered or subjected to extreme cruelty by his or her spouse or parent, or by a member of the spouse's or parent's family residing in the same household as the non-citizen and the spouse or parent consented to or acquiesced in such battery or extreme cruelty; or
 - (4) the non-citizen's child has been battered or subjected to extreme cruelty by the non-citizen's spouse or parent (without the non-citizen's active participation) or by a member of the non-citizen spouse's or parent's family residing in the same household as the non-citizen when the spouse or parent consented to or acquiesced in the battery or extreme cruelty and the non-citizen did not actively participate in the battery or extreme cruelty; or

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Deemed Income

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 SNAP

Subject:
Sponsors of Non-citizens

5020.60 C. Exceptions to Deeming (continued)

- (5) the non-citizen is a child whose parent, who resides in the same household as the non-citizen child, has been battered or subjected to extreme cruelty by that parent's spouse or by a member of the spouse's family residing in the same household as the parent and the spouse consented to or acquiesced in such battery or extreme cruelty.
- b. After the initial 12-month period, the exception to deeming shall be extended if the non-citizen establishes to the Department that:
 - (1) the battery or extreme cruelty referenced in Paragraph C.2.a has been recognized in an order of a judge or in a prior determination by the USCIS; and
 - (2) such battery or extreme cruelty has a substantial connection to the need for the benefits for which the non-citizen has applied.
- c. A substantial connection, as referenced in Paragraphs C.2.a.(1) and C.2.b.(2), is met if the non-citizen needs benefits for any of the following reasons:
 - (1) to become self-sufficient; or
 - (2) to escape and ensure safety from the abuser; or
 - (3) due to separation and loss of financial support from the abuser; or
 - (4) due to the non-citizen's job loss; or
 - (5) due to becoming disabled as a result of abuse and needing medical attention or mental health counseling; or
 - (6) to alleviate nutritional risk or need resulting from abuse or following separation; or
 - (7) to replace medical coverage that existed when living with the abuser; or
 - (8) the applicant's ability to care for his or her child has been negatively affected; or

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Chapter:

Deemed Income

Program:

**MA
SNAP**

Subject:

Sponsors of Non-citizens

5020.60 C. Exceptions to Deeming (continued)

- (9) for medical care during a pregnancy that resulted from the abuser's sexual assault or abuse or medical care for any resulting children; or
- (10) other circumstances exist, due to the battery or extreme cruelty, that result in the continued need for departmental assistance.

3. Good Cause – MA Only

The Department recognizes that, due to extenuating circumstances, there may be good cause for the non-citizen to be unable to provide accurate and complete information to the Department concerning the sponsor's income. For the purpose of this section, except in situations where the non-citizen and the sponsor live together, if the non-citizen establishes that any of the following circumstances exist, the Department will not deem the income of the sponsor to the non-citizen:

- a. despite good-faith efforts by the non-citizen to obtain accurate and complete information from the sponsor, the sponsor refuses and repeatedly fails to provide information to the non-citizen concerning the sponsor's income; or
- b. the non-citizen has a physical or mental illness or disability that limits his or her ability to provide accurate and complete information to the Department; or
- c. the current whereabouts of the sponsor is unknown; or
- d. there are exceptional circumstances that prevent the non-citizen from obtaining information from the sponsor, as approved by the Commissioner or the Commissioner's designee.

4. Non-Citizen Children – Supplemental Nutrition Assistance Program Only

For the Supplemental Nutrition Assistance Program only, the Department does not deem the income of a sponsor to a non-citizen who is under 18 years of age.

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 SNAP

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Sponsors of Non-citizens

P-5020.60 Deeming Subsequent to Implementation of Revised Affidavit of Support

1. Verify that the sponsor and, if applicable, the sponsor's spouse have signed the revised Affidavit of Support or the Contract Between Sponsor and Household Member, as described in policy.
2. If the non-citizen is subject to deeming rules, inform him or her that the sponsor's income and assets must be verified as a condition of eligibility.
3. Determine if the non-citizen meets the criteria for an exception to deeming.
4. If the non-citizen qualifies for the exception to deeming due to being indigent and is applying for or receiving benefits from a federally funded program, have the non-citizen sign the Exception to Deeming for Needy Non-Citizens form, using Form W-724 . Review this exception at the end of each 12-month period.
5. If the non-citizen qualifies for an exception to deeming due to being indigent and is applying for or receiving benefits from a state-funded program, the Department shall grant this exception and the non-citizen does not have to sign Form W-724. The Department does not report sponsors and non-citizens who qualify under state-funded programs to USCIS.
6. If the non-citizen does not want his or her name and address or the sponsor's name and address sent to the U.S. Attorney General, proceed with the calculation of the amount of deemed income from the sponsor(s) as directed in policy.
7. If the non-citizen has requested the indigence exception and has signed the Exception to Deeming for Needy Non-Citizens form, forward the name and address of the non-citizen(s) and the name and address of the sponsor(s) to the U.S. Attorney General, using Form W-725. Use the instructions on the reverse side of Form W-725 to determine which non-citizens are reported to USCIS. Those non-citizens who are receiving benefits under the State-funded programs are not reported to USCIS. If the non-citizen should be reported, the form is mailed to:

U.S. Citizenship and Immigration Services
Office of Policy and Strategy
Research and Evaluation, Room 4010
20 Massachusetts Ave., NW
Washington DC 20529

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P-5020.60 Deeming Subsequent to Implementation of Revised Affidavit of Support (continued)

Once the non-citizen has been in the United States for five years and they have been granted an indigence exception, they are reported to USCIS using Form W-725.

8. The indigence exception is renewable and at each determination, have the non-citizen sign the form and forward the names and addresses to the U.S. Attorney General. See instructions and address listed above in 7.
9. If the non-citizen qualifies for the exception to deeming due to battery or extreme cruelty, have the non-citizen sign the Exception to Deeming for Battered Non-Citizen form, Form W-726. Review this exception at the end of the initial 12-month period as directed in policy. At the time of review, use the Review of Exception for Battered Non-Citizens Form, using Form W-729. Follow the directives as outlined in policy.
10. If the non-citizen qualifies for an exception to deeming due to good cause, document this in the case narrative.
11. If the non-citizen is not subject to the deeming rules, determine eligibility by considering all other eligibility factors, both financial and non-financial.
12. Calculate the amount of income to be deemed from the sponsor and the sponsor's spouse, as described in policy.
13. Continue to deem income from the sponsor and the sponsor's spouse to the non-citizen until the non-citizen:
 - a. becomes a citizen of the U.S.; or
 - b. can be credited for having worked 40 qualifying quarters, as described in policy; or
 - c. the non-citizen or the sponsor dies.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 10-1-89	Transmittal: UP-89-41	5020.65
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Section: Treatment of Income	Type: POLICY
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Chapter: Deemed Income	Program: AABD
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Subject: Parents of Blind Children
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5020.65 A. Circumstances in Which Income is Deemed

1. The Department deems the income of parents living with applicants for or recipients of Aid to the Blind and who are under eighteen years of age.
2. The income is also deemed to the AABD applicant or recipient for the month the child and parents cease living together.

B. Circumstances in Which Income is not Deemed

1. The Department does not deem income from parents who live apart from their children.
2. Parents of applicants for or recipients are considered to be living apart from their child under the following circumstances:
 - a. the parents have left the child's home and do not return; or
 - b. the child is a member of a CBS special needs group.

C. Calculating the Amount Deemed

The amount deemed from persons in this group is calculated in the following manner:

1. Income which is excluded from that of an assistance unit member is also excluded from the deemor's income.
2. The total monthly gross earned income of each parent is adjusted by subtracting the actual expenses of self-employment, if applicable, allowed under the AFDC program.
3. The gross earnings amount is then reduced by subtracting a deduction for employment expenses. (Cross Reference: 5035.05 - "Income Deductions")
4. The remaining amount of earnings is added to the total monthly gross unearned income.

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Transmittal: UP-93-43

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Section:
Treatment of Income

Type:
POLICY

Chapter:
Deemed Income

Program:
AABD

Subject:
Parents of Blind Children

5020.65 C. Calculating the Amount Deemed (continued)

5. From the combined total of earned and unearned income, an amount is subtracted equivalent to the AFDC standard of need of the following persons as they would be determined under the AFDC program:
 - a. those who are excluded from the AABD assistance unit; and
 - b. who comprise a group consisting of the parents and all other individuals who are living in the home and who can be claimed as legal tax dependents by the parents.
6. The adjusted combined income is further reduced by the following expenses, if applicable:
 - a. the actual amounts of monthly support payments made by the parents to legal dependents not sharing the parent's home;
 - b. the actual amounts of payments for alimony and child support made by either or both of the parents.
7. The income which remains is deemed to the assistance unit.

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Program:
AABD

Subject:
Parents of Blind Children

- P-5020.65
1. Establish that the potential deemor is a parent living with an applicant or recipient of Aid to the Blind, who is:
 - under 18 years of age; and
 - is not a CBS special needs group case.
 2. Check to see if the potential deemor is a member of a CBS special needs group.
 3. Check to see if the applicant or recipient is expected to return to the home.
 4. Calculate the amount deemed from each parent in the following manner:
 - a. subtract from the total earned income the following deductions:
 - self-employment expenses, if applicable;
 - a deduction for personal employment expenses;
 - b. add the remaining amount of earnings to any gross unearned income the parent has;
 - c. subtract from the total combined income all of the appropriate deductions allowed in policy;
 - d. deem the remaining amount to the assistance unit.

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Date: 7-1-88	Transmittal: UP-91-18	5020.70
Section: Treatment of Income	Type:	POLICY
Chapter: Deemed Income	Program:	AABD
Subject: Spouses		

5020.70 A. Circumstances in Which Income is Deemed

1. The Department deems the income of the spouse of an AABD applicant or recipient if they are considered to be living together.
2. The spouse's income is also deemed to the AABD applicant or recipient for the month that they cease living together.

B. Circumstances in Which Income is Not Deemed

1. The Department does not deem income from spouses who are living apart.
2. Spouses are considered to be living apart under the following circumstances:
 - a. both spouses are residing in different rooms in the same boarding home; or
 - b. one spouse has left the home and does not return; or
 - c. one spouse is member of a CBS special needs group.

C. Calculating the Amount Deemed

1. Income which is excluded from that of an assistance unit member is also excluded from the income of the deemor.
2. The amount deemed to the unit from the unit member's spouse is calculated in the following manner when the spouse has applied and has been determined eligible to receive AABD:
 - a. the deemor's self-employment earnings are reduced by self-employment expenses, if applicable;

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5020.70 C. 2. Calculating the Amount Deemed (continued)

- b. the deemor's gross earnings are reduced by the appropriate deductions and disregards allowed under the program for which he or she has been determined eligible (Cross References: 5030 -Income Disregards, 5035 - Income Deductions);
 - c. the deemor's gross unearned income is reduced by the standard disregard (Cross Reference: 5030 - Income Disregards);
 - d. the applied earned and applied unearned income amounts are added together for a total amount of deemed income.
3. When the spouse has not applied for AABD or has applied and has been determined to be ineligible for benefits, the amount deemed to the unit from the unit member's spouse is calculated in the following manner:
- a. the deemor's self-employment earnings are reduced by self-employment expenses, if applicable;
 - b. the deemor's gross earnings are reduced by deducting the following personal employment expenses, as appropriate:
 - (1) mandatory union dues and cost of tools, materials, uniforms or other protective clothing when necessary for the job and not provided by the employer;
 - (2) proper federal income tax based upon the maximum number of deductions to which the deemor is entitled;
 - (3) FICA, group life insurance, health insurance premiums, or mandatory retirement plans;
 - (4) lunch allowance at .50 cents per working day;

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POLICY

Chapter:
Deemed Income

Program: AABD

Subject:
Spouses

5020.70 C. 3. Calculating the Amount Deemed (continued)

- (5) transportation allowance to travel to work at the cost per work day as charged by private conveyance or at .12 cents per mile by private car or in a car pool. Mileage necessary to take children to or to pick them up from a child care provider may also be included;
 - c. the total applied earned income of the deemor is added to his or her total monthly gross unearned income;
 - d. the combined total of the deemor's gross unearned income and applied earned income after the appropriate deductions are made is deemed available to the assistance unit member.
4. If both spouses are applying or receiving assistance, this process is performed for each spouse to determine the amount deemed to the other.

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Date: 7-1-88

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P-5020.70

Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Deemed Income

Program:
AABD

Subject:
Spouses

- P-5020.70
1. If an AABD applicant or recipient is living with his or her spouse check to see if they are living in:
 - a. his or her home; or
 - b. a boarding home; or
 - c. a general hospital.
 2. Do not regard spouses to be living together under any of the following circumstances:
 - a. both spouses are residing in different rooms in the same boarding home; or
 - b. one spouse is a member is a CBS special needs group; or
 - c. one spouse has left the home of the other with the intent of establishing separate residency.
 3. Determine if:
 - a. the spouse of the unit member is an applicant for or recipient of AABD; and
 - b. the spouse has been determined eligible for AABD.
 4. Based on the findings in steps 1, 2, and 3, choose the appropriate deeming method presented in 5020.70.

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5020.75

Section:

Treatment of Income

Type:

POLICY

Chapter:

Deemed Income

Program:

MAABD

Subject:

Spouses and Parents

5020.75 A. Circumstances in Which Income is Deemed

1. The Department deems income from:
 - a. the spouse of an MAABD applicant or recipient if he or she is considered to be living with the assistance unit member, except in cases involving working individuals with disabilities. In these cases, spousal income is deemed only in determining the cost of the individual's premium for medical coverage (Cross Reference: 2540.85);
 - b. parents living with assistance unit members who are applying for or receiving Medicaid on the basis of blindness and who are under eighteen years of age.
2. Income is also deemed from:
 - a. the spouse of an MAABD applicant or recipient for the month he or she separates from the assistance unit member if the MAABD applicant or recipient does not begin a continuous period of institutionalization; or
 - b. the spouse of an MAABD applicant or recipient for the month prior to the month he or she separates from the assistance unit member if the MAABD applicant or recipient begins a continuous period of institutionalization; or
 - c. parents of the MAABD applicant or recipient for the month that they cease living with the assistance unit member.
3. A spouse who is considered to be living with an assistance unit member is a member of the needs group when determining the assistance unit's eligibility.

B. Circumstances in Which Income is not Deemed

1. The Department does not deem income from:
 - a. spouses who are living apart; or
 - b. parents who live apart from their children.

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Date: 1-1-98

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Treatment of Income

Type:

POLICY

Chapter:

Deemed Income

Program:

MAABD

Subject:

Spouses and Parents

5020.75 B. Circumstances in Which Income is not Deemed (Continued)

2. Spouses are considered to be living apart under the following circumstances:
 - a. one spouse has left the home and does not return; or
 - b. both are residing in different rooms in the same boarding home; or
 - c. both are residing in the same long term care facility; or
 - d. one spouse is receiving home and community based services (CBS) under a Medicaid waiver.
3. Parents of applicants for or recipients of Medicaid on the basis of blindness are considered to be living apart from the assistance unit member under the following circumstances:
 - a. the parents have left the child's home and do not return; or
 - b. the child is receiving home and community based services (CBS) under a Medicaid waiver.

C. Deeming Methodology

Deemed income is calculated from parents and from spouses in the same way as in AABD for members of the following coverage groups:

1. Recipients of AABD;
2. AABD - Eligible Non-Recipients;
3. Eligible for AABD except for a Non-Medicaid Requirement;
4. Medically Needy Aged, Blind, and Disabled;
5. Qualified Medicare Beneficiaries;
6. Specified Low Income Medicare Beneficiaries;
7. Additional Low Income Medicare Beneficiaries.

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Date: 10-1-89

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P-5020.75

Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Deemed Income

Program:
MAABD

Subject:
Spouses and Parents

- P-5020.75
1. Establish that the potential deemor is:
 - a. a spouse of an applicant or recipient; or
 - b. a parent living with an applicant or recipient of Medicaid on the basis of blindness, who is:
 - (1) under 18 years of age; and
 - (2) is a receiving CBS under a Medicaid waiver.
 2. Check to see if the potential deemor is:
 - a. a resident of the same LTCF; or
 - b. residing in a different room in the same boarding home; or
 - c. is receiving CBS under a Medicaid waiver.
 3. Check to see if the applicant or recipient is expected to return to the home.
 4. Calculate the amount of income to be deemed from the spouse or parents using the same methodology that would be used if the assistance unit were applying for or receiving AABD.
 5. If the assistance unit member is a MCCA spouse, deem the income calculated in step 4 through the month prior to the month of institutionalization.
 6. If the assistance unit is not a MCCA spouse, deem the income calculated in step 4 in each month the deemor lives with the assistance unit including the month of separation, should one occur.

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Date: 10-1-09

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5020.85

Section:
Treatment of Income

Type:
POLICY

Chapter:
Deemed Income

Program: SNAP

Subject:
Disqualified and Ineligible Individuals

5020.85 A. Description of Deemor Group

This group consists of individuals who have been disqualified or found ineligible to receive SNAP.

B. Calculating the Amount Deemed

1. Income which is excluded from that of an assistance unit member is also excluded from the income of the deemor.
2. The gross income of those disqualified due to intentional program violations or non-compliance with employment and training requirements is deemed in its entirety to the remaining eligible members of the unit.
3. The gross income of an individual is also deemed in its entirety to the remaining eligible members of the unit when the individual is:
 - a. found by a court to have purchased illegal drugs, firearms, ammunition or explosives with SNAP benefits; or
 - b. convicted of trafficking in SNAP benefits of \$500 or more; or
 - c. found to have made a fraudulent statement or representation with respect to identity and residence in order to receive multiple benefits simultaneously; or
 - d. fleeing to avoid prosecution, custody or confinement for a crime or an attempt to commit a crime that is a felony under the laws of any state or a high misdemeanor in the state of New Jersey; or
 - e. in violation of a condition of probation or parole imposed for a felony under a state or federal law; or
 - f. an ineligible drug felon.

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Program:

SNAP

Subject:

Disqualified and Ineligible Individuals

5020.85 B. Calculating the Amount Deemed (continued)

4. The income of those disqualified due to failing to comply with requirements to provide a verifiable Social Security number, for being an illegal or ineligible non-citizen or failing to sign a declaration of their citizenship or non-citizen status is deemed available after it is reduced by an amount representing his or her prorated share of the income.
5. The amount of income which is deemed to the unit from a disqualified or ineligible person's earnings is treated as earned income for the unit and is subject to a 20% reduction as well as any self-employment expenses which may exist.

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P-5020.85

Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Deemed Income

Program: FS

Subject:
Disqualified and Ineligible Individuals

- P-5020.85
1. Establish that the potential deemor is either ineligible to receive or has been disqualified from receiving FS assistance.
 2. Deem to the assistance unit the total gross earned and total gross unearned income when the individual is disqualified or ineligible for one of the following reasons:
 - an intentional program violation;
 - non-compliance with employment and training requirements;
 - found to have made a fraudulent statement or representation with respect to identity and residence in order to receive multiple benefits simultaneously;
 - found by a court to have purchased illegal drugs, firearms, ammunition or explosives with Food Stamps;
 - convicted of trafficking in Food Stamp benefits of \$500 or more;
 - fleeing to avoid prosecution, custody or confinement for a crime or an attempt to commit a crime that is a felony under the laws of any state or a high misdemeanor in the state of New Jersey;
 - found in violation of a condition of probation or parole imposed for a felony under a state or federal law;
 - found to be an ineligible drug felon.
 3. Calculate the amount of income to be deemed from an individual who is ineligible due to failing to comply with the requirements to provide a Social Security number, for being an ineligible non-citizen in the following way:
 - a. total all of the disqualified individual's gross earned and gross unearned income;

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PROCEDURES

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Deemed Income

Program: FS

Subject:
Disqualified and Ineligible Individuals

P-5020.85 3. (continued)

- b. calculate the deemor's pro-rated share of the income by dividing the total gross amount by the number of remaining members in the assistance unit plus the disqualified individual;
- c. subtract the amount which results from step 3b from the total gross income of the deemor;
- d. deem the remaining gross income to the assistance unit.

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UNIFORM POLICY MANUAL**

Date: 1-1-88**Transmittal: UP-88-1****5025**

Section:**Treatment of Income****Type:****POLICY**

Chapter:**Conversion to Monthly Amounts****Program:****AFDC****AABD****MA**

Subject:**FS**

5025 Income which is counted in determining the unit's eligibility and calculating its benefits must be converted into monthly amounts if it is not already received in that manner. This chapter describes the methods of conversion used under various circumstances.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-90

Transmittal: UP-90-11

5025.05

Section:

Treatment of Income

Type:

POLICY

Chapter:

Conversion to Monthly Amounts

Program:

**AFDC
AABD
MA
FS**

Subject:

Income Received Monthly or More Frequently

5025.05 A. Retrospective Budgeting System (cross-reference: 6010.10)

1. Past Months

The Department uses the exact amount of the unit's available income received or deemed in the month.

2. Current and Future Months

The Department uses the best estimate of the amount of income the unit will have, if the exact amount is unknown. This estimate is based upon:

- a. information about what the unit received in similar past periods of time; and
- b. a reasonable anticipation of what circumstances will exist to affect the receipt of income in future months.

B. Prospective Budgeting System (cross reference: 6015.05)

1. If income is received on a monthly basis, a representative monthly amount is used as the estimate of income.
2. If income is received on other than a monthly basis, the estimate of income is calculated by multiplying 4.3 by a representative weekly amount that is determined as follows:
 - a. if income is the same each week, the regular weekly income is the representative weekly amount;
 - b. if income varies from week to week, a representative period of at least four consecutive weeks is averaged to determine the representative weekly amount;
 - c. if there has been a recent change or if there is an anticipated future change, the amount expected to represent future income is the representative weekly amount;
 - d. if income is received on other than a weekly or monthly basis, the income is converted to a representative weekly amount by dividing the income by the number of weeks covered;

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P-5025.05

Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Conversion to Monthly Amounts

Program: AFDC
AABD
MA
FS

Subject:
Converting Income Received More Often Than Monthly

P-5025.05 Retrospective Budgeting System

1. Convert income which is received weekly, bi-weekly, or semi-monthly to a monthly amount using one of the methods which follow.
2. For past months or current months in which the total income is known:
 - total all income received in a particular month;
 - use the total as the income available in that month.
3. For current and future months in which the amount of income is not known:
 - total the amount of income which is expected based upon past similar periods of time and circumstances;
 - use the estimate as the amount of income available in the month in question.

Prospective Budgeting System

1. At time of intake or redetermination, request from client verification of at least the last 4 consecutive weeks' wages.
2. Add the last 4 consecutive weeks' wages, divide total by 4, then multiply result by 4.3 to arrive at monthly gross.
3. If client is paid biweekly, add the last 2 consecutive periods, divide by 2, then multiply by 2.15 to arrive at monthly gross.
4. If more than 4 consecutive weeks of wages are available, use the ones available to determine a weekly average if this will yield a more truly representative figure.
5. If last 4 consecutive weeks' wages are not representative, use the most recent 4 weeks' wages available to determine a monthly total.
6. If a recent or anticipated change has occurred, use less than 4 consecutive weeks of wages to project a monthly average, if the available wage records are representative of future income.

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Section: Treatment of Income	Type:	POLICY
<hr/>		
Chapter: Conversion to Monthly Amounts	Program:	AFDC AABD MA FS
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Subject: Income Received Less Frequently Than Monthly		
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- 5025.10 A. The Department prorates payments over a period of time in the following situations:
1. when the income was earned over a past period of time, the payment is averaged retroactively over the number of months in which it was earned;
 2. when the income is paid subject to an employment agreement which provides for periodic advances to cover future needs, the payment is averaged by the number of months for which it is intended;
 3. when the income consists of unearned income paid on installment basis either resulting from the nature of the source or pursuant to an agreement between the payor and payee, the payment is averaged over the number of future months the amount is intended to cover.
- B. The amount of the payment is counted as income in the month of receipt when there is no period of time associated with the payment. Any portion of the payment which is retained by the assistance unit in the following month is counted as an asset.
- C. If a payment is retroactively prorated, the unit's eligibility and the amount of benefits are recalculated for each of the months affected by the income. Resulting overpayments are computed according to policy cited in 7030, 7035, 7040, and 7045.
- D. The amounts of income from a particular source which are designated for future months continue to be counted as income for those months regardless of changes which may subsequently occur.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88**Transmittal: UP-88-1****P-5025.10**

Section:
Treatment of Income**Type:**
PROCEDURES

Chapter:
Conversion to Monthly Amounts**Program:** **AFDC**
 AABD
 MA
 FS

Subject:
Converting Income Received Less Often than Monthly

- P-5025.10 1. When income was earned over a past period of time:
- divide the payment retroactively by the number of months in which it was earned;
 - use the resulting amount as the monthly amount of income available for that period of time from that source.
2. When earned income is received as an advance payment to meet future needs:
- divide the payment by the number of future months the amount was intended to cover;
 - use the resulting amount as the monthly amount of income available for that period of time from that source.
3. When unearned income is received on a periodic installment basis:
- divide the payment by the number of future months the amount is intended to cover;
 - use the resulting amount as the monthly amount of income available for that period of time from that source.
4. When no period of time is associated with the payment:
- treat payments received by AFDC and AABD units as income in the month of receipt only, and as an asset in the following month to the extent to which day portion remains;
 - treat payments received by MA units as income in the 6-month eligibility period;
 - treat payments received by FS units as income for the month of receipt unless the unit elects to have it averaged over the balance of the certification period.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88**Transmittal: UP-88-1****P-5025.10 page 2**

Section:
Treatment of Income**Type:**
PROCEDURES

Chapter:
Conversion to Monthly Amounts**Program:** **AFDC**
 AABD
 MA
 FS

Subject:
Converting Income Received Less Often than Monthly

P-5025.10 (continued)

5. When the payment is retroactively prorated, recalculate the unit's eligibility and amount of benefits for each of the months affected by the income. Compute any resultant overpayments.
6. Continue to count income in the months for which the payment was prorated regardless of other changes which may occur.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88	Transmittal: UP-88-1	5025.15
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Section: Treatment of Income	Type:	POLICY
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Chapter: Conversion to Monthly Amounts	Program:	AFDC AABD MA FS
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Subject: Self-employment Income
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5025.15 When self-employment income is received less frequently than monthly, the amount of monthly income is estimated by:

- A. analyzing the income over a 12-month period:
 - 1. when quarterly tax records are available, the annualized period consists of the 12-month period ending with the last complete calendar quarter prior to the time of determination;
 - 2. when quarterly tax records are not available, the period will consist of the last calendar year prior to the time of determination; or
- B. dividing the total gross earnings by the number of months in which the self-employment income was earned if:
 - 1. the income was intended to meet the unit's needs for only part of the 12-month period; or
 - 2. the self-employment has existed for less than 12 months.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88**Transmittal: UP-88-1****P-5025.15**

Section:
Treatment of Income**Type:**
PROCEDURES

Chapter:
Conversion to Monthly Amounts**Program:** AFDC
AABD
MA
FS

Subject:
Converting Self-employment Income Received Less Often Than Monthly

- P-5025.15 1. Annualize the income over a twelve-month period:
- when quarterly tax records are available, use an annualization period consisting of the 12-month period ending with the last complete calendar quarter prior to the time of determination;
 - when quarterly tax records are not available, use a period consisting of the last calendar year prior to the time of determination.
2. Divide the total earnings by the number of months in which the self-employment income was earned if:
- the income was intended to meet the unit's needs for only a part of the 12-month period; or
 - the self employment income existed for less than 12 months.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88	Transmittal: UP-88-1	5030
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Section:	Type:	
Treatment of Income		POLICY

Chapter:	Program:	AFDC
Income Disregards		AABD
		MA
Subject:		FS

5030 This chapter describes the amounts of certain disregards which are subtracted from counted income, and the rules for their use. The disregards vary according to program rules and whether they are subtracted from earned or unearned income.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88	Transmittal: UP-88-1	5030.05
Section: Treatment of Income	Type:	POLICY
Chapter: Income Disregards	Program:	AFDC AABD MA FS
Subject: Earned Income		

5030.05 A. Income From Which the Disregards are Subtracted

The earned income disregards are subtracted from the net earned income of each eligible employed member of the assistance unit.

B. Amount and Duration of Disregards

Earned income disregards may be used for a maximum of a twelve month period. The following amounts are used for the time periods specified:

1. \$30.00 and 1/3 of the difference

- a. the use of this disregard is limited to the first four months of the twelve month period of entitlement;
- b. the four-month limitation is met when, in each of the four months, any portion of the unit's net earned income has been disregarded or would have been had the income been reported in a timely manner;
- c. a month in which assistance is suspended does not interrupt the consecutiveness of the four-month period;

2. \$30.00

- a. the use of this disregard is limited to the eight months which remain in the twelve month period after the four months of \$30.00 + 1/3 has been completed;
- b. the eight month period continues chronologically regardless of the employment or eligibility status of the unit member.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88

Transmittal: UP-88-1

5030.05 page 2

Section: Treatment of Income	Type: POLICY
Chapter: Income Disregards	Program: AFDC AABD MA FS
Subject: Earned Income	

5030.05 C. When Earned Income Disregards are Used

1. Eligibility Determinations

- a. Eligibility is determined using earned income disregards when:
 - (1) AFDC was received in, at least, one of the four months immediately preceding the month for which the determination is made; and
 - (2) the specific conditions for the disregards are met;
- b. \$30.00 plus 1/3 of the remainder is used if the assistance unit member:
 - (1) never had the benefit of the full disregard for four consecutive months; or
 - (2) had the benefit of the full disregard for four consecutive months and has not received AFDC for at least 12 consecutive months at any time prior to the initial month of current eligibility.
- c. \$30.00 is used if the assistance unit member:
 - (1) received four consecutive months of \$30.00 plus 1/3; and
 - (2) has not exhausted the eight month period of entitlement to \$30.00 as of the month of application;

2. Benefit Calculations

The assistance unit's benefits are calculated using the disregards:

- a. whether or not they are used to determine eligibility; and

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88

Transmittal: UP-88-1

5030.05 page 3

Section:	Type:	
Treatment of Income		POLICY
Chapter:	Program:	AFDC
Income Disregards		AABD
		MA
Subject:		FS
Earned Income		

5030.05 C. 2. Benefit Calculations (continued)

b. provided the unit meets the specific conditions of the disregard.

3. When Earned Income Disregards are Not Used

Earned income disregards are not used when:

- a. the conditions outlined above are not met; or
- b. the unit previously had the benefit of the disregards and there has been less than twelve months since the last receipt of AFDC; or
- c. the receipt of the income is not reported in a timely manner; or
- d. the unit member who is subject to work requirements terminates or reduces employment without good cause.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88**Transmittal: UP-88-1****P-5030.05**

Section:
Treatment of Income**Type:**
PROCEDURES

Chapter:
Income Disregards**Program:** **AFDC**
 FMA

Subject:
Disregarding Earned Income

P-5030.05 Determine if any unit member is entitled to have any earned income disregarded using the following sequence of questions:

1. Has the unit member ever received AFDC or FMA in the past?

 If not:
 - a. Determine income eligibility without the use of the disregards;
 - b. If the unit is determined to be eligible, calculate the amount of benefits due using the disregard guidelines set forth in policy.
2. If the answer to step #1 is "yes", did this member receive AFDC in any one of the four months preceding the month for which an income eligibility determination is being made?
 - ° If so, use the disregards in calculating the amount of income to be used in the Applied Income Eligibility Test, provided all other conditions for using them are met;
 - ° If not, do not use the disregards in determining income eligibility.
3. If the answer to step #1 is "yes", has the member ever had portions of his or her earned income disregarded?
 - ° If not, disregard earnings according to the guidelines in policy for both determining eligibility and calculating benefits.
4. If the answer to step #3 is "yes", did the member have the benefit of 4 consecutive months of the \$30 and 1/3 disregard?
 - ° If not, allow the disregards according to the guidelines in policy for both determining eligibility and calculating benefits.
5. If the answer to step #4 is "yes", is the 8-month period of entitlement to the \$30 disregard expired?
 - ° If not, allow a disregard of \$30 according to policy guidelines for determining eligibility and calculating benefits.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88

Transmittal: UP-88-1

P-5030.05 page 2

Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Income Disregards

**Program: AFDC
FMA**

Subject:
Disregarding Earned Income

- P-5030.05 6. If the answer to question #5 is "yes", has the unit member been off assistance for at least 12 calendar months since he or she last received AFDC?
- If not, do not allow any portion of the member's earnings to be disregarded.
 - If the answer to question #6 is "yes", allow portions of the member's earnings to be disregarded according to the guidelines in policy.
7. Use the earned income disregards to calculate benefits for all eligible units:
- provided all conditions for using the disregards are met; and
 - regardless of whether or not they were used to determine eligibility.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-98	Transmittal: UP-98-31	5030.10
Section: Treatment of Income	Type:	POLICY
Chapter: Income Disregards	Program:	AABD MAABD
Subject: Earned Income Disregard		

5030.10 A. Income From Which the Disregard is Subtracted

Except for determining AABD eligibility and benefit levels for assistance units residing in long term care facilities, earned income disregards are subtracted from the assistance unit's monthly total available gross earned income. Total available gross earned income is counted in full in determining AABD eligibility and benefit levels for assistance units residing in long term care facilities.

B. Amount of the Disregard

The following amounts are disregarded from income earned by the groups indicated:

1. \$65.00 per month plus 1/2 of the remaining income is disregarded from the earnings of:
 - a. applicants for assistance to the disabled and aged;
 - b. recipients of assistance to the aged who did not receive assistance to the disabled or blind in the month before they became 65 years of age.
2. \$65.00 per month plus 1/2 of the income remaining after impairment related expenses are deducted is disregarded from the earnings of:
 - a. recipients of assistance to the disabled;
 - b. recipients of assistance to the aged who received assistance to the disabled in the month before they became 65 years of age.
3. \$85.00 per month plus 1/2 of the remaining income is disregarded from the earnings of:
 - a. applicants for and recipients of assistance to the blind;
 - b. recipients of assistance to the aged who received assistance to the blind in the month before they became 65 years of age.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 1-1-88

Transmittal: UP-88-1

P-5030.10

Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Income Disregards

**Program: AABD
MAABD**

Subject:
Disregarding Earned Income

P-5030.10 Determine if the unit member is entitled to have any earned income disregarded using the following sequence of questions:

1. Is the individual whose earned income is being considered either:
 - a. an applicant for assistance to the aged or disabled?; or
 - b. a recipient of assistance to the aged who did not receive assistance to the disabled or blind in the month before he or she became 65 years of age?
2. If the answer to question #1 is "yes", disregard from the individuals total gross monthly earnings:
 - a. \$65.00 per month; plus
 - b. of the difference which remains after the \$65.00 is subtracted from the gross amount;
3. If the answer to question #1 is "no", is the individual whose income is being considered either:
 - a. a recipient of assistance on the basis of disability?; or
 - b. a recipient of assistance to the aged who received assistance on the basis of disability in the month before he or she became 65 years of age?;
4. If the answer to question #3 is "yes", disregard from the individual's gross monthly earned income:
 - a. \$65.00 per month; plus
 - b. of the gross earnings which remain after the \$65.00 and any impairment-related expenses are subtracted;

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-98

Transmittal: UP-98-31

P-5030.10 page 2

Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Income Disregards

**Program: AABD
MAABD**

Subject:
Disregarding Earned Income

- P-5030.10
5. If the answer to question #1 and #3 are "no", is the individual whose income is being considered either:
 - a. an applicant for or a recipient of assistance on the basis of blindness?; or
 - b. a recipient of assistance to the aged who received assistance on the basis of blindness in the month before he or she became 65 years of age?;
 6. If the answer to question #5 is "yes", disregard from the individual monthly gross earnings:
 - a. \$85.00 per month; plus
 - b. of the earnings which remain after the \$85.00 is subtracted from the monthly gross.
 7. Whenever references are made to the use of a calculation for an applicant, use the guidelines of that calculation in regard to applied income eligibility tests.
 8. Whenever references are made to the use of a calculation for a recipient, use the guidelines of that calculation in regard to:
 - a. determining eligibility at all times after the initial determination at the time of application; and
 - b. calculating benefit at the time of application and at all times subsequent to the application.
 9. Income disregards are not used in determining AABD eligibility and benefit levels for individuals who are residents of long term care facilities.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 6-1-91	Transmittal: UP-91-28	5030.13
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Section: Treatment of Income	Type: POLICY
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Chapter: Income Disregards	Program: AFDC FMA
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Subject: Child Support Disregard	
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5030.13 A. Income From Which the Disregard is Subtracted

The child support payment disregard is subtracted from the assistance unit's total gross monthly unearned income.

 B. Amount and Duration of the Disregard

1. The Department totally disregards child support payments made towards the current month's need when the payments are less than or equal to \$50.00.
2. When child support payments for the current month's need total more than \$50.00, the disregard is \$50.00.
3. The disregard is applied to child support payments paid to the assistance unit by the DHR Child Support Program or directly by the absent parent.
4. There is no durational limit to the use of the disregard.

 C. When the Disregard is Used

1. The child support payment disregard is used to determine eligibility and to calculate benefits.
2. The disregard applies whether or not the Assignment of Support Rights is in effect in the month for which the support is paid (Cross Reference: 5050.19).

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 01-01-07

Transmittal: UP-07-20

5030.15

Section:
Treatment of Income

Type:
POLICY

Chapter:
Income Disregards

Program: **AABD**
 MAABD

Subject:
Unearned Income Disregards

5030.15 A. Income From Which the Disregards is Subtracted

Except as provided in section 5030.15 D., unearned income disregards are subtracted from the unit member's total gross monthly unearned income.

B. Amount and Duration of the Disregards

1. The Department uses the following unearned income disregards, as appropriate under the circumstances described:

a. Standard Disregard

The disregard is \$227.00 for those individuals who reside in their own homes in the community or who live as roomers in the homes of others and those who reside in long term care facilities, shelters for the homeless or battered women shelters. Effective January 1, 2008, and each January 1st thereafter, this disregard shall be increased to reflect the annual cost of living adjustment used by the Social Security Administration.

b. Boarding Home Disregard

The disregard is \$134.70 for those individuals who pay for room and board in licensed boarding homes or adult family living homes. Effective January 1, 2008, and each January 1st thereafter, this disregard shall be increased to reflect the annual cost of living adjustment used by the Social Security Administration.

c. Special Disregard

The disregard is \$294.90 for those individuals who share non-rated housing with at least one person who is not related to them as parent, spouse or child. This does not apply to individuals who reside in shelters for battered women or shelters for the homeless. Effective January 1, 2008, and each January 1st thereafter, this disregard shall be increased to reflect the annual cost of living adjustment used by the Social Security Administration.

d. QMB Disregard

The disregard is the amount of additional benefits received from Social Security each year which result from the annual Cost of Living Allowance (COLA).

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UNIFORM POLICY MANUAL**

Date: 10-1-00

Transmittal: UP-00-22

5030.15 page 2

Section:

Treatment of Income

Type:

POLICY

Chapter:

Income Disregards

Program:

**AABD
MAABD**

Subject:

Unearned Income Disregards

5030.15 B. Amount and Duration of the Disregards (continued)

e. In-Kind Income Disregard

In-kind income not otherwise excluded under chapter 5015 is counted in the gross income eligibility test, but is disregarded in calculating applied income in AABD with respect to the determination of eligibility and benefit amount.

2. There is no durational limit to the use of unearned income disregards, except that used for the QMB coverage group.
3. The QMB disregard is used only in the months of January, February, and March of each year.

C. When the Disregard is Used

1. AABD

Except for determining AABD eligibility and benefit levels for assistance units residing in long term care facilities, all of the unearned income disregards, except for the QMB disregard, are used to determine eligibility and to calculate benefits for AABD.

Total gross monthly unearned income is counted in full in determining AABD eligibility and benefit levels for assistance units residing in long term care facilities.

2. MAABD

- a. All of the disregards used in the AABD programs are used to determine eligibility for MAABD.
- b. The QMB disregard is used to determine eligibility only for the QMB Medicaid coverage group.

D. Working Individuals with Disabilities

There are no unearned income disregards for persons applying for or receiving Medicaid under the coverage group for Working Individuals with Disabilities. Instead, there is a general income disregard of \$20.00 per month, as described at 5030.16 (Cross Reference: 2540.85).

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 1-1-17**Transmittal: UP-17-01****P-5030.15**

Section:
Treatment of Income**Type:**
PROCEDURES

Chapter:
Income Disregards**Program: AABD
MAABD**

Subject:
Disregarding Unearned Income

P-5030.15 Determine the appropriate amount of unearned income to be disregarded as described below:

1. Does the individual whose income is being considered:
 - reside in his own home in the community? or
 - reside as a roomer in someone else's home? or
 - reside in a long term care facility (LTCF)?
2. If the answer to any part of question #1 is "yes", subtract the standard disregard of \$339.00 from the individual's gross unearned income;
3. If the answer to all of the parts of question #1 is "no", does the individual whose income is being considered reside in a room and board basis in a licensed boarding home or an adult family living home?
4. If the answer to question #3 is "yes", subtract the Boarding Home Disregard of \$246.70 from the individual's gross unearned income;
5. If the answers to questions #1 and #3 are no, does the individual share his or her home in the community with at least one person who is not a parent, spouse or child?
6. If the answer to question #5 is "yes", subtract the Special Disregard of \$406.90 from the individual's gross monthly unearned income.
7. Does the person receive assistance under the QMB coverage group?
8. If the answer to question #7 is "yes", subtract the QMB disregard from the person's gross unearned income, in addition to subtracting one of the three disregards listed above. Note that the QMB disregard is deducted only for the months of January, February and March.
9. Income disregards are not used in determining AABD eligibility and benefit levels for individuals who are residents of long term care facilities.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 10-1-00

Transmittal: UP-00-22

5030.16

Section:
Treatment of Income

Type:
POLICY

Chapter:
Income Disregards

Program: MAABD

Subject:
General Disregard -- Working Individuals with Disabilities

5030.16 A. Unearned Income

1. A \$20.00 general disregard is subtracted from the monthly gross unearned income of a person applying for or receiving Medicaid under the coverage group of Working Individuals with Disabilities in the computation of the individual's net family income.
2. The \$20.00 general disregard described above is also subtracted from the gross unearned income of the individual's spouse in the net family income computation if the spouse is eligible for Medicaid.

B. Earned Income

If the individual or eligible spouse has gross monthly unearned income of less than \$20.00, an appropriate amount of the general disregard is first subtracted from the person's unearned income to result in a net monthly unearned amount of zero. Any unused amount of the general disregard is then subtracted from the person's gross monthly earned income.

(Cross Reference: 2540.85)

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UNIFORM POLICY MANUAL**

Date: 10-1-2005

Transmittal: UP-05-12

5030.20

Section:

Treatment of Income

Type:

POLICY

Chapter:

Income Disregards

Program:

FS

Subject:

Income Disregard

5030.20 A. Income From Which the Disregard is Subtracted

 The FS income disregard is subtracted from the combined monthly total of the unit's gross unearned income and net earned income. The amount of the disregard is established by the USDA and is revised annually effective October 1. The appropriate disregard is subtracted without any durational limitation.

 B. When the Disregard is Used

 The disregard is used both as part of the determination of eligibility as well as for the calculation of benefits.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 10-1-11

Transmittal: UP-11-09

P-5030.20

Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Income Disregards

Program: SNAP

Subject:
Disregarding Income in SNAP

P-5030.20 Disregard the following amount from total earned and unearned income of SNAP assistance units:

Number of Assistance Unit Members	Amount of Disregard
1	\$147
2	\$147
3	\$147
4	\$155
5	\$181
6 or more	\$208

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-98

Transmittal: UP-98-31

5035

Section:	Type:	
Treatment of Income		POLICY
Chapter:	Program:	AFDC
Income Deductions		AABD
		MA
Subject:		FS

5035 This chapter describes the amounts of certain deductions which are subtracted from counted income and the rules for their use. The deductions represent actual expenses incurred by the assistance unit, such as the cost of employment or medical services. The deductions vary according to program rules.

Income deductions are not used in determining AABD eligibility and benefit levels for assistance units residing in long term care facilities.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 06-01-10

Transmittal: UP-10-12

5035.05

Section:
Treatment of Income

Type:
POLICY

Chapter:
Income Deductions

Program:
**AFDC
FMA**

Subject:
Employment Deductions

5035.05 A. Self-Employment Expenses

1. Expenses of self-employment are deducted from each unit member's total monthly income earned through self-employment.
2. The following are considered to be business expenses and are included as allowable deductions:
 - a. the actual amounts of:
 - (1) overhead expenses including such costs as rent, fuel, utilities and equipment;
 - (2) cost of stock or raw materials purchased;
 - (3) payments to or on behalf of employees.
 - b. if the self-employment income is derived from providing room and board, the Department's standard allowances for expenses associated with providing room and/or board as modified from time to time and found in P-5050 or the actual expenses if greater.
3. The cost of producing self-employment income is converted to a monthly amount in the same manner as the self-employment income is converted to a monthly amount. (Cross Reference: 5025.15)

B. Employment Expense

1. Personal employment expenses are deducted from all gross income earned by an assistance unit member including that derived from self-employment.
2. The deduction for employment expenses is \$90.00 per month regardless of whether the individual is employed full or part time.
3. No deduction is allowed when:
 - a. the receipt of income is not reported in a timely manner; or

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Date: 06-01-10

Transmittal: UP-10-12

5035.05 page 2

Section:

Treatment of Income

Type:

POLICY

Chapter:

Income Deductions

Program:

**AFDC
FMA**

Subject:

Employment Deductions

5035.05 B. Employment Expense (continued)

- b. the unit member who is subject to work requirements terminates or reduces employment without good cause.

C. Day Care Expenses

- 1. A deduction for day care expenses is subtracted from an assistance unit member's earned income when he or she incurs expenses for the care of a child or an incapacitated adult, provided that the following conditions are met:
 - a. the child or adult is a member of the assistance unit; and
 - b. the day care cost is not reimbursed by the Department or by a third party; and
 - c. the day care provider is not the parent or legal guardian of the person receiving care, or a member of the assistance unit; and
 - d. day care is required in order for the assistance unit member to maintain employment.
- 2. The deduction for day care expenses is not allowed when the provider is the caretaker relative's natural child, adopted child, or stepchild, who is under 21 years of age, unless the provider:
 - a. does not live with the assistance unit; and
 - b. is emancipated under State law; and
 - c. was not claimed as a dependent on the caretaker relative's most recent federal tax return; and
 - d. has a bonafide employer/employee relationship with the caretaker relative.
- 3. No deduction is allowed when:
 - a. the receipt of income is not reported in a timely manner; or

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 06-01-10

Transmittal: UP-10-12

5035.05 page 3

Section:

Treatment of Income

Type:

POLICY

Chapter:

Income Deductions

Program: AFDC

FMA

Subject:

Employment Deductions

5035.05 C. 3. Day Care Expenses (continued)

- b. the unit member who is subject to work requirements terminates or reduces employment without good cause.
- 4. Assistance units are entitled to a deduction for day care expenses under the following conditions:
 - a. if the child care subsidy payment for day care costs does not fully cover the cost of care; and
 - b. if the amount of the child care subsidy payment or third party payment is less than the \$175 or \$200 maximum deduction in item 6, below.
- 5. The amount of the deduction is based on charges for day care services performed in the budget month (Cross Reference: 6000).
- 6. The day care deduction for families is equal to the actual out of pocket cost, up to the following maximum:
 - a. \$200 per month for each child under 2 years of age; or
 - b. \$175 per month for an adult, or for each child age 2 or older.
- 7. The amount of the deduction for families in item 4, above, that receive child care subsidy payments is the lesser of the following amounts:
 - a. the difference between the actual cost of care and the amount of the child care subsidy payment; or
 - b. the difference between the \$175 or \$200 maximum day care deduction and the amount of the child care subsidy payment.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Date: 06-01-10

Transmittal: UP-10-12

P-5035.05

Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Income Deductions

Program: **AFDC**
 FMA
 SNAP

Subject:
Determining the Deduction for Dependent Care

P-5035.05 AFDC/FMA

1. Confirm that the employed person and the individual that receives day care are both eligible AU members. If yes, go on. If no, do not allow a deduction.
2. Determine the relationship of the provider to the person who is receiving care. Do not allow the deduction if the provider is a parent, legal guardian, or an AU member.
3. Review the eligibility requirements if the provider is the caretaker relative's natural child, adopted child or stepchild.
4. Consider the previous month's charge to be the cost of care.
5. Subtract child care payments from sources other than the Department from the cost of care. Refer to Transmittal UP-90-22 for detailed EMS procedures.
6. Deduct from the employed individual's earnings the cost of care as determined in step 4, up to the \$175 or \$200 maximum.

| SNAP

1. For each member of the assistance unit requiring dependent care, allow a deduction for each dependent that is equal to the out of pocket cost to the household.
2. If more than one assistance unit member requires dependent care, add together the amount allowed for each member to determine the deduction for the assistance unit.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Date: 02-13-01

Transmittal: UP-01-04

5035.07

Section:
Treatment of Income

Type:
POLICY

Chapter:
Income Deductions

Program: **AFDC**
FMA

Subject:
Lump Sum Deductions

5035.07 A. Designated Expenses

Any portion of a lump sum which was paid for the purposes of meeting certain designated expenses is excluded when it is used to meet those expenses. (Cross Reference: 5015)

B. Unavailable Amounts

1. Any portion of a lump sum may be deducted if it becomes unavailable to the assistance unit during the period of ineligibility for reasons beyond its control.
2. To be considered unavailable for reasons beyond the unit's control, the income must be inaccessible to the assistance unit or already spent on an unexpected, unavoidable expense.
3. Circumstances meeting these conditions include, but are not limited to, loss or theft, or catastrophic events such as fire or flood.

C. Medical Costs

Any amount paid by the assistance unit for a medical cost during the period of ineligibility is deducted. This is considered when:

1. the expense was for a service which would have been paid by the Medicaid program; and
2. the assistance unit incurred and paid for the expense during a month within the period of ineligibility caused by receipt of the lump sum.

D. Earned Lump Sums

When a lump sum is earned income, the lump sum amount is:

1. added to any gross earned income belonging to the assistance unit member who received the lump sum in the month the lump sum was received; and
2. adjusted by subtracting any appropriate earned income deductions and disregards (Cross Reference: 5035.05).

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Transmittal: UP-92-6

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Section:

Treatment of Income

Type:

POLICY

Chapter:

Income Deductions

Program:

**AFDC
FMA**

Subject:

Lump Sum Deductions

5035.07

E.

Unearned Lump Sums

When a lump sum is unearned income, the lump sum amount is:

1. added to any gross unearned income belonging to the assistance unit member who received the lump sum in the same month the lump sum was received; and
2. adjusted by subtracting any appropriate deductions and disregards from the total.

CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Date: 10-1-86

Transmittal: UP-93-22

P-5035.07

Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Income Deductions

Program: FS

Subject:
Determining When Food Stamp Households Who Have Heat Included In Their Rent Are Eligible for the Standard Utility Allowance (SUA)

- P-5035.07
1. Allow a SUA to an assistance unit who provides adequate documentation that a CEAP payment was made or a CEAP application was filed when the Food Stamp recertification or application falls within the CEAP heating season (November thru March).
 2. Allow a SUA to an assistance unit who received a CEAP benefit last heating season at their current residence when the Food Stamp recertification or application falls within the non-CEAP heating season (April thru October).
 3. Allow the SUA to an assistance unit who did not receive a CEAP benefit last heating season and states they intend to apply for CEAP in the coming CEAP season only if they are able to apply for and appear eligible for CEAP benefits within their current Food Stamp certification period.
 4. Allow a SUA when an assistance unit who received CEAP benefits at their prior residence moves and appears eligible for CEAP benefits at their new residence only if they are able to apply for and appear eligible for CEAP benefits within their current Food Stamp certification period.
 5. Allow a SUA when an assistance unit who did not receive a CEAP benefit at their prior residence moves and intends to apply for and appears eligible for CEAP benefits at their new residence only if they are able to apply for CEAP benefits within their current Food Stamp certification period.
 6. Use the best available information to determine the assistance unit's eligibility for CEAP benefits and document the determination in the case narrative. This is not an eligibility determination for the CEAP program.
 7. Allow the SUA for a 12 month period unless the household moves. The 12 month period usually starts with the initial certification period.

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Date: 10-1-86

Transmittal: UP-93-22

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Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Income Deductions

Program: FS

Subject:
**Determining When Food Stamp Households Who Have Heat Included In Their
Rent Are Eligible For The Standard Utility Allowance**

P5035.07 (continued)

8. Document in the case narrative the assistance unit's intent to apply for CEAP benefits and anticipated eligibility for CEAP benefits.
9. At each contact with an assistance unit review the assistance unit's eligibility for or receipt of CEAP benefits. When new information is found treat the new information as a change in circumstances which must be acted upon.
10. Allow households a choice between the SUA and their actual expenses, if any.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 2-1-94	Transmittal: UP-94-2	5035.08
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Section: Treatment of Income	Type: POLICY
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Chapter: Income Deductions	Program: AABD MAABD FMA
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Subject: Deductions for Self-Support Plans

5035.08 A. Criteria for Allowing the Deduction

Earned and unearned income received by individuals applying for or receiving assistance is further reduced by the actual deduction made by the Social Security Administration in computing the individual's Supplemental Security Income (SSI) benefit. The deduction is allowed when the plan is:

1. designed especially for the individual; and
2. in writing; and
3. approved by the Social Security Administration.

B. Duration of the Deduction

The deduction is allowed for the same time period that the Social Security Administration uses the PASS deduction in calculating the individual's Supplemental Security Income.

C. Amount of Deduction

The amount of the deduction is equal to the amount allowed by the Social Security Administration in the individual's self-support plan.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 6-1-89	Transmittal: UP-89-19	5035.10
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Section: Treatment of Income	Type: POLICY
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Chapter: Income Deductions	Program: AABD MAABD
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Subject: Employment Deductions

5035.10 A. Self-employment Expenses

1. AABD applicants and recipients whose income is derived from self-employment are allowed the following business expenses as deductions:
 - a. overhead expenses for rent, fuel, utilities, equipment, etc.
 - b. stock or raw materials purchases;
 - c. payments to employees.
2. The cost of producing self-employment income is converted to a monthly amount in the same manner as the self-employment income is converted to a monthly amount (Cross Reference: 5025.15)

 B. Personal Employment Expenses

1. Personal employment expenses are not allowed as deductions to those applying for or receiving assistance to the disabled or aged.
2. The following personal employment expenses are allowed as deductions from the earnings of applicants for or recipients of assistance to the blind:
 - a. Social Security taxes;
 - b. maximum withholding income tax to which applicant or recipient is entitled;
 - c. group life and health insurance premiums;
 - d. payments for mandatory retirement plans;
 - e. lunch allowance of 50 per day;
 - f. cost of public transportation or private transportation expenses at 20 per mile incurred for;
 - (1) going to and from work site; and
 - (2) taking children to and from day care facilities;

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Chapter:
Income Deductions

Program: **AABD**
MAABD

Subject:
Employment Deductions

5035.10 B. 2. Personal Employment Expenses (continued)

- g. mandatory union dues;
- h. costs of tools, uniforms, special clothing, and materials when not paid for by the employer.

C. Impairment Related Work Expenses

1. Certain work expenses which are related to enabling the individuals to be employed are deducted from earned income in determining eligibility and calculating benefits for:
 - a. recipients of assistance to the disabled; and
 - b. recipients of assistance to the aged who received assistance to the disabled in the month before they became 65 years of age;
2. Impairment related work expenses are not used to determine the initial eligibility of an applicant for assistance based upon disability.
3. Impairment-related work expenses include, but are not limited to, the following:
 - a. attendant services including help with personal or employment functions;
 - b. medical equipment such as canes, crutches, pacemakers, and hemodialysis equipment;
 - c. prosthetic devices;
 - d. work-related equipment which enables the individual to function on the job such as one-hand typewriters, telecommunication devices for the deaf, and special tools necessitated by the impairment;
 - e. modifications to the residence of the individual which can be associated with maintaining employment in or outside the home, except when claimed as a business expense by a self-employed person;

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Chapter:
Income Deductions

**Program: AABD
MAABD**

Subject:
Employment Deductions

5035.10 C. 3. Impairment Related Work Expenses (continued)

- f. non-medical equipment which can be associated with enabling the individual to be employed;
 - g. drugs and medical services directly related to reducing, controlling or eliminating an impairment or its symptoms;
 - h. all other miscellaneous expenses not cited above but which can be associated with the individual's disability and with enabling the individual to be employed including transportation, medical supplies, vehicular medications, etc;
 - i. the cost of installing, repairing, and maintaining the cited equipment and supplies.
4. Impairment-related work expenses may be deducted when the following conditions have been met:
- a. The unit member must be:
 - (1) considered disabled or blind, according to SSI criteria; and
 - (2) less than sixty-five years of age or, if sixty-five or more years of age, must have received SSI in the month before the individual became sixty-five.
 - b. The expenses must be for items or services which are necessary to enable the individual to maintain gainful employment;
 - c. Deductions are allowed for payment made by the unit member which are not reimbursable by third party coverage;

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Chapter:
Income Deductions

**Program: AABD
MAABD**

Subject:
Employment Deductions

5035.10 C. 4. Impairment Related Work Expenses (continued)

- d. The amounts paid for the items or services must be:
 - (1) not more than the rate paid by the Medicare program; or
 - (2) if the Medicare rate is exceeded, not more than the prevailing rate charged in that particular community;
 - e. Both need for the item or service and payment made must be verified;
 - f. The expense must be incurred or paid after 11/30/80.
5. Expenses incurred for impairment-related work needs may be allocated in the following ways:
- a. Both recurrent expenses and installment payment are deducted;
 - b. Down-payments may be prorated over twelve months starting with the month of payment or used in the month paid;
 - c. Payment made for an item during the eleven months preceding the initial month of employment can be prorated over twelve months starting with the month of payment. Only portions allocated to months of employment are deducted.

D. Blind Work Expenses

- 1. Any portion of earned income which is used to pay any expenses which can be reasonably attributed to earning the income is deducted if the blind person is:
 - a. under 65 years of age;or
 - b. 65 years or older and received SSI due to blindness or AABD assistance due to blindness in the month before the month in which he or she became 65 years of age.
- 2. The expense is allowed as a blind work expense if it is not already deducted as a personal, self-employment, or impairment-related work expense.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Date: 7-1-17

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P-5035.10

Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Income Deductions

Program:
MAABD

Subject:
Minimum Monthly Needs Allowance (MMNA)

- P-5035.10
1. Calculate the shelter costs of the community spouse by adding:
 -) rent costs or mortgage payments; and
 -) real estate taxes; and
 -) real estate insurance; and
 -) the Food Stamp Standard Utility allowance (SUA).
 2. Determine the excess shelter allowance by subtracting \$609.00 from the amount calculated in step 1 (\$609.00 is 30% of \$2,030.00 which is 150%, rounded to the nearest whole dollar, of the poverty level for two) (Cross-Reference: 5035.30).
 3. If the amount calculated in step 2 is greater than zero, go to step 5.
 4. If the amount calculated in step 2 is zero or less, use \$2,030.00 as the MMNA.
 5. Add the amount calculated in step 2 to \$2,030.00 (Cross-Reference 5035.30).
 6. If the amount calculated in step 5 is \$3,022.50 or less, use the actual amount as the MMNA (this amount was effective 1/1/2017).
 7. If the amount calculated in step 5 is greater than \$3,022.50, use \$3,022.50 as the MMNA.
 8. If a Fair Hearing decision requires a figure higher than those referred to in Steps 6 and 7, use the amount decided upon from the Fair Hearing decision.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date:	4-1-92	Transmittal: UP-92-6	5035.11
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Section:	Type:
Treatment of Income	POLICY

Chapter:	Program:
Income Deductions	

Subject:	AABD MAABD
Lump Sum Deductions	

5035.11 A net lump sum amount is determined by reducing or adjusting the counted lump sum amount in the following manner.

A. Designated Expenses

Any portion of a lump sum which was paid for the purposes of meeting certain designated expenses is deducted when it is used to meet those expenses.

B. Life Insurance Death Benefit

An amount up to \$1500 of the death benefit of a life insurance policy is deducted when the beneficiary uses the funds to pay toward the final illness or burial expenses of the insured.

C. Earned Lump Sums

When a lump sum is earned income, the net lump sum amount is:

1. added to any gross earned income in the month the lump sum was received; and
2. adjusted by subtracting any appropriate earned income deductions and disregards (Cross Reference: 5035.10).

D. Unearned Lump Sums

When a lump sum is unearned income, the net lump sum amount is:

1. added to any gross unearned income in the same month the lump sum was received; and
2. adjusted by subtracting any appropriate deductions and disregards from the total.

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Date: 02-01-95

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5035.15

Section:

Treatment of Income

Type:

POLICY

Chapter:

Income Deductions

Program:

SNAP

Subject:

Income Deductions

5035.15 A. Self-employment

1. Income earned by any member of the assistance unit through self-employment is adjusted by subtracting the following costs of producing income as they apply:
 - a. payments to employees;
 - b. cost of stock, raw material, seed, or fertilizer;
 - c. interest paid to purchase income-producing property;
 - d. insurance premiums and taxes paid on income-producing property; and
 - e. cost of providing meals in day care programs to children, other than the provider's own, and to adults.
2. Income earned by an assistance unit from providing board to someone who is not included in the assistance unit is adjusted by subtracting one of the following amounts:
 - a. the cost of the thrifty food plan for an assistance unit size that is equal to the number of boarders; or
 - b. the actual total cost of providing room and meals if the costs are:
 - (1) in excess of the thrifty food plan amount; and
 - (2) separate and identifiable as the costs of providing room and meals to the boarders.
3. Income earned from providing a room to someone who is not a part of the assistance unit is adjusted by:
 - a. dividing the costs of operating and maintaining the residence by the number of rented rooms; and
 - b. subtracting the resulting amount as the cost of providing each room.
4. Income earned from providing room and or board to a foster care individual who is not a member of the assistance unit is totally excluded.
5. The cost of producing self-employment income is converted to a monthly amount in the same manner as the self-employment income is converted to a

monthly amount. (Cross Reference: 5025.15)

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Subject:

Income Deductions

5035.15 B. Employment

The total amount of monthly income earned by the assistance unit members, including that derived from self-employment, is adjusted by subtracting 20% for personal employment expenses. There are no other deductions applied exclusively to earned income.

In overpayment computations, earned income which the assistance unit fails to report in a timely manner, is not adjusted by the 20% deduction described above. (Cross Reference: 7045.15)

C. Dependent Care

1. A deduction for costs incurred by the individual for care of assistance unit members is allowed under the following conditions:
 - a. when the cost is necessary to allow the assistance unit member to:
 - (1) seek, accept, or continue employment; or
 - (2) attend job training or pursue education which is preparatory to employment.
2. The deduction for each dependent is equal to the out of pocket cost to the household.
3. The amount of the deduction is the difference between the total amount charged by the provider(s) and any assistance paid by a third party, either to the recipient or to the provider(s) on behalf of the recipient.
4. This deduction is allowed when the cost is incurred for the care of a unit member regardless of whether or not the member needing the care is a dependent of the member claiming the deduction.
5. The deduction shall only be allowed if the dependent care is provided by someone outside of the assistance unit and the assistance unit makes a cash payment for the dependent care.

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5035.15 D. Child Support

1. A deduction for expenses incurred by the individual for child support paid or a child who lives outside the assistance unit is allowed under the following two conditions:
 - a. when there is a legal obligation to pay child support as specified in a legal document, such as:
 - (1) a notice of court action regarding child support; or
 - (2) a court order that would be upheld by a judge in a court of law; or
 - (3) an administrative order issued through an administrative process; or
 - (4) a legally enforceable separation agreement.
 - b. when child support is actually paid or expected to be paid within the certification period.
2. Third party payments (e.g., health care insurance), may be included in the child support deduction for the assistance unit if they are:
 - a. required by a legal obligation; and
 - b. actually paid or expected to be paid within the certification period.
3. Arrearage payments may be included in the child support deduction if there is:
 - a. a legal obligation to make such payments; and
 - b. at least a three month record of current child support payments within the prior six month period; and
 - c. child support actually paid or expected to be paid within the certification period.
4. There is no limit on the amount of child support that can be deducted.

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5035.15 D. Child Support (continued)

5. Support payments which are not includable in the child support deduction are:
 - a. alimony or spousal support; and
 - b. payments made in accordance with a property settlement; and
 - c. voluntary child support contributions paid for a child when there is no legal obligation in force.
6. For assistance units with a record of three months or more of paid child support in the last six month period, an average of at least three months of payments is used as the child support deduction.
7. For assistance units without a child support payment record, or a record of less than three months of paid child support, an estimate of anticipated payments, exclusive of arrearage payments, is used as the child support deduction.

E. Medical Expenses

1. Members of the assistance unit who are elderly or disabled are allowed medical expenses as deductions.
2. An elderly or disabled assistance unit member who provides an estimate of the medical expenses he or she expects to incur over a certification period that does not exceed twelve months can choose to have medical expenses averaged over the certification period.
3. When the only elderly or disabled member of a unit of two or more persons is disqualified, the medical expenses of the disqualified person are either:
 - a. allowed as the unit's expenses, less \$35, when the disqualification is pursuant to an intentional program violation(IPV); or
 - b. no longer allowed as a deduction for the remaining unit members when the disqualification is pursuant to a reason other than IPV.

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5035.15 E. Medical Expenses (continued)

4. The incurred or anticipated medical expenses which may be deducted are limited to the following:
 - a. medical and dental care including psychotherapy and rehabilitation services provided by a licensed practitioner authorized by State law or other qualified health professional;
 - b. hospitalization or outpatient treatment, nursing care, and care in a long term care facility recognized by the State. These expenses include payments made by the assistance unit to a facility on behalf of someone who was an assistance unit member at the time of admission to facility;
 - c. prescription and nonprescription medications when prescribed or recommended as treatment for a condition by a licensed practitioner authorized under State law; and the cost of postage for purchasing prescription medications by mail;
 - d. purchase or rental of prescribed medical supplies and sick room equipment;
 - e. premiums for health and hospitalization insurance except for those which are written to provide lump-sum settlements in the event of death or dismemberment or to protect and maintain income;
 - f. premiums for Medicare under Title XVIII of the Social Security Act;
 - g. medical expenses paid by the applicant or recipient under Medicaid spenddown or cost-sharing requirements;
 - h. dentures, hearing aids, and prosthetics;
 - i. securing and maintaining a seeing eye or hearing dog including the cost of dog food and veterinarian bills;
 - j. eye glasses prescribed by physician skilled in eye disease or by an optometrist;
 - k. reasonable cost for transportation and lodging necessary to obtaining medical treatment or services;

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Income Deductions

Program:

SNAP

Subject:

Deductions

5035.15 E. Medical Expenses (continued)

1. services of an attendant, homemaker, home health aid, child care provider, or housekeeper necessitated by age, infirmity, or illness of a unit member. The amount of this expense includes an amount equal to the one-person coupon allotment if the assistance unit provides the majority of the person's meals.
5. When the assistance unit incurs an expense that qualifies as both a medical expense and as a dependent care expense, it is treated as a medical deduction.
6. Each assistance unit which qualifies to have medical expenses treated as deductions is responsible for meeting the initial \$35 of expenses each month.
7. Eligible residents of group homes who make a single payment for room, meals and medical expenses are allowed a deduction if the medical expense can be identified separately.

F. Shelter Hardship

1. The amount of shelter expenses which exceeds 50% of that portion of the assistance unit's income which remains after all other deductions have been subtracted is allowed as an additional deduction. Shelter expenses are limited to the following:
 - a. rent, mortgage payments, and any continuing charges leading to ownership of the property occupied by the assistance unit excluding any portions allowed as self-employment deductions in multiple-family dwellings;
 - b. taxes, state and local assessments, and insurance on real property;
 - c. the entire amount paid as a condominium fee;

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5035.15 F. 1. Shelter Hardship (continued)

- d. utility costs including the following:
 - (1) heat;
 - (2) cooking fuel;
 - (3) electricity;
 - (4) water;
 - (5) sewer charges;
 - (6) garbage collection;
 - (7) basic monthly charge including taxes for a telephone;
 - (8) installation charges for a utility.
 - e. for eligible residents of group homes who make a single payment for room, meals and medical expenses, the amount of the payment identified for room and meals which exceeds the thrifty food plan for the number of persons in the household; and
 - f. nonreimbursable costs of repairing a home which was damaged due to a natural disaster.
2. Shelter expenses are allowed as deductions for the assistance unit if they are:
- a. incurred in relation to a home which:
 - (1) is occupied by the assistance unit; or

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- 5035.15 F. 2. a. Shelter Hardship (continued)
- (2) the assistance unit plans to reoccupy but has temporarily vacated due to:
- (a) employment away from home; or
- (b) illness; or
- (c) abandonment caused by natural disaster or casualty loss.
- b. not already claimed by another assistance unit who presently occupies the property in question.
3. Shelter expenses billed to or paid by a person who has been disqualified due to an intentional program violation or failure to comply with work requirements are used in total as the expenses of the assistance unit.
4. Shelter expenses billed to or paid by a person who has been disqualified for a reason other than an intentional program violation are:
- a. pro-rated by the number of assistance unit members plus the disqualified person; and
- b. used to the extent that only the assistance unit members' shares are counted as expenses.
5. Shelter expenses paid on behalf of the assistance unit are not allowed as shelter expenses when they are excluded as income unless the costs are paid by a federal means-tested energy program. (Cross-reference 5015.15)

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 03-01-02

Transmittal: UP-02-02

5035.15 page 9

Section:
Treatment of Income

Type:
POLICY

Chapter:
Income Deductions

Program:
SNAP

Subject:
Deductions

5035.15 F. Shelter Hardship (continued)

6. A standard utility allowance determined annually by the agency to reflect changes in utility costs is used to represent the total monthly utility expenses of the assistance unit if:
 - a. the assistance unit incurs heating fuel or cooling costs separately from rent or mortgage payments; and
 - b. the bill is established on the basis of individualized metering of service to the unit; or
 - c. the costs are paid:
 - (1) totally or partially by the unit; or
 - (2) partially from a federal means-tested energy program directly to the service provider or to the recipient when these payments are less than the unit's total monthly heating or cooling costs; or
 - (3) totally by CEAP regardless of whether the payment is made to the unit or directly to the service provider.
7. The standard utility allowance is also used as a deduction for applicants or recipients who have heat included in their rent payment when one of the following is true:
 - a. The assistance unit received a CEAP Direct Cash Benefit (DCB) last heating season at their current residence; or

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 10-1-05

Transmittal: UP-05-12

5035.15 page 10

Section:
Treatment of Income

Type:
POLICY

Chapter:
Income Deductions

Program:
SNAP

Subject:
Deductions

5035.15 F. Shelter Hardship (continued)

- b. The assistance unit appears to be eligible for a CEAP DCB at their current residence and the assistance unit intends to apply for the CEAP DCB during the next CEAP application period provided the CEAP application can be made within the assistance unit's current Food Stamp certification period.
- 8. The standard utility allowance is prorated equally between the unit and any other individuals or assistance units who live with the assistance unit and who share the payment of utility expenses.
- 9. The assistance unit is only allowed to switch between using the standard utility allowance and actual expenses at the time of certification or recertification.
- 10. For those units which do not have any members who are elderly or disabled, a maximum shelter hardship deduction which is established by the USDA is allowed. The maximum shelter hardship is revised annually effective October 1.
- 11. For those units which include elderly or disabled members, or units whose only elderly or disabled member has been disqualified, a shelter hardship deduction is allowed with no maximum limit.

G. Farming Income Losses

- 1. Losses of income incurred by self-employed farmers are deducted from the assistance unit's other available income.
- 2. To be considered a self-employed farmer, a farmer must receive or anticipate receiving at least \$1000.00 or more in annual proceeds from the farming enterprise.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 02-01-94

Transmittal: UP-01-18

5035.15 page 11

Section:
Treatment of Income

Type:
POLICY

Chapter:
Income Deductions

Program:
SNAP

Subject:
Deductions

5035.15 G. Farming Income Losses (continued)

3. The amount of loss incurred is:
 - a. prorated over the same number of months currently used for prorating the farmer's self-employment income; and
 - b. deducted from the unit's monthly countable income.
4. The amount of loss is calculated using the same basis as is used to calculate the self-employment income and includes either of the following:
 - a. the previous year's tax records; or
 - b. current income records.

H. Expenses of a Disqualified Person

Expenses which are paid by or billed to a person who is disqualified are added to the expenses incurred by the unit to the extent that:

1. only the assistance unit's prorated share is counted if the individual is:
 - a. an ineligible or illegal non-citizen; or
 - b. disqualified due to not providing a verifiable social security number or failing to sign a declaration of citizenship or non-citizenship status.
2. the entire expense incurred is counted as an expense of the assistance unit if the person was disqualified due to a work sanction or to an intentional program violation.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 02-01-94

Transmittal: UP-01-18

5035.15 page 12

Section:
Treatment of Income

Type:
POLICY

Chapter:
Income Deductions

Program:
SNAP

Subject:
Deductions

5035.15 I. Self-Support Plans

1. Earned and unearned income received by individuals applying for or receiving assistance is further reduced by the actual deduction made by the Social Security Administration in computing the individual's Supplemental Security Income (SSI) benefit. The deduction is allowed when the plan is:
 - a. designed especially for the individual; and
 - b. in writing; and
 - c. approved by the Social Security Administration.
2. The deduction is allowed for the same time period that the Social Security Administration uses the PASS deduction in calculating the individual's Supplemental Security Income.
3. The amount of the deduction is equal to the amount allowed by the Social Security Administration for the individual's self-support plan.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 10-1-92

Transmittal: UP-92-40

P-5035.15

Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Income Deductions

Program:
MAABD

Subject:
Community Spouse Allowance (CSA)

- P-5035.15
1. Determine the community spouse's gross monthly income.
 2. Subtract the community spouse's gross monthly income from the MMNA (Cross Reference P-5035.10).
 3. Use, as the CSA, the greater of either the amount which results from step 2 or the amount ordered by a court, for court orders rendered prior to October 1, 1992.
 4. Use, as the CSA, the greater of either the amount which results from step 2 or the amount ordered by a court other than a probate court, for court orders rendered on or after October 1, 1992. See step 5.
 5. If a probate court order calls for a higher amount than that computed in step 2, do not allow the higher amount unless the order specifically states that the higher amount is needed to prevent financial duress. See step 6.
 6. Allow the amount specified but make a referral to the Attorney General as soon as assistance is granted for a possible appeal of the probate court order.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 5-1-94

Transmittal: 95-4

P-5035.16

Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Income Deduction

Program: FS

Subject:
Excess Medical Expense Deduction

P-5035.16 Determine whether any assistance unit member is eligible for a medical deduction.

MEDICAL EXPENSES ANTICIPATED FOR CERTIFICATION PERIOD

1. Explain that elderly or disabled assistance unit members can choose to have medical expenses treated in one of the following ways:
 - averaged over the certification period based on an estimate of anticipated medical expenses.
 - reported and verified on a monthly basis.
 - reported whenever total medical expenses exceed \$25 during the certification period.
2. Determine that the estimate of medical expenses is reasonable by examining the following information:
 - the unit member's medical condition.
 - the unit member's medical insurance coverage.
 - the current verified medical expenses incurred by the member.
3. If the assistance unit chooses to have anticipated medical expenses averaged, determine the length of the certification period.
4. If the certification period is equal to or less than twelve months:
 - divide the total anticipated cost by the number of months in the certification period. Enter the result as type "RE" on the FS Medical Expense Screen.
 - explain that the assistance unit is only required to report changes in medical expenses that had not been anticipated in the estimate.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 3-1-95

Transmittal: UP-95-4

P-5035.16 page 2

Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Income Deduction

Program: FS

Subject:
Excess Medical Expense Deduction

- P-5035.16 5. If the certification period is twenty-four months:
- divide the total anticipated medical costs for a twelve month period by 12. Enter the result as "RE" on the FS Medical Expense screen.
 - explain that for the remaining months of the certification period the assistance unit must either:
 - * provide a new estimate of anticipated medical expenses; or
 - * report and verify medical expenses on a monthly basis or whenever total medical expenses exceed \$25 during the remainder of the period.

ACTUAL ONE-TIME MEDICAL EXPENSES

1. If the certification period is twelve months or less, divide the expense by the number of months remaining in the certification period. Enter the result as "RE" on the FS Medical Expense screen.
2. If the certification period is twenty-four months and the medical expense is a one-time expense that has occurred in the first 12 month subperiod:
 - divide the expense by the number of months remaining in the first 12-month subperiod. Enter the result as "RE" on the FS Medical Expense screen (FSME).
 - explain that the assistance unit is only required to report changes in medical expenses that had not been anticipated in the estimate.
3. If the certification period is twenty-four months and the medical expense is a one-time expense occurring in the second 12-month subperiod:
 - divide the expense by the number of months remaining in the second 12-month subperiod. Enter the result as "RE" on the FSME screen.
 - explain that the assistance unit is only required to report changes in medical expenses that had not been anticipated in the estimate.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date:	3-1-95	Transmittal: UP-95-4	P-5035.16 page 3
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Section:	Type:
Treatment of Income	PROCEDURES

Chapter:	Program: FS
Income Deduction	

Subject:
Excess Medical Expense Deduction

P-5035.16 CHANGES IN MEDICAL EXPENSES THAT ARE DISCOVERED FROM A SOURCE OTHER THAN THE HOUSEHOLD

Changes in medical expenses that are discovered from a source other than the household should be treated as follows:

1. Changes that can be verified without contacting the household for further information or verification should be acted upon.
2. Changes that cannot be verified without contacting the household should not be acted upon until the household's recertification.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 11-1-95

Transmittal: UP-95-28

P-5035.17

Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Income Deductions

Program:
FS

Subject:
Determining the Deduction for Child Support

- P-5035.17
1. Determine whether any member of the AU has a legal obligation to pay child support for a child who lives outside the AU.
 2. If no member of the AU is legally obligated to pay child support, stop here.
 3. If a member of the AU is legally obligated to pay child support, determine their payment record, by examining the number of child support payments that have been made in the last six month period.
 4. If the AU has less than a three month record of paid child support in the last six month period, or no record of payments, go to step 6 to determine the child support deduction.
 5. If the AU has a payment record of three months or more of paid child support in the last six month period, go to step 8 to determine the child support deduction.
 6. If the AU has less than a three month record of paid child support in the last six month period, base the child support deduction on an estimate of anticipated payments, exclusive of arrearage payments, for the certification period.
 7. Determine that the estimate of child support expenses is reasonable by examining the following information:
 - the conditions set forth in the legal obligation;
 - anticipated changes in the legal obligation during the certification period, such as:
 - termination of the legal obligation; or
 - modification of the support order;
 - anticipated changes in current income;
 - verification of the anticipated payments.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 11-1-95	Transmittal: UP-95-28	P-5035.17 page 2
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Section: Treatment of Income	Type: PROCEDURES
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Chapter: Income Deductions	Program: FS
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Subject: Determining the Deduction for Child Support
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- | | |
|-----------|---|
| P-5035.17 | <ol style="list-style-type: none">8. If the AU has a payment record of three months or more of paid child support in the last six month period, base the child support deduction on an average of at least three months of child support payments.9. Explain that the AU is only required to report changes in child support expenses when such expenses exceed \$50 in the amount of legally obligated child support actually paid that was not anticipated in the certification period.10. Use the interim EMS instructions outlined in Policy Transmittal No. 95-28, <i>Child Support Deduction in the Food Stamp Program</i>, effective October 1, 1995, for entering child support information on EMS. |
|-----------|---|

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 10-1-11

Transmittal: UP-11-09

P-5035.18

Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Income Deductions

Program:

SNAP

Subject:
Utility Allowances

P-5035.18

| The standard utility allowance is \$683.00.

 The SUA will be updated annually to reflect changes in the Consumer Price Index of energy costs.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 10-1-11

Transmittal: UP-11-09

P-5035.19

Section:

Treatment of Income

Type:

PROCEDURES

Chapter:

Income Deductions

Program:

SNAP

Subject:

Maximum Shelter Hardship

| P-5035.19 The maximum shelter hardship is \$459.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-99

Transmittal: UP-99-13

5035.20

Section:
Treatment of Income

Type:
POLICY

Chapter:
Income Deductions

Program: MAABD

Subject:
Post-Eligibility Deductions for LTCF/CBS Units Without Community Spouses

5035.20 For residents of long term care facilities (LTCF) and those individuals receiving community-based services (CBS) when the individual does not have a spouse living in the community, total gross income is adjusted by certain deductions to calculate the amount of income which is to be applied to the monthly cost of care.

A. Durational Use of Deductions

The deductions described below are subtracted from income:

1. beginning with the month in which the 30th day of continuous LTCF care or the receipt of community-based services occurs; and
2. ending with the month in which the unit member is discharged from the LTCF or community-based services are last received.

B. Deductions For LTCF Units

The following monthly deductions are allowed from the income of assistance units in LTCF's:

1. for veterans whose VA pension has been reduced to \$90.00 pursuant to P.L. 101-508, and for spouses of deceased veterans whose pension has been similarly reduced pursuant to P.L. 101-508, as amended by Section 601 (d) of P.L. 102-568, a personal needs allowance equal to the amount of their VA pension and the personal needs allowance described in 2. below;
2. a personal needs allowance of \$50.00 for all other assistance units, which, effective July 1, 1999 and annually thereafter, shall be increased to reflect the annual cost of living adjustment used by the Social Security Administration;
3. an amount of income diverted to meet the needs of a family member who is in a community home to the extent of increasing his or her income to the MNIL which corresponds to the size of the family;
4. Medicare and other health insurance premiums, deductibles, and coinsurance costs when not paid for by Medicaid or any other third party;
5. costs for medical treatment approved by a physician which are incurred subsequent to the effective date of eligibility and which are not covered by Medicaid;

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 1-7-09

Transmittal: UP-09-02

5035.20 page 2

Section:

Treatment of Income

Type:

POLICY

Chapter:

Income Deductions

Program:

MAABD

Subject:

Post-Eligibility Deductions for LTCF/CBS Units Without Community Spouses

5035.20 B. Deductions For LTCF Units (continued)

6. expenses for services provided by a licensed medical provider in the six month period immediately preceding the first month of eligibility providing the following conditions are met:
 - a. the expenses were not for LTCF services, services provided by a medical institution equivalent to those provided in a long term care facility, or home and community-based services, when any of these services were incurred during a penalty period resulting from an improper transfer of assets; and
 - b. the recipient is currently liable for the expenses; and
 - c. the services are not covered by Medicaid in a prior period of eligibility.
7. the cost of maintaining a home in the community for the assistance unit, subject to the following conditions:
 - a. the amount is not deducted for more than six months; and
 - b. the likelihood of the institutionalized individual's returning to the community within six months is certified by a physician; and
 - c. the amount deducted is the lower of either:
 - (1) the amount the unit member was obligated to pay each month in his or her former community arrangement; or
 - (2) \$650 per month if the arrangement was Level 1 Housing; or
 - (3) \$400 per month if the arrangement was Level 2 Housing; and
 - d. the amount deducted includes the following:
 - (1) heat
 - (2) hot water
 - (3) electricity
 - (4) cooking fuel

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 10-1-89

Transmittal: UP-97-11

5035.20 page 3

Section:

Treatment of Income

Type:

POLICY

Chapter:

Income Deductions

Program:

MAABD

Subject:

Post-Eligibility Deductions for LTCF/CBS Units Without Community Spouses

5035.20 B. 7. d. Deductions For LTCF Units (continued)

- (5) water
- (6) laundry
- (7) property taxes
- (8) interest on the mortgage
- (9) fire insurance premiums
- (10) amortization

C. Deductions For CBS Units

The following monthly deductions are allowed from the income of assistance units receiving Community Based Services:

1. an amount to meet the basic community maintenance needs of the individual to the extent that it is equivalent to:
 - a. the MNIL for one person for those who are eligible under the model waiver; or
 - b. 200% of the Federal Poverty Level for those eligible under the PAS or DMR waiver;
2. an amount of income diverted to meet the needs of a family member who is in the community home to the extent of increasing his or her income to the MNIL which corresponds to the size of the family;
3. Medicare and other health insurance premiums, deductibles, and coinsurance costs when not paid for by Medicaid or any other third party;
4. expenses recognized as medical costs for which the recipient is currently liable, and which are not covered by Medicaid

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-17

Transmittal: UP-17-03

P-5035.20

Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Income Deductions

Program:
MAABD

Subject:
Community Family Allowance (CFA)

- P-5035.20
1. Determine if there is a community spouse.
 2. If there is no community spouse stop here. Go to "Calculating Applied Income for LTCF Units Without Community Spouses" (Cross Reference: P-5045.25).
 3. If there is a community spouse, determine if there are any family members living with the community spouse who are eligible for a CFA.
 4. Determine the eligible family member's monthly gross income.
 5. Subtract the gross monthly income of the eligible family member from \$2,030.00
 6. Divide the amount calculated in step 5 by 3 to determine the CFA.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-98

Transmittal: UP-98-30

5035.25

Section:
Treatment of Income

Type:
POLICY

Chapter:
Income Deductions

Program: MAABD

Subject:
Post-Eligibility Deductions for LTCF/CBS Units With Community Spouses

5035.25 For resident of long term care facilities (LTCF) and those individuals receiving community-based services (CBS) when the individual has a spouse living in community, total gross income is adjusted by certain deductions to calculate the amount of income which is to be applied to the monthly cost of care.

A. Durational Use of Deductions

The deductions described below are subtracted from income:

1. beginning with the month in which the 30th day of continuous LTCF care or the receipt of community-based services occurs; and
2. ending with the month in which the unit member is discharged from the LTCF or community-based services are last received.

B. Deductions For LTCF Units

The following monthly deductions are allowed from the income of assistance units in LTCF's:

1. a personal needs allowance of \$50.00, which, effective July 1, 1999 and annually thereafter, shall be increased to reflect the annual cost of living adjustment used by the Social Security Administration;
2. a Community Spouse Allowance (CSA), when appropriate; (Cross Reference 5035.30)
3. a Community Family Allowance (CFA), when appropriate; (Cross Reference 5035.35)
4. Medicare and other health insurance premiums, deductibles, and coinsurance costs when not paid for the Department or any other third party;
5. costs for medical treatment approved by a physician which are incurred subsequent to the effective date of eligibility and which are not covered by Medicaid;

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-98

Transmittal: UP-98-30

5035.25 page 2

Section:

Treatment of Income

Type:

POLICY

Chapter:

Income Deductions

Program: MAABD

Subject:

Post-Eligibility Deductions for LTCF/CBS Units With Community Spouses

5035.25 B. Deductions For LTCF Cases (continued)

6. expenses for services provided by a licensed medical provider in the six month period immediately preceding the first month of eligibility providing the following conditions are met:
 - a. the expenses were not for LTCF services, services provided by a medical institution equivalent to those provided in a long term care facility, or home and community-based services, when any of these services were incurred during a penalty period resulting from an improper transfer of assets; and
 - b. the recipient is currently liable for the expenses; and
 - c. the services are not covered by Medicaid in a prior period of eligibility.

C. Deductions For CBS Units

The following monthly deductions are allowed from the income of assistance units receiving Community Based Services:

1. an amount to meet the basic community maintenance needs of the individual to the extent that it is equivalent to:
 - a. the MNIL for one person for those who are eligible under the model waiver; or
 - b. 200% of the Federal Poverty Level for those eligible under the PAS or DMR waiver;
2. a Community Spouse Allowance (CSA), when appropriate; (Cross Reference 5035.30)
3. a Community Family Allowance (CFA), when appropriate; (Cross Reference 5035.35)
4. Medicare and other health insurance premiums, deductibles, and coinsurance costs when not paid for the Medicaid or any other third party;
5. expenses recognized as medical costs for which the recipient is currently liable, and which are not covered by Medicaid.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 1-1-07

Transmittal: UP-07-11

5035.30

Section:
Treatment of Income

Type:
POLICY

Chapter:
Income Deductions

Program: MAABD

Subject:
Community Spouse Allowance (CSA)

5035.30 A. Use of Community Spouse Allowance (CSA)

1. The CSA is used as an income deduction in the calculation of the post-eligibility applied income of an institutionalized spouse (IS) only when the IS makes the allowance available to the community spouse (CS) or for the sole benefit of the CS.

(Cross Reference 5035.25)

2. For the purpose of using a CSA, the Department considers a CS to include a spouse receiving home and community based services under a Medicaid waiver.

B. Calculation of CSA

1. The CSA is equal to the greater of the following:
 - a. the difference between the Minimum Monthly Needs Allowance (MMNA) and the community spouse gross monthly income; or
 - b. the amount established pursuant to court order for the purpose of providing necessary spousal support.
2. The MMNA is that amount which is equal to the sum of:
 - a. the amount of the community spouse's excess shelter cost as calculated in section 5035.30 B.3.; and
 - b. 150 percent of the monthly poverty level for a unit of two persons.
3. The community spouse's excess shelter cost is equal to the difference between his or her shelter cost as described in section 5035.30 B.4. and 30% of 150 percent of the monthly poverty level for a unit of two persons.
4. The community spouse's monthly shelter cost includes:
 - a. rental costs or mortgage payments, including principle and interest; and
 - b. real estate taxes; and
 - c. real estate insurance; and

Date: 1-1-07		Transmittal: UP-07-11		5035.30 page 2	
Section:		Type:			
Treatment of Income		POLICY			
Chapter:		Program:			
Income Deductions		MAABD			
Subject:					
Community Spouse Allowance (CSA)					

- 5035.30 B. 4. Calculation of CSA (Continued)
- d. required maintenance fees charged by condominiums or cooperatives except those amounts for utilities; and
- e. Standard Utility Allowance (SUA) used in the FS program for the community spouse.
5. The MMNA may not exceed the greatest of either:
- a. the maximum MMNA; or
- b. an amount established through a Fair Hearing.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 02-13-01

Transmittal: UP-01-04

5035.35

Section:

Treatment of Income

Type:

POLICY

Chapter:

Income Deductions

Program:

MAABD

Subject:

Community Family Allowance (CFA)

5035.35 A. Community Family Allowance (CFA)

1. The CFA is used as an income deduction in the calculation of the post-eligibility applied income of an institutionalized spouse (IS) when any of the following individuals are living with the community spouse (CS):
 - a. a minor child of either spouse; or
 - b. a child, parent, or sibling who is a legal tax dependent of either spouse.

(Cross Reference: 5035.25)

2. For the purpose of using a CFA, the Department considers a CS to include a spouse receiving home and community based services under a Medicaid waiver.

B. Calculating the CFA

The Department calculates the CFA deduction for each eligible family member by:

1. subtracting the gross monthly income of each eligible family member from 150 percent of the monthly poverty level for a unit of two persons; and
2. multiplying the result of Step 1 by 33 1/3%.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88	Transmittal: UP-88-13	5040
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Section:	Type:
Treatment of Income	POLICY

Chapter:	Program:
Income Diversion	AFDC
	AABD
Subject:	MA

5040 RESERVED

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 1-1-88**Transmittal: UP-88-1****5045**

Section:**Treatment of Income****Type:****POLICY**

Chapter:**Applied Income****Program:****AFDC****AABD****MA**

Subject:**FS**

5045

This chapter presents the methods for calculating the amount of applied income for each program. The calculation methods differ between programs in respect to whether or not an adjustment is used and the order in which adjustments are implemented. All methods of calculating applied income begin with the unit's monthly counted income.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 2-1-94

Transmittal: UP-94-2

5045.05

Section:
Treatment of Income

Type:
POLICY

Chapter:
Applied Income

Program: **AFDC
FMA**

Subject:
Calculation Method

5045.05 A. Applied Earned Income

The Department calculates the assistance unit's applied earned income in the following manner:

1. The assistance unit's total monthly earnings is adjusted to a gross earned income amount by subtracting any self-employment expenses, if applicable;
2. The counted amount of a lump sum received by the assistance unit as earned income is adjusted to a net lump sum amount by subtracting any appropriate lump sum deductions (Cross Reference 5035.05).
3. Any net lump sum amount is added to the unit's gross earned income amount;
4. The unit's applied monthly earnings is calculated by subtracting the following amounts from the monthly gross earnings in the following order:
 - a. a deduction for personal work expenses (Cross Reference: 5035.05 - "Income Deductions");
 - b. a disregard for incentive earnings (Cross Reference: 5035 - Income Disregards");
 - c. a deduction for child care expenses (Cross Reference: 5035.05 p. 2 - "Income Deductions").
 - d. a deduction for the actual amount of earned income allowed by the Social Security Administration as a deduction in calculating the client's SSI benefits. This deduction applies ONLY to FMA recipients who receive SSI for the blind or disabled and have an approved plan to achieve self support. (Cross-Reference: 5035.08 "Income Deductions").

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 2-1-94

Transmittal: UP-94-2

5045.05 page 2

Section:
Treatment of Income

Type:
POLICY

Chapter:
Applied Income

Program: **AFDC**
FMA

Subject:
Calculation Method

5045.05 B. Applied Unearned Income

1. The counted amount of a lump sum received by the assistance unit as unearned income is adjusted to a net lump sum amount by subtracting any appropriate lump sum deductions (Cross Reference 5035.03);
2. Any net lump sum amount is added to the unit's gross unearned income amount;
3. The Department calculates the amount of the applied unearned income by subtracting the appropriate disregard for child support payments.
4. The Department calculates the amount of the applied unearned income by further subtracting the actual PASS deduction allowed by the Social Security Administration in calculating an individual's Supplemental Security Income (SSI). (The deduction applies ONLY to FMA recipients.)

C. Applied Deemed Income

All income deemed to assistance unit members is applied.

D. Total Applied Income Amount

The total amount of applied income is that amount which results from adding together the applied earned income, applied unearned income, and the amount of applied deemed income.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 6-1-91**Transmittal: UP-91-28****P-5045.05**

Section:
Treatment of Income**Type:**
PROCEDURES

Chapter:
Applied Income**Program:** **AFDC**
 FMA

Subject:
Calculating Applied Income for AFDC and FMA Applicants

- P-5045.05 1. Subject the total child support income paid to the AFDC/FMA assistance unit toward the current month's need to the appropriate child support disregard.
- If the Assignment of Support Rights is in effect, count the remaining child support when determining eligibility, but do not count it when calculating benefits.
 - If the Assignment of Support Rights is not in effect, count the remaining child support when determining eligibility and calculating benefits.
2. Count the total of all other unearned income received each month by the unit and add it to any countable child support.
3. Subject the earned income of each member of the assistance unit to the following calculation if:
- the member received AFDC in any of the four months immediately preceding the month of application; and
 - the member is otherwise entitled to receive $\$30 + 1/3$ as a disregard:
 - a. Subtract the expenses of self-employment from the total income derived from self-employment, if applicable;
 - b. From the member's gross earnings, subtract a deduction for personal work expenses;
 - c. From the remaining earned income, subtract \$30.00 plus 1/3 of the difference;
 - d. Next, subtract a deduction for day care costs;
 - e. Count the remainder as applied earned income when performing the net income eligibility test.
4. Subject the earned income of each member of the assistance unit to the following calculation if the member:
- is not entitled to receive the disregard of \$30.00:
 - a. Subtract the expenses of self-employment from the total income derived from self-employment, if applicable;

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Date: 6-1-91

Transmittal: UP-91-28

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Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Applied Income

**Program: AFDC
FMA**

Subject:
Calculating Applied Income for AFDC and FMA Applicants

- P-5045.05 4. b. From the member's gross earnings, subtract deductions for personal employment expenses and for day care costs;
- c. Count the balance as applied earned income in performing the net income eligibility test.
5. Subject the earned income of each member of the assistance unit to the following calculation if the member:
- ° is entitled to the \$30.00 disregard:
- a. Subtract the expenses of self-employment from the total income derived from self-employment, if applicable;
- b. From the member's gross earnings, subtract the deduction for personal employment expenses;
- c. From the member's remaining earnings, subtract the disregard of \$30.00;
- d. Next, subtract a deduction for day care expenses;
- e. Count the remainder as applied earned income when performing the net income eligibility test.
6. Calculate the total applied income of each unit member who is an applicant in the following manner:
- a. Add together the member's total applied unearned income, total applied earned income and all income deemed to the member;
- b. The resulting amount is the unit member's total applied income.
7. Calculate the unit's total applied income by adding all the members' applied income.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-98

Transmittal: UP-98-31

5045.10

Section:
Treatment of Income

Type:
POLICY

Chapter:
Applied Income

Program: **AABD**
 MAABD

Subject:
Calculation Method

5045.10 A. Earned Income - Aged and Disabled

Except for determining AABD eligibility and benefit amounts for individuals residing in long term care facilities, applied earned income is calculated for those who are aged or disabled by reducing the monthly earnings by the following in the order presented:

1. self-employment expenses, when applicable;
2. a disregard of \$65.00;
3. impairment related expenses for those recipients who are eligible for them;
4. 1/2 of the remaining difference;
5. any earned income an individual receives and uses to fulfill an approved plan to achieve self-support if that individual is disabled and under age 65 or is disabled and received SSI as a disabled person the month prior to reaching age 65.

(Cross references: 5030.10 - "Income Disregards"
 5035.08 - "Income Deductions"
 5035.10 - "Employment Deductions")

B. Earned Income - Aged and Blind

Except for determining AABD eligibility and benefit amounts for individuals residing in long term care facilities, applied earned income is calculated for those who are blind by reducing monthly earnings by the following in the order presented:

1. self-employment expenses, when applicable;
2. a disregard of \$85.00;
3. 1/2 of the remaining difference;
4. personal employment expenses;
5. blind work expenses for those who are eligible for them;

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POLICY

Chapter:
Applied Income

**Program: AABD
MAABD**

Subject:
Calculation Method

5045.10 B. Earned Income - Aged and Blind (continued)

6. any earned income an individual receives and uses to fulfill an approved plan to achieve self-support if that individual is blind and under age 65 or is blind and received SSI as a disabled person the month prior to reaching age 65.

(Cross references: 5030.10 - "Income Disregards"
5035.08 - "Income Deductions"
5035.10 - "Employment Deductions")

C. Unearned Income

1. Except for determining AABD eligibility and benefit amounts for individuals residing in long term care facilities, applied unearned income is calculated by reducing the gross unearned income amount by the appropriate disregard based upon living arrangements.
2. Except for determining AABD eligibility and benefit amounts for individuals residing in long term care facilities, applied unearned income is further reduced by expenses associated with a self-support plan (Cross reference: 5035.08).

D. Deemed Income

The total amount of deemed income calculated is used without further reductions.

E. Applied Income Amount

The assistance unit's total applied income is the sum of the unit's applied earnings, applied unearned income, and the amount deemed.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 6-1-91**Transmittal: UP-91-28****P-5045.10**

Section:
Treatment of Income**Type:**
PROCEDURES

Chapter:
Applied Income**Program:** **AFDC**
 FMA

Subject:
Calculating Applied Income for AFDC/FMA Recipients

- P-5045.10 1. Subject the total child support income paid to the AFDC/FMA assistance unit for the current month's need to the appropriate child support disregard.
- If the Assignment of Support rights is in effect, count the remaining child support when determining eligibility, but do not count it when calculating benefits.
 - If the Assignment of Support Rights is not in effect, count the remaining child support when determining eligibility and calculating benefits.
2. Count the total of all other unearned income received by the unit each month and add it to any countable child support.
3. Subject the earned income of each unit member to the following calculation if the member is entitled to a disregard of \$30 + 1/3:
- a. Subtract the expenses of self-employment from the total income derived from self-employment.
 - b. From the member's gross earned income, subtract the deduction for personal employment expenses.
 - c. From the remaining earnings, subtract:
 - \$30 plus
 - 1/3 of the remainder after the \$30 is subtracted
 - the appropriate amount for day care costs
 - d. Count the remaining amount as the member's applied monthly earned income.
4. Subject the earned income of each unit member to the following calculation if the member is only entitled to a disregard of \$30:
- a. Repeat steps 2a and 2b from above.
 - b. Subtract for the member's remaining earnings a disregard of \$30.00 and the appropriate amount for day care costs.
 - c. Count the remainder as the member's applied monthly earnings.

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Date: 6-1-91

Transmittal: UP-91-28

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Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Applied Income

**Program: AFDC
FMA**

Subject:
Calculating Applied Income for AFDC/FMA Recipients

- P-5045.10 5. Subject the earned income of each unit member to the following calculation if the member is not entitled to any disregards:
- a. Repeat steps 2a and 2b from above.
 - b. Deduct the appropriate amount for day care costs.
 - c. count the remaining amount as the member's applied monthly earnings.
6. Calculate the unit member's total applied income in the following manner:
- a. Add together the member's total applied unearned income, the members total applied earnings, and all income deemed to the unit member.
 - b. The resulting amount is the member's total applied income.
7. Calculate the unit's total applied income by adding together the total applied income of all members of the unit.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 11-1-95

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5045.15

Section:
Treatment of Income

Type:
POLICY

Chapter:
Applied Income

Program: FS

Subject:
Calculation Method

5045.15 The amount of applied income upon which the level of Food Stamps benefits is based is calculated in the following way:

- A. The monthly net earned income amount is calculated by reducing monthly earnings by:
 1. the actual amount of self-employment expenses, if applicable; and
 2. any earned income deductions approved by the Social Security Administration in regards to individual self-support plans (Cross reference: 5035.15); and
 3. a deduction of 20% of the gross earnings for personal employment expenses.
- B. The monthly net earned income is added to the monthly gross unearned income amount and the total of the income deemed to the unit.
- C. The amount of applied income is calculated by reducing the combined total of net earnings, gross unearned income and deemed income by the following in the order presented:
 1. a deduction for farming losses, if any;
 2. a disregard of \$134.00 per month;
 3. a deduction for unearned income to be used to fulfill a bona-fide plan to achieve self-support (PASS); Cross reference: 5035.15
 4. the appropriate deduction for work related dependent care expenses;
 5. deduction for allowable medical expenses for those assistance unit members who qualify;
 6. a deduction for legally obligated child support when it is paid for a child who is not a member of the assistance unit;
 7. a deduction for shelter hardship, if applicable.

(Cross References: 5030 - "Income Disregards" and 5035 "Income Deductions")

- D. The remaining amount after the disregards and deductions are subtracted is the amount of the unit's applied income.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 2-1-94

Transmittal: UP-94-2

P-5045.15

Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Applied Income

**Program: AABD
MAABD**

Subject:
Calculating Applied Income for AABD/MAABD Applicants

- P-5045.15
1. Reduce the assistance unit's gross unearned income by the following:
 - any appropriate disregards; and
 - any expenses associated with self-support plans for individuals, under age 65, applying for assistance for the blind or disabled, or persons 65 or over who received SSI for the blind or disabled the month prior to becoming age 65.
 - The applicant's total applied unearned income is the difference remaining after the unit's gross is reduced by the above.
 2. Subject the earned income of the applicant to the following calculation when the unit is applying for assistance to the aged and did not receive assistance to the disabled or blind or SSI the month prior to becoming age 65:
 - Subtract the expenses of self-employment from the total earnings derived from self-employment.
 - From the unit's total gross monthly earned income, subtract the following disregards:
 - \$65.00; plus
 - 1/2 of the remainder.
 - The applicant's total applied earned income is the difference remaining after the unit's gross is reduced by the above.
 3. Subject the earned income of the applicant to the following calculation when the unit is applying for assistance to the disabled or aged when the applicant received assistance to the disabled or SSI for the disabled the month prior to becoming 65:
 - Subtract the expenses of self-employment from the total earnings derived from self-employment.

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Transmittal: UP-94-2

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Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Applied Income

**Program: AABD
MAABD**

Subject:
Calculating Applied Income for AABD/MAABD Applicants

P-5045.15 3. (continued)

- From the unit's total gross monthly earned income, subtract the following disregards and deductions in the order presented:
 - \$65.00; plus
 - impairment-related expenses; plus
 - 1/2 of the remainder; plus
 - expenses associated with an approved plan to achieve self-support.
- The applicant's total applied earned income is the difference remaining after the unit's gross is reduced by the above.

4. Subject the earned income of the applicant to the following calculation when the unit is applying for assistance to the blind or the aged when the applicant received assistance for the blind or SSI for the blind the month prior to turning 65:

- Subtract the expenses of self-employment from the total earnings derived from self-employment.
- From the unit's total gross monthly earned income, subtract the following disregards and deductions in the order presented:
 - \$85.00; plus
 - 1/2 of the remainder; plus
 - personal employment expenses; plus
 - blind work expenses; plus
 - expenses associated with an approved plan for self-support.

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P-5045.15 page 3

Section:
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Type:
PROCEDURES

Chapter:
Applied Income

**Program: AABD
MAABD**

Subject:
Calculating Applied Income for AABD/MAABD Applicants

P-5045.15 4. (continued)

- The applicant's total applied earned income is the difference remaining after the unit's gross is reduced by the above.

5. The applicant's total applied income is calculated in the following way:

- add together the following:
 - applied unearned income
 - applied earned income
 - income deemed to the applicant
- the resulting amount is the applicant's total applied income.

6. Use gross monthly income for determining eligibility and benefit levels for individuals residing in long term care facilities who are applying for AABD benefits.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 9-1-88

Transmittal: UP-88-46

5045.20

Section:
Treatment of Income

Type:
POLICY

Chapter:
Applied Income

Program: MA

Subject:
Post-Eligibility Treatment of Income

5045.20 Assistance units who are residents of Long Term Care Facilities (LTCF) or receiving community based services (CBS) are responsible for contributing a portion of their income toward the cost of their care. For LTCF cases only, the amount to be contributed is projected for a six month period.

A. Period for Which the Amount to be Contributed is Calculated

The amount of income to be contributed is calculated using the post-eligibility method starting with the month in which the 30th day of continuous LTCF care or receipt of community-based services occurs, and ending with the month in which the assistance unit member is discharged from the LTCF or community-based services are last received.

B. Amount of Income to be Contributed in LTCF Cases

1. Initial Calculation

- a. For each month in the six month period for which the contribution is projected, monthly gross income is established as follows:
 - (1) total gross monthly income which was paid or payable to the applicant or recipient, in the six months prior to the period for which the contribution is projected, is divided by six;
 - (2) any additional counted income expected in the period for which the contribution is projected, is divided by six;
 - (3) any amount of the counted income received in the previous six months, but not expected to be received in the period for which the contribution is projected, is divided by six. The resulting figure is subtracted from the total of the amounts calculated in (1) and (2), above.
- b. Total gross income is reduced by post-eligibility deductions (Cross reference: 5035-"Income Deductions") to arrive at the amount of income to be contributed.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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5045.20 page 2

Section:
Treatment of Income

Type:
POLICY

Chapter:
Applied Income

Program: MA

Subject:
Post-Eligibility Treatment of Income

5045.20 B. 2. Recalculation of the Amount to be Contributed

The recalculation of the amount to be contributed in any month of the six month period is required under the following conditions:

- a. a significant change occurs in income which amounts to an increase or decrease in monthly income of \$15 or more per month; or
- b. a change occurs, in any amount, in any deduction.

3. Reconciliation of Projected Income

At the end of the six month period, projected income must be reconciled with actual income paid or payable to the recipient.

C. Amount of Income to be Contributed in CBS Cases

1. Initial Calculation

The amount of income to be contributed is prospectively calculated by reducing gross monthly income by the post-eligibility deductions referred to in 5035-"Income Deductions."

2. Recalculation of Applied Income

Applied income is recalculated whenever there is a change in income or deductions.

D. Amount of Benefits Paid by Department

The difference between the assistance unit's contribution and the Medicaid rate of the LTCF or CBS is the amount of benefits paid by the department to the facility or provider organization on the unit's behalf.

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P-5045.20

Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Applied Income

**Program: AABD
MAABD**

Subject:
Calculating Applied Income for AABD/MAABD Recipients

- P-5045.20
1. Reduce the assistance unit's gross unearned income by the following:
 - any appropriate disregards; and
 - any expenses associated with self-support plans for individuals under age 65, receiving assistance for the blind or disabled, or persons who received SSI for the blind or disabled the month prior to becoming age 65.
 - The unit's total applied unearned income is the difference remaining after the unit's gross is reduced by the above.
 2. Subject the earned income of the unit to the following calculation when the unit is receiving assistance to the aged and did not receive assistance to the disabled or blind from the Department or SSI the month before his or her 65th birthday:
 - Subtract the expenses of self-employment from the total earnings derived from self-employment.
 - From the unit's gross earned income, subtract:
 - \$65; plus
 - 1/2 of the remainder.
 - The balance remaining is the unit's applied earned income.
 3. Subject the earned income of the unit to the following calculation when the unit receives assistance for the disabled or aged and had received assistance for the disabled or SSI for the disabled the month before his or her 65th birthday:
 - Subtract the expenses of self-employment from the total earnings derived from self-employment.
 - From the unit's gross income, subtract the following disregards and deductions in the order presented:
 - \$65; plus
 - impairment-related expenses; plus

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Type:
PROCEDURES

Chapter:
Applied income

**Program: AABD
MAABD**

Subject:
Calculating Applied Income for AABD/MAABD Recipients

P-5045.20 3. (continued)

- 1/2 of the difference; plus
 - expenses associated with self-support plans.
 - The remaining amount is the unit's applied earned income.
4. Subject the earned income of the unit to the following calculation when the unit receives assistance for the blind or aged and had received assistance for the blind or SSI for the blind the month before his or her 65 birthday.
- Subtract the expenses of self-employment from the total earnings derived from self-employment.
 - From the unit's gross earned income, subtract the following disregards and deductions in the order presented:
 - \$85; plus
 - 1/2 of the remainder (after the \$85 has been subtracted); plus
 - personal employment expenses; plus
 - blind work expenses; plus
 - expenses associated with pursuing approved plans for self-support.
 - The remaining amount is the unit's applied earned income.
5. The total amount of the recipient's applied income is calculated by:
- summing the following amounts:
 - income deemed to the unit;
 - applied unearned income;
 - applied earned income;
 - the resulting amount is the total applied income of the unit.
6. Use gross monthly income for determining eligibility and benefit levels for

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Section:

Treatment of Income

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PROCEDURES

Chapter:

Applied income

Program:

**AABD
MAABD**

Subject:

Calculating Applied Income for AABD/MAABD Recipients

P-5045.20 6. (continued)

individuals residing in long term care facilities who are applying for AABD benefits.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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5045.21

Section:
Treatment of Income

Type:
POLICY

Chapter:
Applied Income

Program: MAABD

Subject:
Post-Eligibility Treatment of Income -- Premium Payment

5045.21 A. General Rules

An individual eligible for Medicaid under the Working Individuals with Disabilities coverage group may be required to pay a monthly premium for Medicaid coverage if the gross counted income of the individual and his or her spouse, minus Impairment Related Work Expenses (IRWE's), exceeds 200% of the federal poverty level for the appropriate family size (Cross Reference: 2540.85).

B. Premium Calculation

The premium amount is calculated as follows:

1. Gross counted monthly income of the individual and spouse, minus IRWE's, is compared to 200% of the federal poverty level for the appropriate family size, including dependent children living in the home.
2. The premium is generally equal to 10% of the amount by which the income described in paragraph 1 exceeds 200% of the FPL, minus the amount of any payments for health insurance made by the individual or spouse for any family member (see paragraph C below).
3. If the individual's net family income, as described at 2540.85, is greater than 250% of the FPL but no greater than 450% of the FPL, the premium is equal to the lesser of the following:
 - a. the amount described in paragraph 2 above; or
 - b. 7.5% of the net family income.

C. Offsetting Group Insurance Premiums and Medicaid Premiums

1. If 10% of the individual's excess income described in paragraph A exceeds the monthly cost of the family's health insurance, the individual continues to pay directly for the health insurance. As noted in paragraph B. 2., the cost of this insurance is factored into the computation of the individual's Medicaid premium due the Department.
2. If the monthly cost of the individual's health insurance equals or exceeds 10% of his or her excess income described in paragraph A, the individual has no obligation to pay a Medicaid premium. If the individual has cost-effective group health insurance through his or her employer, the Department may help pay for this insurance as described at UPM 9040.

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P-5045.25

Section:
Treatment of Income

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PROCEDURES

Chapter:
Applied Income

Program: MA

Subject:
Calculating Applied Income for LTCF Units Without Community Spouses

P-5045.25 When To Recalculate Amount of Applied Income

1. Start the calculation of applied income with the month in which the thirtieth day of continuous care in an LTCF is provided.
2. At intake, calculate the applied income for the months prior to the month of grant.
3. At intake, calculate the applied income for the six month period which begins with the month of grant.
4. Recalculate the applied income when a change of any amount occurs in any deduction.
5. Recalculate when a change occurs which will result in a difference of at least \$15.00 in the applied income.
6. For subsequent six month periods, recalculate applied income when information is received on actual income for the prior six month period.

General Principles for Calculating Applied Income

1. Determine amount of income to be considered from fixed income sources.
2. Determine amount of income to be considered from variable income sources.
3. Add the figures from steps 1 and 2, above.
4. Deduct a personal needs allowance of \$150.00 per month from the amount derived in step 3 for veterans whose pension is reduced to \$90.00 pursuant to P.L. 101-508.
5. Deduct a personal needs allowance of \$150.00 per month from the amount derived in step 3 for spouses of deceased veterans whose pension is reduced to \$90.00 pursuant to P.L. 101-508 as amended by Section 601 (d) of P.L. 102-568.

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PROCEDURES

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Applied Income

Program: MA

Subject:
Calculating Applied Income for LTCF Units Without Community Spouses

P-5045.25 General Principles For Calculating Applied Income (Continued)

6. To determine the amount of the personal needs allowance to deduct for all other clients, go to step 7.
7. Deduct a personal needs allowance of \$60.00 per month from the amount derived in step 3 for all other clients.
8. Deduct an amount diverted to meet the needs of eligible family members who are in the home to the extent of increasing their income to the MNIL which corresponds to the number of members.
9. Deduct Medicare and other health insurance premiums.
10. Deduct costs for medical treatment approved by a physician, which are incurred subsequent to the effective date of eligibility, and which are not covered by Medicaid.
11. Deduct expenses for services provided by a licensed medical provider in the six month period immediately preceding the first month of eligibility providing the following conditions are met:
 - a. the expenses were not for LTCF services, services provided by a medical institution equivalent to those provided in a long term care facility, or home and community-based services, when any of these services were incurred during a penalty period resulting from an improper transfer of assets; and
 - b. the recipient is currently liable for the expenses;
 - c. the services are not covered by Medicaid in a prior period of eligibility.
12. Deduct the cost of maintaining a home in the community, subject to the following conditions:
 - a. the amount is not deducted for more than six months;
 - b. the likelihood of the institutionalized individual's returning to the community within six months is certified by a physician;

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Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Applied Income

Program: MA

Subject:
Calculating Applied Income for LTCF Units Without Community Spouses

P-5045.25 General Principles For Calculating Applied Income (Continued)

- c. the amount deducted is the lower of either the amount the unit member was obligated to pay each month in his or her former community arrangement, or \$460 per month if the arrangement was Level 1 Housing, or \$250 per month if the arrangement was Level 2 Housing;
 - d. the amount deducted includes the following:
 - heat
 - hot water
 - electricity
 - cooking fuel
 - water
 - laundry
 - property taxes
 - interest on the mortgage
 - fire insurance premiums
 - amortization
13. Use the resulting figure from the calculations above as the amount to be contributed to the cost of care.

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P-5045.25 page 4

Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Applied Income

Program: MA

Subject:
Calculating Applied Income for LTCF Units Without Community Spouses

P-5045.25 General Principles For Calculating Applied Income (continued)

14. If applied income increases, follow advance notice requirements.
15. Set a tickler for the sixth month of the six month period to begin the process of reconciling projected income with actual income.

How To Count Income From Fixed Income Sources

1. Count the current amount of income from fixed income sources, such as SSA, SSI, VA and RR benefits, and most pensions.
 - a. Disregard any upcoming change in any income source subject to mass modifications, such as SSA, SSI, VA or RR benefits.
 - b. If reliable information is available for an upcoming change on an income source not subject to a mass modification, project a prorated amount based on the increase, unless this would cause a hardship. For example, if a letter from the pension fund indicates that the pension will increase \$5.00 per month effective the second month of the 6 month period, divide the total increase of \$25.00 by 6, and apply an additional \$4.17 per month. However, if the pension will increase \$50 in the fourth month, don't make a change until the increase occurs, as this would result in the counting of an additional \$25.00 per month which would leave only \$17.00 per month of the personal needs allowance.
 - c. If reliable information is not available with regard to the amount of the change but the date of the change is known, or if making a prorated change would cause a hardship, set a tickler to make the change when the increase occurs.

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Date: 10-1-89

Transmittal: UP-89-46

P-5045.25 page 5

Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Applied Income

Program: MA

Subject:
Calculating Applied Income for LTCF Units Without Community Spouses

P-5045.25 How To Count Income From a Variable Income Source

1. If income from a variable source of income has been stable, and can reasonably be expected to remain stable, project the amount which has been received as the amount which will be received in the next six month period. For example, if a recipient's bank account balance has not changed, and each month the interest is withdrawn and spent, and the interest rate has not changed and is not expected to change, the recipient can be expected to continue to earn the same monthly income.
2. If income fluctuates but future income can be reasonably predicted, use a reasonable projection of income in determining the amount to be applied to cost of care. For example, if the interest rate on a bank account is stable, but a large sum of money has recently been withdrawn, the projection should be based on the interest expected to be paid on the new balance rather than on the amount of interest which was received for the previous six month period.
3. If income from fluctuating sources such as interest, dividends or fluctuating pensions is not predictable for the six month period being considered, divide total income from the previous six month period by six. Use this figure in determining the amount of income to be applied to the cost of care.

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Date: 10-1-89

Transmittal: UP-89-46

P-5045.25 page 6

Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Applied Income

Program: MA

Subject:
Calculating Applied Income for LTCF Units Without Community Spouses

P-5045.25 Reconciling Actual Income With Projected Income At End of the Six Month Period

1. During the last month of the six month period, contact recipients, their representatives, LTCF's and/or all sources of variable income to determine actual income received during the six month period.
2. Compare actual income with projected income for the prior six month period.
3. If actual income was more than the amount projected, follow advance notice requirements.
4. Adjust the budget for the last month of the six month period to reflect the difference between actual income and projected income.
5. If the adjustment is too great to be made in one month, split the adjustment over two or more months.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 10-1-89

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P-5045.27

Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Applied Income

Program:
MA

Subject:
Calculating Applied Income for CBS Units Without Community Spouses

- P-5045.27 1. From gross monthly income, deduct the following to determine the amount to be contributed to the cost of care:
- a. an amount to meet the basic needs of the individual to the extent that it is equivalent to:
 - ° the MNIL for one person for an individual who is eligible under the model waiver;
 - ° 200% of the Federal Poverty Level for an individual eligible under the PAS or DMR waiver;
 - b. an amount diverted to meet the needs of eligible family members who are in the home to the extent of increasing their income to the MNIL which corresponds to the number of members;
 - c. Medicare and other health insurance premiums.
 - d. expenses recognized as medical costs for which the recipient is currently liable, and which are not covered by Medicaid.
2. Recalculate the income to be contributed to the cost of care whenever there is a change in income or deductions.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-11

Transmittal: UP-11-10

P-5045.30

Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Applied Income

Program: **MA**

Subject:
Calculating Applied Income for LTCF Units With Community Spouses

P-5045.30 **When To Recalculate Amount of Applied Income**

1. Start the calculation of applied income with the month in which the thirtieth day of continuous care in an LTCF is provided.
2. At intake, calculate the applied income for the months prior to the month of grant.
3. At intake, calculate the applied income for the six month period which begins with the month of grant.
4. Recalculate the applied income when a change of any amount occurs in any deduction.
5. Recalculate when a change occurs which will result in a difference of at least \$15.00 in the applied income.
6. For subsequent six month periods, recalculate applied income when information is received on actual income for the prior six month period.

General Principles for Calculating Applied Income

1. Determine amount of income to be considered from fixed income sources.
2. Determine amount of income to be considered from variable income sources.
3. Add the figures from steps 1 and 2, above.
4. Deduct a personal needs allowance of \$60.00 per month from the amount derived in step 3.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-98

Transmittal: UP-98-30

P-5045.30 page 2

Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Applied Income

Program: MA

Subject:
Calculating Applied Income for LTCF Units With Community Spouses

P-5045.30 General Principles For Calculating Applied Income (Continued)

5. Deduct a community Spouse Allowance (CSA) (cross reference 5035.30).
6. Deduct a Community Family Allowance (CFA) for each eligible family member (cross reference 5035.35).
7. Deduct Medicare and other health insurance premiums.
8. Deduct costs for medical treatment approved by a physician, which are incurred subsequent to the effective date of eligibility, and which are not covered by Medicaid.
9. Deduct expenses for services provided by a licensed medical provider in the six month period immediately preceding the first month of eligibility providing the following conditions are met:
 - a. the expenses were not for LTCF services, services provided by a medical institution equivalent to those provided in a long term care facility, or home and community-based services, when any of these services were incurred during a penalty period resulting from an improper transfer of assets;
 - b. the recipient is currently liable for the expenses;
 - c. the services are not covered by Medicaid in a prior period of eligibility.
10. Use the resulting figure from the calculations above as the amount to be contributed to the cost of care.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 10-1-89

Transmittal: UP-89-46

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Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Applied Income

Program: MA

Subject:
Calculating Applied Income for LTCF Units With Community Spouses

P-5045.30 General Principles For Calculating Applied Income (continued)

11. If applied income increases, follow advance notice requirements.
12. Set a tickler for the sixth month of the six month period to begin the process of reconciling projected income with actual income.

How To Count Income From Fixed Income Sources

1. Count the current amount of income from fixed income sources, such as SSA, SSI, VA and RR benefits, and most pensions.
 - a. Disregard any upcoming change in any income source subject to mass modifications, such as SSA, SSI, VA or RR benefits.
 - b. If reliable information is available for an upcoming change on an income source not subject to a mass modification, project a prorated amount based on the increase, unless this would cause a hardship. For example, if a letter from the pension fund indicates that the pension will increase \$5.00 per month effective the second month of the 6 month period, divide the total increase of \$25.00 by 6, and apply an additional \$4.17 per month. However, if the pension will increase \$50 in the fourth month, don't make a change until the increase occurs, as this would result in the counting of an additional \$25.00 per month which would leave only \$17.00 per month of the personal needs allowance.
 - c. If reliable information is not available with regard to the amount of the change but the date of the change is known, or if making a prorated change would cause a hardship, set a tickler to make the change when the increase occurs.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 10-1-89

Transmittal: UP-89-46

P-5045.30 page 4

Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Applied Income

Program: MA

Subject:
Calculating Applied Income for LTCF Units With Community Spouses

P-5045.30 **How To Count Income From a Variable Income Source**

1. If income from a variable source of income has been stable, and can reasonably be expected to remain stable, project the amount which has been received as the amount which will be received in the next six month period. For example, if a recipient's bank account balance has not changed, and each month the interest is withdrawn and spent, and the interest rate has not changed and is not expected to change, the recipient can be expected to continue to earn the same monthly income.
2. If income fluctuates but future income can be reasonably predicted, use a reasonable projection of income in determining the amount to be applied to cost of care. For example, if the interest rate on a bank account is stable, but a large sum of money has recently been withdrawn, the projection should be based on the interest expected to be paid on the new balance rather than on the amount of interest which was received for the previous six month period.
3. If income from fluctuating sources such as interest, dividends or fluctuating pensions is not predictable for the six month period being considered, divide total income from the previous six month period by six. Use this figure in determining the amount of income to be applied to the cost of care.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 10-1-89

Transmittal: UP-89-46

P-5045.30 page 5

Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Applied Income

Program: MA

Subject:
Calculating Applied Income for LTCF Units With Community Spouses

P-5045.30 Reconciling Actual Income With Projected Income At End of the Six Month Period

1. During the last month of the six month period, contact recipients, their representatives, LTCF's and/or all sources of variable income to determine actual income received during the six month period.
2. Compare actual income with projected income for the prior six month period.
3. If actual income was more than the amount projected, follow advance notice requirements.
4. Adjust the budget for the last month of the six month period to reflect the difference between actual income and projected income.
5. If the adjustment is too great to be made in one month, split the adjustment over two or more months.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 10-1-89**Transmittal: UP-89-46****P-5045.32**

Section:
Treatment of Income**Type:**
PROCEDURES

Chapter:
Applied Income**Program:**
MA

Subject:
Calculating Applied Income for CBS Units with Community Spouses

- P-5045.32 1. From gross monthly income, deduct the following to determine the amount to be contributed to the cost of care:
- a. an amount to meet the basic needs of the individual to the extent that it is equivalent to:
 - ° the MNIL for one person for an individual who is eligible under the model waiver;
 - ° 200% of the Federal Poverty Level for an individual eligible under the PAS or DMR waiver;
 - b. a Community Spouse Allowance (CSA) (cross reference 5035.30);
 - c. a Community Family Allowance (CFA) for each eligible family member (cross reference 5035.35);
 - d. Medicare and other health insurance premiums;
 - e. expenses recognized as medical costs for which the recipient is currently liable, and which are not covered by Medicaid.
2. Recalculate the income to be contributed to the cost of care whenever there is a change in income or deductions.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 2-1-94

Transmittal: UP-94-2

P-5045.35

Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Applied Income

Program: FS

Subject:
Calculating Applied Income for FS Applicants and Recipients

P-5045.35 Calculate the applied earned income of a FS unit in the following manner for both applicants and recipients:

1. Subtract the expenses of self-employment from the total income received from self-employment.
2. Subtract the expenses associated with self-support plans (Cross reference: 5035.15).
3. To the gross income earned by the unit members, add the amount of the income earned by persons disqualified from participation as part of the unit to the following extent:
 - the gross earned income of a person disqualified for an intentional program violation is added in total;
 - the gross earned income of a person disqualified for non-compliance with Social Security number or non-citizen requirements is:
 - pro-rated by dividing the total amount by the number of unit members plus the disqualified person;
 - counted to the extent of the unit members share which is calculated by multiplying the pro-rata amount by the number of unit members.
4. Subtract, as a personal employment expense, 20% of the total gross earned income.
5. Add to the unit's gross earnings, all gross unearned income available to the unit including:
 - the total gross unearned income of a person disqualified for an intentional program violation;

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Date: 11-1-95

Transmittal: UP-95-28

P-5045.35 page 2

Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Applied Income

Program: FS

Subject:
Calculating Applied Income for FS Applicants and Recipients

P-5045.35 5. (continued)

- the gross unearned income of a person disqualified for non-compliance with Social Security number or non-citizen requirements to the extent that is pro-rated in the following manner:
 - divide the total amount of the disqualified person's unearned income by the number of unit members plus the disqualified
 - divide the total amount of the disqualified person's unearned income by the number of unit members plus the disqualified person;
 - multiply the pro-rata by the number of unit members.
- 6. From the total combined income, subtract the appropriate monthly amount of farming income loss, if any.
- 7. From the difference calculated in step 5, subtract the following disregards and deductions in the order presented:
 - the standard disregard;
 - deductions for medical expenses when appropriate;
 - deductions for dependent care expenses, if any;
 - deduction for legally obligated child support when it is paid for a child who is not a member of the assistance unit, if appropriate;
 - deduction for shelter hardship, if any.
- 8. The remaining amount is the unit's applied income.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 10-1-00	Transmittal: UP-00-16	5050
Section: Treatment of Income	Type:	POLICY
Chapter: Treatment of Specific Types	Program:	AFDC AABD MA FS
Subject:		

5050 This chapter describes the treatment of various specific types of income in respect to each of the programs.

The following types of income are addressed in this section are:

- adoption subsidies
- AFDC benefits received by a Job Corps recipient
- alimony
- annuity, pension and trust payments
- assistance from Puerto Rico Nutrition Assistance Program (PAN)
- assistance payments from other states benefits (SSA, SSI, & V.A.)
- benefits (SSA, SSI, & V.A.)
- contributions
- dividends, interest, trusts and royalties
- earned income received by dependent children
- energy assistance grants
- essential service income
- foster care income
- general assistance payments
- gratuities and special allowances
- home equity conversion plans
- housing subsidies
- income-in-kind
- intermittent income
- JTPA income
- loans
- lump sums
- recoupment withholdings
- relocation assistance benefits
- rental income
- roomer/boarder income
- sick pay
- student income
- support payments
- uniformed services income
- vacation/severance pay
- WIN income
- Workfare income

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 12-1-95	Transmittal: UP-95-30	5050.01
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Section: Treatment of Income	Type:	POLICY
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Chapter: Treatment of Specific Types	Program:	AFDC AABD MA FS
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Subject: Adoption Subsidies

5050.01 A. Federal, state, and local adoption assistance payments paid on behalf of a of an adopted child who is a member of the assistance unit are excluded to the extent allowed by either of the following circumstances:

1. AFDC, AABD, MA

- a. the funds are intended to meet needs not provided for in the AFDC assistance benefit amount; or
- b. the funds supplement AFDC assistance benefits which are insufficient to meet the special needs of the child.

2. FS

Adoption subsidies are excluded only to the extent that they are:

- a. reimbursements for:
 - (1) child care while the responsible adult is at work or seeking employment, or
 - (2) medical expenses.
- b. pre-adoption payments for foster children because of the exclusion for foster children.

B. This income is considered to be that of the child.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 3-1-98

Transmittal: UP-98-7

P-5050.01

Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Treatment of Specific Types

Program:
FS

Subject:
Adoption Subsidies

- P-5050.01
1. Ask the applicant or participant to provide information about any and all adoption subsidies that may be received by any member of the household.
 2. If subsidies are reimbursements for child care so that the responsible adult may seek or maintain employment, or for medical expenses, exclude the income from the subsidies.
 3. If the subsidies are pre-adoption payments for foster children, exclude the income from the subsidies.
 4. If neither 2 or 3 above apply, consider the income in the eligibility determination and benefit calculation.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 10-1-93	Transmittal: UP-94-21	5050.05
Section: Treatment of Income	Type:	POLICY
Chapter: Treatment of Specific Types	Program:	AFDC AABD MA
Subject: Alimony		FS

5050.05 Alimony is counted as unearned income subject to the following program conditions:

A. AFDC and FMA

Alimony which is received directly by the assistance unit is counted in total as unearned income only when not collectable by DSS' IV-D support program.

B. AABD and MAABD

Alimony is treated as unearned income and is subject to the appropriate disregard.

C. Food Stamps

Alimony payments are counted as unearned income when received directly by the assistance unit.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-94

Transmittal: UP-93-43

P-5050.05

Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Treatment of Specific Types

Program:
AFDC

Subject:
Lump Sum - AFDC

P-5050.05 When an AFDC applicant or recipient receives a lump sum during the application month, in a month when assistance is suspended, or while in receipt of assistance follow the steps below:

Determining the Net Lump Sum Amount

1. Subtract any portion of the lump sum that is inaccessible or excluded to determine the counted amount of the lump sum.
2. Subtract any appropriate lump sum deductions from the lump sum according to policy to determine the net lump sum amount.

Calculating the Applied Income Amount

1. Determine if the lump sum is earned or unearned income:
 - If the lump sum is earned income, add the net amount to the total gross amount of any other earnings the lump sum recipient has in the month of receipt before allowing any deductions or disregards on that person's earnings.
 - If the lump sum is unearned income, add the net amount to any other unearned income the lump sum recipient has in the month of receipt before allowing any unearned income disregards on that persons unearned income.
2. Add the total applied income of the person who received the lump sum to the total of the unit's other applied income in the month of receipt of the lump sum.

Determining the Effect on Eligibility

1. Compare the unit's total applied income as determined above to the AFDC standard of need plus special needs in the month of receipt of the lump sum.
2. If the total applied income is less than the AFDC standard of need plus special needs, modify the amount of benefit due in the appropriate payment month, and stop here.
3. If the total applied income is equal to or more than the AFDC standard of need plus special needs, go on to step 4 to determine a period of ineligibility.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date:	1-1-94	Transmittal: UP-93-43	P-5050.05 page 2
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Section: Treatment of Income	Type: PROCEDURES
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Chapter: Treatment of Specific Types	Program: AFDC
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Subject: Lump Sums - AFDC	
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- P-5050.05
4. Determine the number of months the unit is ineligible by dividing the total applied income by the unit's AFDC standard of need plus special needs for the month of receipt.
 5. Determine if the month of receipt is a prospectively or retrospectively budgeted month:
 - If it is a prospectively budgeted month, start the period of ineligibility in the month of receipt.
 - If it is a retrospectively budgeted month, start the period of ineligibility in the month after the month of receipt.
 6. For any partial month at the end of the period of ineligibility, calculate the dollar amount remaining by:
 - multiplying the AFDC standard of need plus special needs by the number of whole months resulting from the division in step 4;
 - subtracting that amount from the total applied income in the month of receipt.
 7. Add the difference to the applied income for the partial month:
 - for the original assistance unit; or
 - for the assistance unit where the person who received the lump sum lives if the members of the original assistance unit are now members of different assistance units.
 8. Notify the assistance unit of the beginning and ending date of the period of ineligibility.
 9. Recalculate the period of ineligibility if the needs of the original assistance unit increase or the unit incurs expenses which can be subtracted from any remaining portion of the lump sum and notify the unit of the new ending date of the period of ineligibility.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 10-1-93	Transmittal: UP-94-21	5050.09
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Section: Treatment of Income	Type:	POLICY
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Chapter: Treatment of Specific Types	Program:	AFDC AABD MA
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Subject: Annuity, Pension and Trust Payments		FS
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- 5050.09 A. Payments received by the assistance unit from annuity plans, pensions and trusts are considered unearned income.
- B. When the payments are received less frequently than monthly, each payment is averaged forward over the number of months for which it was intended to obtain an amount of gross monthly income. (Cross Reference: 5050.53 - Intermittent Income)

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 9-1-01	Transmittal: UP-04-21	5050.10
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Section: Treatment of Income	Type:	POLICY
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Chapter: Treatment of Specific Types	Program:	AFDC AABD MA
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Subject: Assistance from Puerto Rico Nutrition Assistance Program (NAP)		FS
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5050.10		Benefits received from the Puerto Rico Nutrition Assistance Program (NAP) are excluded as income.
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**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-92

Transmittal: UP-92-6

P-5050.10

Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Treatment of Specific Types

Program: AABD

Subject:
Lump Sums - AABD

P-5050.10 When an AABD applicant or recipient receives a lump sum in the month of application or in subsequent months follow the steps below:

Determining the Net Lump Sum Amount

1. Subtract any portion of the lump sum that is inaccessible or excluded income to determine the counted amount of the lump sum.
2. Subtract any appropriate lump sum deductions from the lump sum to determine the net lump sum amount.

Calculating Applied Income Amount

1. Determine if the lump sum is earned or unearned income:
 - If the lump sum is earned income, add the net amount to any total gross amount of any other earnings the applicant or recipient has in the month of receipt before allowing any deduction or disregards on earnings.
 - If the lump sum is unearned income, add the net amount to any other unearned income in the month of receipt before allowing any unearned income disregards.
2. Add the total applied earned and unearned income in the month of receipt of the lump sum.

Applications

If any portion of a lump sum received while an application is pending is intended for any past months:

1. Determine the amount intended for each month.
2. Calculate the applied income amount for each past month as though it were the month of receipt following the steps listed above.
3. Calculate the applied income for the month of receipt.
4. Treat the portion of the lump sum that is counted as income for any past month as an asset in the month of receipt.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-92

Transmittal: UP-92-6

P-5050.10 page 2

Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Treatment of Specific Types

Program: AABD

Subject:
Lump Sums - AABD

P-5050.10

Active Cases

When a recipient is receiving AABD assistance at the time a lump sum is received:

1. Calculate the total applied income amount and compare it to the total AABD needs in the month of receipt of the lump sum:
 - If the total applied income, including the lump sum, is less than the total needs, consider that the assistance unit is entitled to the difference.
 - If the total applied income, including the lump sum, is equal to or greater than the total needs, deny or discontinue benefits for the month of receipt.
2. In the month following the month of receipt of the lump sum, count any portion of the lump sum which remains as an asset.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 1-1-89	Transmittal: UP-88-1	5050.11
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Section:	Type:
Treatment of Income	POLICY

Chapter:	Program:
Treatment of Specific Types	AFDC
	AABD
	MA

Subject:	FS
Assistance Payments from Other States	

5050.11 Public assistance payments received from other states in any month for which eligibility in Connecticut is being determined is counted as unearned income available to the unit.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 2-1-99	Transmittal: UP-99-1	5050.13
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Section: Treatment of Income	Type:	POLICY
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Chapter: Treatment of Specific Types	Program:	AFDC AABD MA
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Subject: Benefits (SSA, SSI, V.A.)

5050.13 A. Social Security and Veterans' Benefits

1. Income from these sources is treated as unearned income in all programs.
2. This income is subject to unearned income disregards in the AABD and MAABD programs.
3. For veterans residing in LTCFs whose VA pension is reduced to \$90.00 pursuant to P.L. 101-508, a personal needs allowance of \$90.00 is used and, effective 10-1-92, for spouses of deceased veterans in LTCFs whose pension is similarly reduced pursuant to P.L. 101-508 as amended by Section 601 (d) of P.L. 102-568, a personal needs allowance of \$90.00 is also used.
4. That part of a Veteran's benefit representing an allowance for a surviving spouse based on his or her being permanently housebound because of a disability is totally excluded in the AABD and MAABD programs.
5. The total amount of payments received is counted as applied income for all members of the assistance unit under the AFDC and FMA programs.
6. Income received from these sources by any member of a Food Stamps unit is counted in the calculation of eligibility and benefits for the entire unit.

B. Supplemental Security Income (SSI)

1. AFDC

Receipt of income from SSI renders the recipient ineligible for AFDC financial assistance.

2. AABD

SSI income is treated as unearned income for applicants or recipients of the State Supplement programs. It is subject to reduction by unearned income disregards when determining eligibility and calculating the amount of benefits for assistance units residing in rated or non-rated housing.

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UNIFORM POLICY MANUAL**

Date: 2-1-99

Transmittal: UP-99-1

5050.13 page 2

Section:

Treatment of Income

Type:

POLICY

Chapter:

Treatment of Specific Types

Program:

FMA

MAABD

FS

Subject:

Benefits (SSA, SSI, V.A.)

5050.13 B. 3. FMA

S.S.I. income is used to determine eligibility for medical assistance exclusively for the SSI recipient. It is not used to determine the eligibility of any other person.

4. MAABD

a. S.S.I. income is excluded from consideration in determining the applicant's or recipient's eligibility for medical assistance.

b. SSI income is counted in calculating applied income under post-eligibility treatment of income except when full benefits are paid to institutionalized units pursuant to P.L. 99-643.

5. Food Stamps

S.S.I. income received by members of a Food Stamp assistance unit is treated as unearned income and is counted in determining eligibility and calculating benefits for the entire unit.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-92

Transmittal: UP-92-6

P-5050.15

Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Treatment of Specific Types

Program:
FMA

Subject:
Lump Sums - FMA

P-5050.15 **Establishing the FMA Assistance Unit Members**

Follow the steps below when an FMA unit receives a lump sum or when AFDC is discontinued due to the receipt of a lump sum.

1. Remember that when an assistance unit member receives a retroactive SSI lump sum, he or she must be removed from the assistance unit and put in a separate unit:
2. Advise the assistance unit that the person who received the lump sum has the right to request discontinuance of assistance.
3. Advise the unit that if the person receiving the lump sum requests discontinuance, his or her income, including the lump sum allocation amount, will be counted as if the person were still a member when:
 - the person who requests discontinuance is a parent or a spouse of a person who remains in the assistance unit; or
 - the person who requests discontinuance is a sibling of a person who remains in the assistance unit, and the sibling is granted FMA in another assistance unit.
4. If the parent or spouse of an assistance unit member is removed from the FMA unit, add the lump sum allocation amount to all other earned and unearned income and follow the deeming rules for pregnant women (Cross Reference 5020.30). Follow the same procedure when a sibling receives a lump sum and receives FMA under another coverage group.
5. Remember that when a sibling receives a lump sum and is removed from the FMA unit, the lump sum is not deemed unless the sibling applies for or receives FMA in another coverage group.

Determining the Net Lump Sum Amount

1. Subtract any portion of the lump sum that is inaccessible or excluded to determine the counted amount of the lump sum.
2. Subtract any appropriate lump sum deductions from the lump sum to determine the net lump sum amount.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-92

Transmittal: UP-92-6

P-5050.15 page 2

Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Treatment of Specific Types

Program:
FMA

Subject:
Lump Sums - FMA

P-5050.15 Calculating Applied Income in the Month of Receipt

1. Determine if the lump sum is earned or unearned income:
 - If the lump sum is earned income, add the net amount to any the total gross earnings the lump sum recipient has in the month of receipt before allowing any deduction or disregards on that person's earnings.
 - If the lump sum is unearned income, add the net amount to any other unearned income the lump sum recipient has in the month of receipt before allowing any unearned income disregards on that persons unearned income.
2. Add the total applied income of the person who received the lump sum to the total of the assistance unit's other applied income in the month of receipt of the lump sum.

Determining the Appropriate Coverage Group

1. Look at the assistance unit to see if any members meet the eligibility criteria for coverage under a categorically needy coverage group. Keep the following considerations in mind:
 - the ages of the assistance unit members;
 - the income limits and deeming rules appropriate to various categorically needy coverage groups;
 - the need to create separate FMA assistance units when necessary (Cross Reference 2010);
 - the pregnancy of any members.
2. If some or all of the assistance unit members are not eligible as categorically needy, determine their eligibility as medically needy.

Prior to Month of Application

1. Determine if assistance is requested for any or all months in the three month retroactive period.
2. Determine the appropriate coverage group for the assistance unit members following the steps used to determining the appropriate coverage group.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 1-1-94

Transmittal: UP-93-43

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Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Treatment of Specific Types

Program:
FMA

Subject:
Lump Sums - FMA

P-5050.15 Prior to Month of Application

3. If assistance is requested for the month when the lump sum was received, add the applied income as calculated above to any other applied income received in the other months of the retroactive period:
 - When the retroactive months are consecutive, add together the total applied income for each month and compare it to the total appropriate AFDC standard of need plus special needs, or the appropriate MNIL for the needs group size for the same period.
 - When the retroactive months are not consecutive, compare the applied income for each individual month to the appropriate AFDC standard of need plus special needs, or the appropriate MNIL for each individual month.

Following Application or AFDC Discontinuance

Treat a lump sum received in the month of application or any subsequent month, or when receipt of a lump sum results in a period of ineligibility for AFDC, in the following manner:

1. Calculate the total applied income amount and divide it by the total AFDC standard of need plus special needs for a needs group of the same size to determine the number of months over which the lump sum will be allocated. This is the period of allocation;
2. During each full month of the period of allocation, count as unearned income an amount equal to the AFDC standard of need plus special needs for a needs group of the same size. This is the lump sum allocation amount;
3. Determine the initial month of the allocation period by considering the month of receipt according to AFDC budgeting rules:
 - If the lump sum is received in a month that would be considered a prospectively budgeted month, start the period of allocation in the month of receipt;
 - If the lump sum is received in a month that would be considered a retrospectively budgeted month, start the period of allocation in the month following the month of receipt.
4. Add any other income the assistance unit expects to receive in each month of the allocation period to the lump sum allocation amount.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 4-1-92

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Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Treatment of Specific Types

Program:
FMA

Subject:
Lump Sums - FMA

P-5050.15 Following Application or AFDC Discontinuance (continued)

5. For any partial amount at the end of the allocation period, apply the lump sum remainder as unearned income.
6. Continue to count the lump sum allocation amount into the next six month prospective period until the number of months in the allocation period have expired.

Notifying the Assistance Unit

1. Notify the assistance unit of the eligibility changes resulting from the receipt of the lump sum.
2. Remember to advise the assistance unit that the lump sum allocation period can be reduced under the special conditions outlined in policy.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 4-1-99	Transmittal: UP-99-14	5050.17
Section: Treatment of income	Type:	POLICY
Chapter: Treatment of Specific Types	Program:	AFDC AABD MA FS
Subject: Cash Contributions		

5050.17 A. AFDC and FMA

Cash contributions made to the assistance unit from non-legally liable relatives, friends, or organizations are treated as unearned income:

1. Cash contributed to the assistance unit by non-legally liable relatives or friends, is counted in full if the amount:
 - a. is regularly and predictably contributed; and
 - b. exceeds \$30.00 in a calendar quarter;
2. Contributions received by the assistance unit from agencies and organizations are counted only when they are intended to meet the need for an item already included in the assistance plan;
3. Money borrowed by the assistance unit from any source subject to a repayment agreement is regarded as a loan rather than as a contribution.
(Cross reference: 5050.61 - Loans)

B. AABD and MAABD

The provisions of paragraph A apply to the State Supplement and related Medicaid programs, except that cash contributions made by non-legally liable relatives are counted if the amount:

1. is regularly and predictably contributed; and
2. exceeds \$20.00 per calendar month.

C. Food Stamps

1. Cash contributions received from any source on a regular and predictable basis and which exceed \$30.00 per calendar quarter are countable as unearned income.
2. Money borrowed by the unit subject to a repayment agreement is considered a loan and is excluded from consideration as income.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 2-1-97

Transmittal: UP-97-1

5050.19

Section:
Treatment of Income

Type:
POLICY

Chapter:
Treatment of Specific Types

Program: **AFDC**
 FMA

Subject:
Child Support Payments

5050.19 A. AFDC and FMA Programs

1. Use of the Disregard

The total amount of child support payments made by an absent parent towards the current month's need, whether paid through the DSS Bureau of Child Support Enforcement or directly by the absent parent is subject to the child support disregard:

- a. voluntary payments not made pursuant to a formal agreement are also subject to the disregard;
- b. payments, or any portion of payments, which are made towards an arrearage are not subject to the disregard;
- c. the child support disregard payment will either be issued to the recipient in the form of a check or deposited into an account in a financial institution by DSS when the payments are collected by the DSS Bureau of Child Support Enforcement.

2. Eligibility Determination

The total amount of existing child support payments made toward the current month's need, after the child support disregard is subtracted is added to all other applied income when determining the unit's eligibility, regardless of whether it is received by the unit or collected by DSS.

3. Calculation of Benefits - AFDC

- a. After the appropriate disregard is subtracted, child support payments received prior to the month in which the Assignment of Support Rights agreement takes effect are counted as unearned income in calculating the amount of assistance;

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UNIFORM POLICY MANUAL**

Date: 1-1-96

Transmittal: UP-95-34

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Section:

Treatment of Income

Type:

POLICY

Chapter:

Treatment of Specific Types

Program:

**AFDC
FMA**

Subject:

Child Support Payments

5050.19 A. 3. Calculation of Benefits - AFDC (continued)

b. Child support payments made in any month in which the Assignment of Support Rights agreement is in effect are:

(1) made directly to the DSS Bureau of Child Support Enforcement; or

(2) turned over to the DSS Bureau of Child Support Enforcement if received directly by the assistance unit; and

(3) not counted as income in calculating benefits.

4. Effective Date of Child Support Assignment

The effective date of the Assignment of Support Rights is the first day of the month following the month in which assistance is granted.

5. Disqualified Persons

a. Child support payments directly received by a unit member who has been disqualified for failure to comply with support requirements are counted as income for the assistance unit.

b. The child support payments above are treated as new income for the assistance unit in respect to determining eligibility and calculating benefits.

c. Child support payments received by a person disqualified for a reason other than failure to comply with support requirements are subject to the child support disregard.

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Date: 1-1-96

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5050.19 page 3

Section:

Treatment of Income

Type:

POLICY

Chapter:

Treatment of Specific Types

Program:

FS

Subject:

Child Support Payments

5050.19 B. Food Stamps

1. Child support received from absent parents directly by members of a Food Stamps assistance unit who are also members of an AFDC unit is counted as unearned income, whether or not it is subject to collection pursuant to an assignment of support rights involving the DSS Bureau of Child Support Enforcement.
2. Child support payments actually paid directly to the DSS Bureau of Child Support Enforcement on behalf of members of AFDC and Food Stamps assistance units are excluded from consideration as income.
3. Child support payments received from absent parents by members of a Food Stamps assistance unit who are not members of an AFDC unit are counted as unearned income in determining eligibility and calculating benefits.
4. Support payments made by members of a Food Stamps assistance unit to someone outside the unit are:
 - a. not deducted from the payor's income; and
 - b. counted as unearned income to the assistance unit of the persons receiving the payment if that person is receiving Food Stamps.

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UNIFORM POLICY MANUAL**

Date: 4-1-92

Transmittal: UP-92-6

P-5050.20

Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Treatment of Specific Types

Program:
MAABD

Subject:
Lump Sums - MAABD

P-5050.20 Follow the steps below when an MAABD applicant or recipient receives a lump sum.

Determining the Net Lump Sum Amount

1. Subtract any portion of the lump sum that is inaccessible or excluded income to determine the counted amount of the lump sum. Remember that in MAABD, SSI benefits are excluded, including retroactive lump sums (Cross Reference 5015.10).
2. Subtract any appropriate lump sum deductions from the lump sum to determine the net lump sum amount.

Calculating Applied Income in the Month of Receipt

1. Determine if the lump sum is earned or unearned income:
 - If the lump sum is earned income, add the net amount to any the total gross earnings the recipient has in the month of receipt before allowing any deduction or disregards from earnings.
 - If the lump sum is unearned income, add the net amount to any other unearned income in the month of receipt before allowing any unearned income deductions or disregards.
2. Add the total applied earned and unearned income in the month of receipt of the lump sum.

Retroactive Period

1. Determine if assistance is requested for any or all months in the three month retroactive period.
2. If assistance is requested for the month when the lump sum was received, add the applied income as calculated above to any other applied income received in the other months of the retroactive period:
 - When the retroactive months are consecutive, add together the total applied income for each month and compare it to the total of the CNIL or the MNIL for the needs group size for the same period.
 - When the retroactive months are not consecutive, compare the applied income for each individual month to the CNIL or the MNIL for each

individual month.

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Date: 4-1-92

Transmittal: UP-92-6

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Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Treatment of Specific Types

Program:
MAABD

Subject:
Lump Sums - MAABD

P-5050.20

Following Application

1. For categorically needy coverage groups, calculate the total applied income amount and compare it to the CNIL in the month of receipt.
 - If the total applied income is below the CNIL, consider that eligibility as categorically needy continues.
 - Treat any portion of the lump sum that the unit still has in its possession in the month after the month of receipt as an asset.
 - If the total applied income exceeds the CNIL, determine eligibility as medically needy starting with the month of receipt of the lump sum.
2. For medically needy coverage groups, add the total applied income amount to all other applied income the unit expects to receive in the next five months and compare the result to the total MNIL for the same period:
 - If the total income does not exceed the total of the MNIL for the same period, the unit is eligible without a spenddown for the six month period.
 - If the total income exceeds the MNIL, follow spenddown procedures to determine when benefits will start.
 - Treat any portion of the lump sum that the unit still has in its possession at the end of the six month period as an asset.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-11-11	Transmittal: UP-12-03	5050.21
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Section: Treatment of Income	Type:	POLICY
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Chapter: Treatment of Specific Types	Program:	AFDC AABD MA
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Subject: Dividends, Interest, Trusts and Royalties		SNAP
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5050.21 A. AFDC, AABD, and MA

1. Money from these sources is counted as unearned income when it is paid or could be paid to a member of the assistance unit.
2. Interest, dividends, trust and royalty payments which are reinvested or left to accumulate along with the principal are:
 - a. counted as income in the month in which they are initially payable to the unit; and
 - b. treated as part of the asset after the initial month they could have been paid to the unit.

 B. SNAP

Interest on excluded assets is excluded as income and as an asset for households who are eligible for SNAP under categorical eligibility.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88

Transmittal: UP-88-1

5050.23

Section:
Treatment of Income

Type:
POLICY

Chapter:
Treatment of Specific Types

Program: **AFDC
FMA**

Subject:
Earned Income Received by Dependent Children

5050.23 A. JTPA earned income received by dependent children is excluded either on the basis of it being JTPA income or on the basis of the child's student status. When the income is excluded for the designated six month period, the period consists of six calendar months in which the unit receives a money payment as a result of meeting all eligibility requirements as well as, specifically, having the JTPA income excluded.

B. Applicants

1. Gross Income Eligibility Test

- a. JTPA income is excluded for six months per calendar year regardless of the child's student status.
- b. Non-JTPA income is excluded for six months per calendar year if the dependent child is a full-time student.

2. Applied Income Eligibility Test

- a. JTPA income is excluded for six months per calendar year regardless of the child's student status.
- b. Non-JTPA income is excluded for six months per calendar year if the dependent child is a full-time student.

3. Calculation of Benefits

- a. JTPA income is excluded:
 - (1) for an indefinite period if the child is a full-time student or a part-time student who is not employed full-time; or
 - (2) for six months per calendar year when the child is not either a full-time student or a part-time student not employed full-time.
- b. Non-JTPA income is excluded for an indefinite period when the dependent child is a full-time student or a part-time student who is not employed full-time.

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Date: 1-1-88

Transmittal: UP-88-1

5050.23 page 2

Section:
Treatment of Income

Type:
POLICY

Chapter:
Treatment of Specific Types

Program: **AFDC
FMA**

Subject:
Earned Income Received by Dependent Children

5050.23 C. Recipients

1. Gross Income Eligibility Test

- a. JTPA income is excluded for six months per calendar year regardless of the child's student status.
- b. Non-JTPA income is excluded for six months per calendar year if the child is a full-time student.

2. Applied Income Eligibility Test

- a. JTPA income is excluded:
 - (1) for an indefinite period if the child is a full-time student or a part-time student who is not employed full-time; or
 - (2) for six months per calendar year when the child is not either a full-time student or a part-time student who is not employed full-time.
- b. Non-JTPA income is excluded for an indefinite period when the child is a full-time student or a part-time student not employed full-time.

3. Calculation of Benefits

- a. JTPA income is excluded:
 - (1) for an indefinite period of time when the child is a full-time student or a part-time student who is not employed full-time; or
 - (2) for six months per calendar year when the child is not either a full-time student or a part-time student who is not employed full-time.
- b. Non-JTPA income is excluded for an indefinite period when the child is a full-time student or a part-time student who is not employed full-time.

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UNIFORM POLICY MANUAL**

Date: 1-1-88

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P-5050.23

Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Treatment of Specific Types

Program:
MAABD

Subject:
Earned Income Received by Dependent Children

- P-5050.23
1. Determine whether the source of the earned income is JTPA or Non-JTPA.
 2. Determine the student status of the dependent child.
 3. When the child is an applicant and his or her earnings are from JTPA:
 - a. exclude the earnings from both the Gross and Applied Income Eligibility Tests for no more than six months per calendar year;
 - b. exclude the earnings from the calculation of benefits for as long as the child is a full-time student or a part-time student who is not employed full-time;
 - c. exclude the earnings from the calculation of benefits for a maximum of six months per calendar year if the child is neither a full-time student nor a part-time student who is not employed full-time.
 4. When the child is an applicant and his or her earnings are from a non-JTPA source:
 - a. exclude the earnings from both the Gross and Applied Income Eligibility Tests if the child is a full-time student;
 - b. exclude the earnings from the calculation of benefits indefinitely as long as the child is a full-time student or a part-time student who is not employed full-time.
 5. When the child is a recipient and his or her earnings are from JTPA:
 - a. exclude the earnings from the Gross Income Eligibility Test for a maximum of six months per calendar year regardless of the child's student status;
 - b. exclude the earnings from the Applied Income Eligibility Test indefinitely as long as the child is either a full-time student or a part-time student who is not employed full-time;

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Date: 1-1-88

Transmittal: UP-88-1

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Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Treatment of Specific Types

Program:
MAABD

Subject:
Earned Income Received by Dependent Children

P-5050.23 5. (continued)

- c. exclude the earnings from the Applied Income Eligibility Test for a maximum of six months per calendar year if the child is neither a full-time student nor a part-time student who is not employed full-time.
- 6. When the child is a recipient and his or her earnings are from a non-JTPA source:
 - a. exclude the earnings from the Gross Income Eligibility Test for a maximum of six months per calendar year if the child is a full-time student;
 - b. exclude the earnings from the Applied Income Eligibility Test indefinitely as long as the child is either a full-time student or a part-time student who is not employed full-time;
 - c. exclude the income from the calculation of benefits indefinitely as long as the child is either a full-time student or a part-time student who is not employed full-time.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88**Transmittal: UP-88-1****P-5050.25**

Section:
Treatment of Income**Type:**
PROCEDURES

Chapter:
Treatment of Specific Types**Program:** **AFDC**
 AABD
 MA

Subject:
Income From Roomers and Boarders (AFDC, AABD, MA)

P-5050.25 Self-employment income earned by an AFDC, AABD, or MA assistance unit member through providing room, board, or both is subjected to the following calculation to determine the amount of applied earned income:

1. Reduce the total monthly amount of self-employment income by one of the following:
 - a. in situations where one person is paying for:
 - a room, subtract \$40.00
 - board only, subtract \$75.00
 - both room and board, subtract \$115.00.
 - b. When more than 1 person is paying for the above arrangements, add to the above amounts the following:
 - \$20.00 per additional person for room-only arrangements;
 - \$40.00 per additional person for board-only arrangements;
 - \$60.00 per additional person for room and board arrangements.
2. Add the remaining gross earned income to all other gross income earned by the unit member and continue to calculate applied income according to 5045 - "Calculation of Applied Income".

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88	Transmittal: UP-88-1	5050.29
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Section:	Type:		
Treatment of Income			POLICY

Chapter:	Program:		
Treatment of Specific Typed			AFDC
			AABD
			MA
Subject:			FS
Energy Assistance Grants			

5050.29 Assistance payments made from needs-based energy assistance grants to meet the expenses incurred for heating fuel and other related energy costs are:

- A. excluded from consideration as income in all programs;
- B. counted as an expense in the FS program when calculating the shelter hardship deduction regardless of whether or not they are made to the unit directly.

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Date: 1-1-88

Transmittal: UP-88-1

P-5050.30

Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Treatment of Specific Types

Program:
FS

Subject:
Income from Roomers and Boarders (FS)

P-5050.30 Self-employment income earned by an FS assistance unit member through providing room or board is subjected to the following calculation in determining the amount of applied earned income:

1. Annualize the earnings by:
 - a. calculating the amount the members is expected to receive:
 - over a 12-month period if the income represents annual income;
 - over the number of months the income usually represents.
 - b. dividing the projected amount from step 1.a. by the number of months the income is expected to represent to obtain a monthly figure.
2. Reduce the amount of monthly self-employment earnings by one of the following amounts:
 - a. when income is earned through providing a room only, use the amount which results from dividing the costs of operating and maintaining the residence by the number of rooms being rented in the residence.
 - b. When income is earned through providing room and board, use:
 - the Thrifty Food Plan (TFP) amount corresponding to the number of persons in the boarder group making up the assistance unit; or
 - the actual cost of providing room and board when it exceeds the TFP amount and can be identified as the costs for providing room and board to the particular unit.
3. Add the remaining gross income to any other gross income earned by the unit member.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88	Transmittal: UP-88-1	5050.33
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Section:	Type:	
Treatment of Income		POLICY

Chapter:	Program:	AFDC
Treatment of Specific Types		AABD
		MA

Subject:	FS
Essential Service Income	

- 5050.33 A. Payments received by assistance unit members in return for providing essential services for the care of an adult or day care for a child are considered earned income from self-employment.
- B. The total monthly amount received for these services is subjected to the following disregards and deductions to calculate the amount of applied income:
1. self-employment expenses;
 2. deductions for personal work expenses;
 3. appropriate disregards of incentive earnings, when applicable. (Cross reference: 5045 - "Calculation of Applied Income")

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date:	5-1-94	Transmittal: UP-94-5	5050.37
Section:	Treatment of Income	Type:	POLICY
Chapter:	Treatment of Specific Types	Program:	AFDC AABD MA
Subject:	Foster Care Payments		FS

5050.37 A. AFDC, AABD, MA

Federal, state, and local foster care payments received by an assistance unit member on behalf of a child placed under the member's care are excluded from consideration as:

1. income received by the assistance unit; and
2. income deemed to the unit from the beneficiary of the payments.

B. FS

Federal, state, and local foster care payments received by an assistance unit member on behalf of a child or adult placed under the member's care is either:

1. excluded as income available to the unit when the foster child or foster adult is not included as a member of the assistance unit; or
2. totally counted as income available to the assistance unit when the foster child or foster adult is included as a member of the assistance unit.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 3-1-98**Transmittal: UP-98-7****P-5050.37**

Section:
Treatment of Income**Type:**
PROCEDURES

Chapter:
Treatment of Specific Types**Program: FS**

Subject:
Foster Care Payments

- P-5050.37
1. Foster Care payments received by a FS assistance unit are treated differently depending upon whether or not the individual for whom payments are received is included in the FS household. Ask the applicant or participant to provide information about any income from Foster Care payments that any member of the unit can claim. Review EMS to determine whether or not an active D01 or D02 medical assistance unit exists. This is an indication that Foster Care or adoption subsidy payments may exist. An unrelated child living in the home without any means of support also indicates the need to evaluate whether or not outside income is available for this child.
 2. If no member of the FS household is in receipt of Foster Care payments, stop here. There is no impact on eligibility determination or benefit calculation.
 3. If an individual in the FS assistance unit is in receipt of Foster Care payments, assess the situation as follows:
 - a. if the individual for whom payments are received is not to be included in the FS benefit, stop here. These payments are excluded from eligibility determination and benefit calculation.
 - b. if the individual for whom payments are received is to be included in the FS benefit, proceed as follows:
 - contact the appropriate DCF worker to determine whether or not there is an active case for this individual;
 - verify the types and amount of benefits received from DCF (adoption subsidies are addressed in section P-5050.01)
 - include the amount of Foster Care payments in the eligibility determination and benefit calculation for the household.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-88	Transmittal: UP-88-35	5050.41
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Section: Treatment of Income	Type:	POLICY
<hr/>		
Chapter: Treatment of Specific Types	Program:	AFDC AABD MA
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Subject: General Assistance		FS

5050.41 A. AFDC and FMA Programs

1. General Assistance (G.A.) payments are counted as unearned income.
2. The total amount of G.A. payments made is used to determine eligibility and calculate the Department's initial assistance payment to the unit:
 - a. if the entire assistance unit is receiving G.A. payments:
 - (1) when an application for financial assistance is granted, the G.A. payments are used to determine initial eligibility and to calculate the initial payment without the use of a disregard;
 - (2) when applying for and receiving Medical Assistance, the G.A. payments are counted in their entirety to determine initial and ongoing eligibility for benefits;
 - b. if someone who is applying to be a member of the assistance unit is receiving G.A. payments, the payments are:
 - (1) counted in their entirety in determining that person's eligibility; and
 - (2) added to the other countable income of the unit to calculate the amount of payment due to the unit as of the effective date the individual is added as a member of the unit;
 - (3) no portion of General Assistance benefits received by parents for their own needs is deemed to be available to their eligible dependent children when the parents are not eligible for AFDC or FMA.

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Date: 7-1-88

Transmittal: UP-88-35

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Section: Treatment of Income	Type: POLICY
Chapter: Treatment of Specific Types	Program: AFDC AABD MA FS
Subject: General Assistance	

5050.41 B. AABD and MAABD Programs

1. General Assistance payments made to an assistance unit are counted as unearned income and are subject to the use of disregards.
2. General Assistance payments are used in the determination of eligibility and the calculation of the Department's initial assistance payment to the unit.
3. No portion of General Assistance benefits received by a spouse of an applicant or recipient is deemed to be available to the assistance unit.

C. Food Stamps

1. General Assistance payments received by any member of the assistance unit are counted as unearned income for purposes of determining eligibility for and calculating Food Stamps benefits.
2. Vendor payments made on behalf of the unit are considered countable income due to being funds which are legally obligated to the unit but diverted to a third party.

POLICY CONTAINED ON THIS PAGE, EXCEPT THAT WHICH REFERS TO FOOD STAMPS, IS NOT IN EFFECT UNTIL IMPLEMENTATION OF EMS IN EACH DISTRICT OFFICE.

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Date: 1-1-88	Transmittal: UP-88-21	5050.45
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Section: Treatment of Income	Type:	POLICY
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Chapter: Treatment of Specific Types	Program:	AFDC AABD MA FS
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Subject: Gratuities and Special Allowances

5050.45 A. Gratuities

When employment involves the receipt of gratuities as well as wages:

1. gratuity amounts which can be separately identified by the unit are added to wages to determine the total gross amount of earned income;
2. an amount of 15% of the monthly gross wages is used when the unit cannot identify the amount of gratuities received.

B. Special Allowances

When employment involves special allowances or expenses, the following applies:

1. allowances added to basic wages by the employer for such items as cleaning of uniforms and for meals are counted as earned income except under the Food Stamp program wherein they are excluded as reimbursements for out of the pocket expenses.
2. no special work expenses are added to the personal work expense deduction of \$75.00;
3. purchase of uniforms or other items essential to employment are treated as special need items. (Cross reference: 4500 "Standards of Assistance")

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Date: 1-1-88	Transmittal: UP-88-21	5050.47
Section: Treatment of Income	Type:	POLICY
Chapter: Treatment of Specific Types	Program:	AFDC AABD MA FS
Subject: Home Equity Conversion Plans		

5050.47 Treatment of income derived from equity in home property through home equity conversion plans varies on the basis of the program involved and the conversion plan selected.

A. AFDC, FMA

1. Money received by the assistance unit which was the result of a conversion plan that required a repayment agreement is:
 - a. treated as a loan; and
 - b. excluded to the extent that it does not duplicate assistance provided;
2. Money received through a plan which does not include a repayment agreement is counted as unearned income.

B. AABD, MAABD, FS

1. Money received through a home equity conversion plan which does include a repayment agreement is:
 - a. treated as a loan; and
 - b. totally excluded from being treated as income.
2. Money received through a home equity conversion plan which does not include a repayment plan or involved the sale of the home is treated as available income.

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Date: 2-1-96

Transmittal: UP-95-29

5050.48

Section:

Treatment of Income

Type:

POLICY

Chapter:

Treatment of Specific Types

Program:

AFDC

Subject:

Housing Subsidies

5050.48 A. Housing Subsidies as Income

A portion of government housing subsidies received by assistance units is counted as unearned income. The types of government housing subsidies counted as income are Section 8 Housing, Rental Assistance Program (RAP) and Federal low-Income Public Housing, inclusive.

B. Shared Living Arrangements

For families who share subsidized housing, a portion of the government housing subsidy will be counted as unearned income.

C. Amount to be Counted

The amount of the subsidy to be counted in the determination of eligibility and the calculation of benefits is the lower of the following:

1. eight percent (8%) of the Standard of Need for the appropriate size of the assistance unit; or
2. the actual amount of the housing subsidy.

D. Determining the Actual Amount of the Subsidy

The actual amount of the housing subsidy is determined as follows:

1. For Section 8 and RAP, the amount of the housing subsidy is the monthly amount paid to the landlord on behalf of the tenant, which represents the difference between the contract rent and the rent paid by the tenant.
2. For Federal Public Low-Income Housing, the amount of the subsidy is determined by:
 - a. Multiplying the annual operating subsidy paid to the housing authority by the U.S. Department of Housing and Urban Development, by the percentage of housing in the complex that is designated, "low income housing" (as opposed to "elderly housing");
 - b. Dividing this amount in half;
 - c. Dividing the result from b, above, by the number of low income units covered by the subsidy;

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Subject:

Housing Subsidies

5050.48 D. 2. Determining the Actual Amount of the Subsidy (continued)

- d. Dividing the result from b, above by the number of bedrooms in Federal Low-Income Public Housing operated by the housing authority;
 - e. Multiplying the results of d above, by the number of bedrooms in the unit;
 - f. Adding the results of c and e, above, together;
 - g. Dividing the sum, determined in e above, by twelve to get the monthly subsidy.
3. For purposes of determining the amount of the subsidy for federal Low-Income Public Housing, an efficiency apartment is treated as a one bedroom apartment.

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5050.49

Section: Treatment of Income	Type: POLICY
Chapter: Treatment of Specific Types	Program: AFDC AABD MA FS
Subject: Income-in-Kind	

5050.49 AFDC

Income-in-kind is excluded from consideration as income in determining eligibility and calculating benefits except when provided through General Assistance.

AFDC, AABD and Medicaid

When an item of need is provided to the assistance unit in return for the performance of services by the unit, the value of the item is treated as earned income and is not considered income-in-kind.

Food Stamps

Income-in-kind is excluded from consideration as income in determining eligibility and determining benefits.

AABD and MAABD

A. General Rules

1. In-kind income not otherwise excluded as described below is counted in the gross income eligibility test, but is disregarded in the calculation of applied income with respect to the determination of eligibility and benefit amount.
 2. In-kind income is excluded if provided under:
 - a. a federal, state or local government program whose purpose is to provide medical care or services (including vocational rehabilitation). Food, clothing and shelter are in-kind items which may be excluded under this provision; or
 - b. a nongovernmental program whose purpose is to provide medical care, medical services or social services. Food, clothing and shelter are **not** excluded under this provision; or
 - c. a federal, state or local government program whose purpose is to provide social services (including vocational rehabilitation). Food, clothing and shelter are in-kind items which may be excluded under this provision. The exclusion does not apply if the in-kind income is received in return for a service that the individual performs.
 3. The Department uses the current fair market value of in-kind unearned
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Program: AABD
MAABD

Subject:
Income-in-Kind

5050.49 AABD and MAABD (continued)

- A. 3. income to determine its value, except in situations described below.
 - 4. In-kind support and maintenance is any food, clothing or shelter given to the individual or paid for on behalf of the individual by someone else.
 - a. Shelter includes room, rent, mortgage payments, real property taxes, heating fuel, gas, electricity, water, sewerage and garbage collection services.
 - b. An individual is not considered to be receiving in-kind support and maintenance in the form of room or rent if he or she is paying the amount charged under a business arrangement, as explained below.
 - c. A business arrangement exists if the individual pays to the person providing the shelter a flat fee representing the individual's fair share of the total shelter costs.
 - (1) The provider of the shelter must state that the amount charged is pursuant to a business arrangement.
 - (2) This amount does not have to represent the individual's pro rata share of the household's total operating costs.
- B. One-Third Reduction Rule
- 1. The value of in-kind income received in the form of support and maintenance (consisting of food, clothing or shelter) is computed to be one-third of the maximum SSI benefit for a single individual living alone if the individual:
 - a. lives in the household of another person (excluding spouse, minor child, parent or someone whose income is deemed to the individual) for a full calendar month except for temporary absences; and
 - b. receives both food and shelter from that other person.
 - 2. An individual is considered to be living in his or her own household, and not in the household of another person, if:

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**Program: AABD
MAABD**

Subject:
Income-in-Kind

5050.49 AABD and MAABD (continued)

- B. 2. a. the individual (or spouse living with the individual, or deemor) has an ownership interest or life use in the home; or
- b. the individual (or spouse living with the individual, or deemor) is responsible for payment of all or part of the rental charges; or
- c. the individual lives in a noninstitutional care situation described in part C; or
- d. the individual pays at least a pro rata share of the household's operating expenses described in part C; or
- e. all members of the household receive any of the public income maintenance payments listed in part C.
- 3. With respect to situations described in paragraph 1, the individual is considered temporarily absent if he or she:
 - a. was living in the other person's household for at least one full calendar month prior to the absence; and
 - b. intends to, and does, return to the household in the same calendar month in which he or she leaves, or in the next month; or
 - c. leaves the household to enter a medical care facility that receives Medicaid payments for his or her care, if he or she intends to return to the household. In this case, the absence is considered temporary regardless of the length of stay in the facility.
- 4. In-kind support and maintenance received **only** during a temporary absence is excluded.
- 5. If the individual's in-kind income is counted as described in paragraph 1, the Department excludes any other in-kind support and maintenance the individual receives.
- C. Presumed Value Rule
 - 1. Except as provided below, the value of in-kind income received in the form of support and maintenance (consisting of food, clothing or shelter) is presumed to be one-third of the maximum SSI benefit for a single individual living alone if the individual lives:

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Treatment of Specific Types

**Program: AABD
MAABD**

Subject:
Income-in-Kind

5050.49 AABD and MAABD (continued)

- C. 1. a. in the household of another person (excluding spouse, minor child, parent or someone whose income is deemed to the individual) and does not receive both food and shelter from that other person; or
- b. in his or her own household, as described in part B; or
- c. in a nonmedical institution including any:
 - (1) public nonmedical institution if the individual is there for less than a full calendar month; or
 - (2) public or private nonprofit educational or vocational training institution; or
 - (3) private nonprofit retirement home or similar institution responsible for the individual's full support and maintenance or where someone else pays for the individual's support and maintenance; or
 - (4) for-profit institution where someone else pays for the individual's support and maintenance.
- 2. The individual may refute the presumed value rule by showing that the current market value of any support and maintenance received, minus any payment the individual makes for it, is less than the presumed value. In such a case, the Department counts the current market value of the in-kind support and maintenance received, or the actual amount someone else pays for the individual's support and maintenance.
- 3. An individual living in a noninstitutional care situation described in paragraph 4 is not receiving in-kind support and maintenance if he or she pays the rate that the placing agency establishes. If the individual pays less than the established rate and the difference is paid by someone else, the presumed value rules apply, unless:
 - a. the in-kind income is provided by a public or private agency providing social services, and is excluded as described in part A; or
 - b. the in-kind income consists of an assistance payment based on need and is wholly funded by the State or one of its political

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**Program: AABD
MAABD**

Subject:
Income-in-Kind

5050.49 AABD and MAABD (continued)

- C. 3. b. subdivisions, and is therefore excluded.
- 4. An individual lives in a noninstitutional care situation if:
 - a. he or she is placed by a public or private agency under a specific program such as foster or family care; and
 - b. the placing agency is responsible for his or her care; and
 - c. the individual is in a private household (not an institution) which is licensed or approved by the placing agency to provide care; and
 - d. the individual, a public agency or someone else pays for the individual's care.
- 5. In the case of an individual paying his or her pro rata share of household operating expenses described in paragraph 6 but receiving food, clothing or shelter from someone outside the household, the value of such support and maintenance is computed using presumed value rules. However, the individual is considered not to be receiving in-kind support and maintenance from anyone else in the household.
- 6. The individual's pro rata share of household operating expenses is computed by dividing such expenses (consisting of expenditures for food, rent, mortgage, property taxes, heating fuel, gas, electricity, water, sewerage and garbage collection service) by the number of persons in the household, regardless of age.
- 7. In the case of an individual living in a household in which all household members are receiving public assistance payments as described in paragraph 8 but receiving food, clothing or shelter from someone outside the household, the value of such support and maintenance is computed using presumed value rules. However, the individual is considered not to be receiving in-kind support and maintenance from any of the household members.
- 8. Public assistance payments consist of any payments made under:
 - a. Title IV-A of the Social Security Act; or
 - b. Title XVI of the Social Security Act; or
 - c. Refugee Act of 1980 (those payments based on need); or

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Section:

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Program:

**AABD
MAABD**

Subject:

Income-in-Kind

5050.49 AABD and MAABD (continued)

- C. 8. d. Disaster Relief Act of 1974; or
- e. General assistance programs of the Bureau of Indian Affairs; or
- f. State or local government assistance programs based on need; or
- g. U.S. Veterans Administration programs (those payments based on need).
- 9. If an individual is living in a nonprofit retirement home or similar institution described in paragraph 10 which is responsible to provide his or her full support and maintenance or where someone else pays for it, the presumed value rule applies. The rule does not apply if:
 - a. the home, institution or nonprofit organization is not responsible for providing the individual's full support and maintenance; and
 - b. the home, institution or nonprofit organization receives no payment for the individual's support and maintenance, or receives payment from another nonprofit organization.
- 10. A nonprofit retirement home or similar institution is a nongovernmental institution which is, or is controlled by, a private nonprofit organization and which provides the individual neither with services which are (or could be) covered under Medicaid, nor with educational or vocational training. The institution is nonprofit if tax exempt and described under section 501 of the Internal Revenue Code of 1954. The institution is responsible for the individual's full support and maintenance if there is either a legally enforceable written contract or set of membership rules stating that the institution:
 - a. will provide at least all of the individual's food and shelter needs; and
 - b. does not require any current or future payment for that food and shelter. A lump sum prepayment for lifetime care is not a current payment.

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Chapter:
Treatment of Specific Types

**Program: AABD
MAABD**

Subject:
Income-in-Kind

5050.49 AABD and MAABD (continued)

- C. 11. An individual living in a nonmedical for-profit institution and paying or legally indebted for the amount accepted by that institution as payment in full is not receiving in-kind support and maintenance. The presumed value rule does not apply unless someone else pays for the individual.
- D. In-Kind Support and Maintenance for Couples
 - 1. A married couple living in the household of another person for an entire month and receiving food and shelter from that person is considered to have unearned income in an amount equal to one-third of the maximum SSI benefit for a couple.
 - 2. A married couple subject to the presumed value rules as described in part C is considered to have unearned income in an amount equal to one-third of the maximum SSI benefit for a couple, unless the couple demonstrates that the current market value of the support and maintenance is less than the presumed value.
- E. In-Kind Support and Maintenance and Deeming
 - 1. An individual living in the household of his or her spouse, parent or other deemor (such as sponsor) and receiving food and shelter from that person is not subject to the one-third reduction rule described in part B.
 - 2. An individual living in the household of another person and subject to the one-third reduction rule described in part B is also subject to the deeming rules if a deemor is also living in the same household.
 - 3. An individual living in the household of a deemor is not subject to the presumed value rule described in part C with respect to any support and maintenance provided by the deemor. However, any food, clothing or shelter the individual receives from another source is in-kind income and is valued using the presumed value rules.

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Date: 1-1-17

Transmittal: UP-17-01

P-5050.49

Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Treatment of Specific Types

**Program: AABD
MAABD**

Subject:
Income-in-Kind

- P-5050.49
1. Do not consider the individual to be receiving in-kind income in the form of shelter (with or without food) if the provider of the shelter states that the individual is paying him or her pursuant to a business arrangement.
 2. If in-kind income exists, determine if it is excluded, as described in policy. If it is, stop here. If not, continue to step 3.
 3. Based on the situation, use either the one-third reduction rule or the presumed value rule to compute a value to the in-kind income.
 - As of 1-1-17, one-third of the Federal Benefit Level (FBL) is \$245.00 (based on an FBL of \$735.00 per month).
 - For a married couple, one-third of the FBL is \$367.66 (based on an FBL of \$1,103.00 per month).
 4. If the presumed value rule applies, but the individual claims that the in-kind support and maintenance should be valued at a lesser amount, allow the individual to present evidence to justify the lower amount.
 - If the individual is able to demonstrate that the current market value of the support and maintenance (less any payments made by the individual in return for such in-kind income) is less than the presumed market value, compute the amount of the unearned income to be the lesser amount.
 5. Do not count the value of in-kind support and maintenance provided by a deemor to the individual if the individual is living in the deemor's household. Follow the deeming rules at Chapter 5025 to compute the amount of income to be deemed to the individual.
 6. Compute amounts for both in-kind income and deemed income if:
 - the individual is living in another person's household and receiving in-kind support and maintenance from that person **and** a deemor is also living in the household.
 7. Count all gross non-excluded income, including in-kind income, when evaluating whether the individual passes the gross income eligibility test for AABD or categorically needy Medicaid (cross reference: chapter 5520).
 8. If the individual passes the gross income eligibility test, disregard all in-kind income when computing applied income and determining the benefit amount.

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Section: Treatment of Income	Type:	POLICY
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Chapter: Treatment of Specific Types	Program:	AFDC AABD MA FS
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Subject: Intermittent Income		

5050.53 The treatment of intermittent income described in this section involves both earned and unearned income. Some intermittent payments which are sporadically received are distinguished from lump sums on the basis of their probable recurrence.

- A. The following types of payments exemplify income which is considered intermittent:
 - 1. payment of money earned over a past period greater than a calendar month;
 - 2. advance payments made subject to contractual agreements for expenses in a future period greater than one month;
 - 3. payments made at intervals greater than one month subject to arrangements made between the payor and payee including, but not limited to, benefits from insurance settlements, payments of dividends and interest, and payments from pensions and annuities;
 - 4. receipt of income from sporadic short-term employment.
- B. Income which is received intermittently is considered in relation to whether the payment is:
 - 1. one of a series of contracted payments to be received over a period of time from a particular source; or
 - 2. a single payment with no relationship to any former or subsequent payment.
- C. The amount of the payment is prorated over a period of time in the following situations:
 - 1. when the income was earned over a past period of time, the payment is averaged retroactively over the number of months in which it was earned;
 - 2. when the income is paid subject to an employment agreement which provides for periodic advances to cover future needs, the payment is averaged by the number of months for which it is intended;

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		MA
Subject:		FS
Intermittent Income		

5050.53 C. (continued)

3. when the income consists of unearned income paid on installment basis either resulting from the nature of the source or pursuant to an agreement between the payor and payee, the payment is averaged over the number of months the amount is intended to cover.
- D. The amount of the payment is counted as a lump sum when there is no period of time associated with the payment.
- E. If a payment is retroactively prorated, the unit's eligibility and the amount of benefits are recalculated for each of the months affected by the income. Resulting overpayments are computed according to policy cited in 7030, 7035, 7040, and 7045.

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P-5050.53

Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Treatment of Specific Types

Program: **AFDC**
 AABD
 MA
 FS

Subject:
Intermittent Income

- P-5050.53 1. Determine if the income in question is:
- a. a single payment having no relationship to any former or anticipated subsequent payment; or
 - b. one of a series of payments which can be reasonably anticipated to occur over a period of time.
2. If the income is of the type described in step 1.a, refer to 5050.65 "Lump Sums".
3. If the income is of the type described in step 1.b, continue with these procedures.
4. Determine the period of time represented by the payment.
5. When the income was earned over a past period of time, divide the payment amount by the number of months which it represents to determine the amount to be used in each month.
6. When the payment represents an advance payment to cover future needs, average the payment over the period for which it was intended.
7. When no period of time can be associated with the payment, count the payment as a lump sum.
8. Redetermine the unit's eligibility and benefit amounts for any past months over which the payment is averaged.
9. Follow the procedures presented in 7030, 7035, 7040, and 7045 for any overpayments resulting from step 8.

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Section:	Type:
Treatment of Income	POLICY

Chapter:	Program:
Treatment of Specific Types	FS

Subject:
AFDC Benefits Received by a Job Corp Recipient

5050.55 AFDC benefits received by an AFDC recipient who is participating in the Job Corps are counted as unearned income in determining eligibility and calculating benefits for an FS unit which includes his or her AFDC unit.

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Date: 1-1-88	Transmittal: UP-88-21	5050.57
Section: Treatment of Income	Type:	POLICY
Chapter: Treatment of Specific Types	Program:	AFDC AABD MA FS
Subject: Job Training Partnership Act (JTPA)		

5050.57 Payments made to assistance units from JTPA are counted as income insofar as they do not constitute a reimbursement for expenses incurred by the unit.

A. AFDC, AABD, FMA, and MAABD

1. Earned JTPA Income - Caretaker Relatives

Earned JTPA income received by caretaker relatives is counted as income for both eligibility tests and for calculating benefits.

2. Earned JTPA Income - Dependent Children

Earned JTPA income received by dependent children is treated in the following manner:

- a. For the 185% of gross income test, JTPA earnings are excluded for six months per calendar year when the child is either an applicant or recipient.
- b. For the determination of need test, JTPA earnings are excluded for:
 - (1) six months per calendar year for both applicants and recipients; or
 - (2) an indefinite period if the dependent child is:
 - (a) a recipient; and
 - (b) either full-time student or part time student not employed full time.
- c. For the calculation of benefits, JTPA earnings are excluded for:
 - (1) six months per calendar year for applicants or recipients; or

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Treatment of Income		POLICY
Chapter:	Program:	AFDC
Treatment of Specific Types		AABD
		MA
Subject:		FS
Job Training Partnership Act (JTPA)		

5050.57 A. 2. c. (continued)

(2) no time limit if the dependent child is:

(a) an applicant or recipient; and

(b) either a full-time student or a part time student not employed full-time.

3. Unearned JTPA Income - Caretaker Relatives

Unearned JTPA income received by caretaker relatives is counted for both income eligibility tests and for calculation of benefits.

4. Unearned JTPA Income - Dependent Children

Unearned JTPA income received by dependent children under twenty-two years of age is totally excluded from both income eligibility tests and calculation of benefits.

B. Food Stamp Program

1. Unearned income received by assistance unit members from JTPA is excluded from consideration.

2. Earned income received by an assistance unit member from JTPA is counted unless the unit member is:

a. a dependent child who is under 19 years of age; and

b. under parental supervision.

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Section: Treatment of Income	Type:		POLICY
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Chapter: Treatment of Specific Types	Program:		AFDC AABD FS
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Subject: Loans	
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5050.61 Money which is received by the assistance unit from a person or an organization subject to a written repayment agreement is regarded as a loan. If no repayment agreement exists, the money is treated as a contribution. (Cross reference: 5050 - "Cash Contributions")

A. AFDC and FMA

1. Payments received by the assistance unit through a loan are counted as unearned income if they are for a need item included in the assistance payment.
2. Any portion of the loan payment which is not for a need item included in the assistance payment is excluded as income.
3. Money which is received by a unit as repayment for a loan made to a nonmember of the unit is excluded as income to the extent that it:
 - a. does not constitute a gain or profit to the unit; or
 - b. was made from an asset.

B. AABD, MAABD and Food Stamps

All income received by the AABD, MAABD and Food Stamps units as a loan to the unit is excluded when determining eligibility and calculating benefits. (Cross reference: 5050 - "Student Income")

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Transmittal: UP-01-04

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Section:

Treatment of Income

Type:

POLICY

Chapter:

Treatment of Specific Types

Program:

AFDC

Subject:

Lump Sums

5050.65 A. AFDC

1. Treatment

- a. Lump sums received prior to the month of application are treated as assets in determining eligibility for assistance to the extent that the money is still available;
- b. Lump sums received in the month of application or later, including months when assistance is suspended, are counted as income;
- c. Any portion of the lump sum that is paid to the unit for the purpose of meeting certain designated expenses, when it is used to meet those expenses, is excluded. (Cross Reference: 5015)

2. Lump Sum Deductions

- a. When the lump sum is earned income, the lump sum income amount is:
 - (1) added to any gross earned income belonging to the assistance unit member who received the lump sum in the same month the lump sum was received; and
 - (2) adjusted by subtracting any appropriate deductions and disregards from the total (Cross Reference: 5035.05).
- b. When the lump sum is unearned income, the lump sum amount is:
 - (1) added to any gross unearned income belonging to the assistance unit member who received the lump sum in the same month the lump sum was received; and
 - (2) adjusted by subtracting any appropriate deductions and disregards from the total.

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Chapter:
Treatment of Specific Types

Program:
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Subject:
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5050.65 A. 3. Determining the Effect on Eligibility

The total applied earned and unearned income in the month of receipt of the lump sum, including the remaining portion of the lump sum, is compared to the AFDC standard of need plus the special needs of the assistance unit in the month of receipt:

- a. If the total applied income, including the remaining portion of the lump sum, is less than the AFDC standard of need plus the special needs, the assistance unit is entitled to the difference between the AFDC standard of need plus the special needs and the applied income for the appropriate month:
 - (1) If the month of receipt is a prospectively budgeted month, the payment for the month of receipt is appropriately reduced;
 - (2) If the month of receipt is a retrospectively budgeted month, the assistance for the payment month corresponding to the month of receipt is appropriately reduced;
- b. If the total applied income, including the remaining portion of the lump sum, is equal to or greater than the AFDC standard of need plus the special needs, the assistance unit is ineligible and a period of ineligibility is determined.

4. Period of Ineligibility

- a. To determine the period of ineligibility, the Department divides the total applied income in the month of receipt of the lump sum, including the remaining portion of the lump sum, by the unit's AFDC standard of need plus the special needs for the month.
- b. The assistance unit is ineligible:
 - (1) for the number of whole months resulting from dividing the total applied income in the month of receipt by the AFDC standard of need plus the special needs; and
 - (2) beginning in the payment month corresponding to the month of receipt.

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5050.65 A. 4. Period of Ineligibility (continued)

- c. Any portion of income remaining from the lump sum period of ineligibility calculation is reflected as applied income in the first month following the last full month of ineligibility:

- (1) for the original assistance unit; or
- (2) for the assistance unit containing the person who received the lump sum when the original assistance unit members are members of different assistance units at the end of the period of ineligibility.

5. Recalculating the Period of Ineligibility

The period of ineligibility is shortened or eliminated when the AFDC standard of need plus the special needs amount increases or when the unit becomes entitled to any of the following lump sum deductions during such period:

- a. the lump sum, or a portion of it, becomes unavailable to the assistance unit for reasons beyond its control; (Cross Reference: 5035.07)
- b. the assistance unit incurs and pays for a medical service during the period of ineligibility which would have been paid by the Medicaid program;
- c. the assistance unit uses all or a portion of the lump sum to voluntarily reimburse the Department for assistance previously given.

6. Unit Members

- a. Those individuals who are members of the assistance unit when the lump sum is received are ineligible for assistance during the period of ineligibility. This is true even if they apply to become members of a different assistance unit during the period of ineligibility.
- b. Those individuals who are otherwise eligible for assistance who move into the household during the period of ineligibility are not subject to the period of ineligibility. They are granted assistance as the only eligible assistance unit members until the period of ineligibility for the original assistance unit members ends.

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Chapter:

Treatment of Specific Types

Program:

AABD

Subject:

Lump Sums

5050.65 B. AABD Program

1. Treatment

- a. Lump sums received prior to the month of application are treated as assets in determining eligibility for assistance to the extent that the money is still available.
- b. If the unit's application for assistance is pending at the time of receipt, any portions of the lump sum which are intended for past months are:
 - (1) counted as income in each of the months for which the lump sum was intended in determining eligibility and benefits; and
 - (2) collectively treated as an asset in the month of receipt to the extent the money is still available.
- c. Lump sums received by the unit in the month of application or after are counted as income.
- d. Any portion of the lump sum that is paid to the unit for the purpose of meeting certain designated expenses is excluded when it is used to meet those expenses. (Cross-Reference: 5015)

2. Lump Sum Deductions

- a. An amount up to \$1500 of the death benefit of a life insurance policy is deducted when the beneficiary uses the funds to pay toward the final illness or burial expenses of the insured.
- b. When the lump sum is earned income, the lump sum amount is:
 - (1) added to any other gross earned income in the month of receipt of the lump sum; and
 - (2) adjusted by subtracting any appropriate deductions and disregards from the total.

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Subject: Lump Sums					

c. When the lump sum is unearned income, the lump sum amount is:

- (1) added to any other gross unearned income in the month of receipt of the lump sum; and
- (2) adjusted by subtracting any appropriate deductions and disregards from the total.

- a. If the total applied income, including the remaining portion of the lump sum, is less than the total needs, the assistance unit is entitled to the difference between the AABD total needs and the applied income.
- b. If the total applied income, including the remaining portion of the lump sum, is equal to or greater than the total needs, the assistance unit is ineligible for the month of receipt.
- c. Any portion of the lump sum which remains in the unit's possession in the month following the month of receipt is treated as an asset.

Lump sums received in any of the retroactive months prior to the month of application are counted as income:

- a. for the month in which they were received; or
- b. for any retroactive period of two or more consecutive months which includes the month of receipt (Cross Reference: 5020.20).

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Chapter:

Treatment of Specific Types

Program:

FMA

Subject:

Lump Sums

5050.65 | C. 2. Following Application or AFDC Discontinuance

When a lump sum is received in the month of application or any subsequent month, or when receipt of a lump sum results in a period of ineligibility for AFDC, the lump sum is treated in the following manner:

- a. Any portion of the lump sum which is paid to the unit for the purpose of meeting certain designated expenses is excluded when it is used to meet those expenses.
- b. When the lump sum is earned income, the lump sum amount is:
 - (1) added to any gross earned income belonging to the assistance unit member who received the lump sum in the same month the lump sum was received; and
 - (2) adjusted by subtracting any appropriate deductions and disregards from the total.
- c. When the lump sum is unearned income, the lump sum amount is:
 - (1) added to any gross unearned income belonging to the assistance unit member who received the lump sum in the same month the lump sum was received; and
 - (2) adjusted by subtracting any appropriate deductions and disregards from the total.
- d. A period of time is determined over which the lump sum is to be allocated by dividing the total of unit's applied income in the month of receipt including the remaining portion of the lump sum by the total AFDC standard of need plus the special needs in the month of receipt.
- e. During each month in this period of time, the allocated amount which is equal to the total AFDC standard of need plus the special needs, is considered unearned income and is added to any other applied income available to the members of the assistance unit.

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5050.65 C. 2. Following Application or AFDC Discontinuance (continued)

- | f. The initial month of the period calculated in d. above is :
 - (1) the month in which the lump sum is received if that month would be a prospectively budgeted month under AFDC budgeting rules; or
 - (2) the month following the month of receipt of the lump sum if the month of receipt would be a retrospectively budgeted month under AFDC budgeting rules.
- | g. Eligibility as categorically needy is then determined under **any and all** Medicaid coverage groups for which a member or members of the unit may qualify (Cross Reference: 2540).
- | h. When some or all assistance unit members are not eligible as categorically needy under any coverage group, eligibility as medically needy is determined for them.
- | i. When eligibility as medically needy is determined, the lump sum allocation amount is added to each month of the six month prospective period and in each month of any subsequent six month prospective period until the lump sum allocation period has ended (Cross Reference: 5520.20).

3. Special Conditions

FMA applicants and recipients are entitled to the same deductions used to shorten or eliminate the period of eligibility as used in the AFDC program.

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Program: FMA
MAABD

Subject:
Lump Sums

5050.65 C. 4. Unit Members

- a. When an FMA applicant or recipient who receives a lump sum is removed from the assistance unit at his or her request, the amount of the lump sum that was considered available to the assistance unit is deemed to the remaining assistance unit members when:
 - (1) the person removed from the FMA unit is a parent or spouse of a remaining assistance unit member; or
 - (2) the person removed from the FMA unit is a sibling who applies for or receives FMA under another coverage group.
- b. When the allocation amount is deemed, the deemor is considered a member of the FMA needs group and the rules for deemors of pregnant woman are followed (Cross Reference: 5020.30).
- c. When the person removed from the FMA unit is a sibling of another member who does not receive FMA, under another coverage group the lump sum income is not deemed.

D. MAABD

1. Treatment

- a. Lump sums received in any of the retroactive months are counted as income for the month of receipt and for any retroactive period of two or more months which includes the month of receipt.
- b. Lump sums received in the month of application or after are treated as income in the month of receipt.
- c. Any portion of the lump sum that is paid to the unit for the purpose of meeting certain designated expenses is excluded when it is used to meet those expenses. Cross Reference: 5015)
- d. Any portion of a lump sum that is transferred is also subject to the transfer of assets provisions. (Cross Reference: 3028)

2. Lump Sum Deductions

- a. An amount up to \$1500 of the death benefit of a life insurance policy is deducted when the beneficiary uses the funds to pay toward the final illness or burial expenses of the insured.

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MAABD

Subject:

Lump Sums

5050.65 D. 2. Lump Sum Deductions (continued)

- | b. When the lump sum is earned income, the lump sum amount is:
 - (1) added to any other gross earned income received in the same month as the lump sum; and
 - (2) adjusted by subtracting any appropriate deductions and disregards from the total.
 - | c. When the lump sum is unearned income, the lump sum amount is:
 - (1) added to any other gross unearned income received in the same month as the lump sum; and
 - (2) adjusted by subtracting any appropriate deductions and disregards from the total.
3. Categorically Needy Coverage Groups
- a. The total applied earned and unearned income in the month of receipt of the lump sum, which includes the remaining portion of the lump sum, is compared to the CNIL for the same month.
 - b. If the total income is equal to or does not exceed the CNIL, the assistance unit is eligible as categorically needy. In this case, any portion of the lump sum which remains in the unit's possession in the month following the month of receipt is treated as an asset.
 - c. If the total income is equal to or exceeds the CNIL, the assistance unit is not eligible as categorically needy for that month, and eligibility under a medically needy coverage group must be established.

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Chapter:

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Program:

**MAABD
FS**

Subject:

Lump Sums

5050.65 D. 4. Medically Needy Coverage Groups

- a. The total applied earned and unearned income in the month of receipt of the lump sum, which includes the remaining portion of the lump sum, is added to all other income the unit expects to receive during the next five months.
- b. The total applied income for the six month period is compared to the total MNIL for the same six month period for the needs group.
- c. If the total income does not exceed the total of the MNIL for the same period, the assistance unit is eligible for assistance for the six month period of eligibility.
- d. If the total income exceeds the MNIL, spenddown rules are followed to determine when benefits can begin (Cross Reference: 5520.20).
- e. After the six month period of eligibility, any portion of the lump sum which is retained by the unit is treated as an asset.

E. Food Stamp Program

1. Lump sum payments received by Food Stamps assistance units are treated as assets in determining eligibility for assistance.
2. A Diversion Program payment is considered a non-recurring lump sum for purposes of eligibility for the Food Stamp Program. It is excluded as income but counts as an asset to the extent it is retained.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-11	Transmittal: UP-11-08	5050.66
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Section: Treatment of Income	Type: POLICY
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Chapter: Treatment of Specific Types	Program: SNAP AABD MAABD <u>FMA</u>
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Subject: Recoupment Withholdings, Reductions in Income due to Recovery of Overpayments and Benefit Reductions	
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5050.66 A. Recoupment Withholdings - Supplemental Nutrition Assistance Program

Money withheld from TFA, AABD, General Assistance, SSI or SSA payments as recoupment of overpayments are either counted or excluded as income for SNAP depending upon the type of overpayment involved:

1. Intentional Program Violation (IPV) Overpayments

Money withheld as recoupment of an overpayment, which occurred due to an IPV, is counted as though it were not withheld.

2. Non-Intentional Program Violation (Non-IPV) and administrative overpayments

Money withheld as recoupment of an overpayment, which occurred due to a Non-IPV situation or administrative error, is excluded as income when calculating SNAP eligibility and benefits.

3. Undetermined Type of Overpayments

The Department also excludes the withheld amount as income when:

- a. the type of overpayment is unclear; or
- b. the alleged IPV has not been adjudicated.

B. Benefit Reductions – Supplemental Nutrition Assistance Program

1. The amount of a decrease in a household's benefits (via reduction, suspension or termination) which has been imposed by another means tested federal, state or local welfare public assistance program is countable income for SNAP under the following conditions:

- a. the benefit is from a means tested federal or state or local welfare or public assistance program; and
- b. the reduction in benefits is imposed as a result of fraud under the means tested federal, state or local welfare or public assistance program.

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FMA

**Recoupment Withholdings, Reductions in Income due to Recovery of
Overpayments and Benefit Reductions**

5050.66 B. (continued)

2. The amount of income to be counted is the amount of income the household would receive if no decrease in benefits due to fraud had occurred.

C. Reduction in Income due to Recovery of Overpayments - AABD, MAABD

When money is withheld from an income source to recoup an overpayment, the amount of income to be counted is the amount the household would receive if no withholding had occurred unless:

1. the income was received concurrently with AABD or MAABD assistance at the time the overpayment occurred; and
2. the overpaid amount was included in determining AABD or MAABD eligibility.

D. Reduction in Income due to Recovery of Overpayments – FMA

When money is withheld from an earned or unearned income source to recover an erroneous overpayment from the same source, the amount of income to be counted in determining eligibility is the amount after the recovery is taken.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 9-1-96	Transmittal: UP-96-16	5050.67
Section: Treatment of Income	Type:	POLICY
Chapter: Treatment of Income	Program:	AFDC AABD MA FS
Subject: Relocation Assistance Benefits		

5050.67 A. Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970

Benefits paid to the unit under Title II of this act are:

1. totally excluded from consideration under the AFDC, AABD and MA programs;
2. excluded from consideration under the FS program only to the extent they:
 - a. are reimbursed for past or future expenses; and
 - b. represent no gain or benefit to the unit; and
 - c. are not for normal living expenses; and
 - d. are identifiable with specific expenses.

B. Connecticut Uniform Relocation Assistance Act

Benefits paid to the unit under this act are:

1. totally excluded from consideration under the AABD and related MAABD programs.
2. counted as lump sum income under the AFDC and related FMA programs and excluded only to the extent that they:
 - a. are used for the earmarked purposes; and
 - b. can be distinguished from other funds.
3. excluded from consideration as income under the FS program only to the extent that they:
 - a. are reimbursements for past or future expenses; and
 - b. represent no gain or benefit to the unit; and
 - c. are not for normal living expenses; and
 - d. are identifiable with specific expenses.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 1-1-88

Transmittal: UP-88-21

5050.69

Section:

Treatment of Income

Type:

POLICY

Chapter:

Treatment of Specific Types

Program:

AFDC

AABD

MA

Subject:

Rental Income

5050.69 A. AFDC, AABD, FMA, and MAABD

1. Income received by the assistance unit from renting property to someone else is treated as:
 - a. earned self-employment income under the AFDC and AABD programs;
 - b. unearned self-employment income under the Medicaid programs unless the income is derived from a business enterprise.
2. The total self-employment income earned each month is reduced by the following self-employment deductions when they are incurred:
 - a. labor (wages paid to an employee or work contracted out);
 - b. interest paid to purchase income producing property;
 - c. insurance premiums;
 - d. taxes, assessments, and utilities paid on income producing property;
 - e. service and repair of business equipment and property;
 - f. rental of business equipment and property;
 - g. advertisement;
 - h. licenses and permits;
 - i. legal or professional fees;
 - j. business supplies.
3. When the rental property is:
 - a. part of the home-occupied property of the assistance unit, only the expenses associated with the rented portion are considered as a deduction;

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**AFDC
AABD
MA**

Subject:

Rental Income

5050.69 A. 3. AFDC, AABD, FMA and MAABD (continued)

 b. not part of home-occupied property, the expenses are considered in total;

 4. The gross earned income which remains after consideration of self-employment expenses is reduced by all appropriate deductions and disregards;

 5. The remaining amount of money is applied income.

 B. Food Stamps

 1. Income received from property rental is considered to be self-employment income and is:

 a. annualized over a 12 month period if it represents the unit's annual income; or

 b. averaged over the number of months it is intended to cover if less than 12 months.

 2. The total self-employment income is reduced by the following expenses of self-employment:

 a. identifiable costs of labor;

 b. interest paid to purchase the income producing property;

 c. insurance premiums paid on the property;

 d. taxes paid on income-producing property.

 3. When the rental property is:

 a. part of the home-occupied property of the assistance unit, the deductions for self-employment expenses are prorated so that only the expenses associated with the rented portion are considered a deduction;

 b. not part of home-occupied property, the expenses are considered in total.

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AABD

MA

Subject:

Rental Income

5050.69 B. Food Stamps (continued)

4. The remaining gross amount is treated as:
 - a. earned income if an average of 20 or more hours per week is spent by an assistance unit member in maintaining the property; or
 - b. unearned income if an average of less than 20 hours a week is spent in maintaining the property.
5. When the remaining gross monthly amount is treated as:
 - a. earned income, it is added to all other earned income and subjected to the deduction for personal employment expenses; or
 - b. unearned income, the entire gross is counted.

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Date: 1-1-88	Transmittal: UP-88-21	5050.73
Section: Treatment of Income	Type:	POLICY
Chapter: Treatment of Specific Types	Program:	AFDC AABD MA FS
Subject: Roomer and Boarder Income		

5050.73 A. AFDC, AABD FMA, and MAABD

1. Payments received from roomers and from boarders are treated as earned income acquired through self-employment.
2. The total monthly amount is reduced by:
 - a. the Department's standard allowances for expenses associated with providing room and/or board as modified from time to time and found in P-5050 or the actual expenses if greater;
 - b. the appropriate deduction for personal employment expenses; and
 - c. a disregard for incentive earnings if appropriate.

B. Food Stamps

1. Income received from providing room and/or board is treated as earned income acquired from self-employment.
2. The monthly amount is calculated by annualizing the income and dividing the total amount by 12 months unless:
 - a. this procedure does not accurately reflect current circumstance; or
 - b. the amount of income is intended to cover the assistance unit's needs for only a portion of the year.
3. The monthly amount is reduced by the following expenses of self-employment:
 - a. if the income is derived from providing a room without board, the cost of lodging the roomer is:
 - (1) determined by dividing the costs of operating and maintaining the residence by the number of rooms in the residence; and

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		MA
Subject:		FS
Roomer and Boarder Income		

5050.73 B. 3. a. Food Stamps (continued)

- (2) documented in the case record; and
- (3) excluded from consideration as an expense when the shelter hardship deduction is calculated.
- b. if the income is paid from a boarder, the amount of the deduction for self-employment costs is:
 - (1) the cost of the Thrifty Food Plan for an assistance unit size that is equal to the number of boarders involved; or
 - (2) the actual total cost of providing a room and meals if the costs are:
 - (a) in excess of the Thrifty Food Plan amount; and
 - (b) separate and identifiable as the costs of providing room and meals to the boarders.
- 4. The gross monthly amount is added to all other gross earned income and subjected to the deduction for personal employment expenses.

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Chapter:	Program:
Treatment of Specific Types	AFDC
	AABD
	MA

Subject:	FS
Sick Pay	

5050.75 Sick pay is received from employers, workmen's compensation benefits, private insurance, and unemployment compensation benefits:

- A. Sick benefits received from an employer are treated as earned income subject to appropriate deductions and disregards.
- B. Sick benefits paid through workmen's compensation, private insurance, and unemployment compensation are treated as unearned income subject to appropriate disregards.

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Date: 02-13-01

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5050.77

Section:

Treatment of Income

Type:

POLICY

Chapter:

Treatment of Specific Types

Program:

**AFDC
FMA**

Subject:

Student Income

5050.77 A. AFDC and FMA

1. Unearned Income

a. Educational Funding

Grants, scholarships, educational loans, or work/study earnings paid to an undergraduate student from any federal, state, or private source are totally excluded in determining eligibility and calculating benefits.

b. Other Unearned Income

Unearned income which does not constitute educational funding is counted subject to appropriate program disregards.

2. Earned Income

a. Work/Study Earnings

Income from college work/study programs from any federal, state, or private source that is designated by the source of the funds as being intended for educational purposes is totally excluded from consideration.

b. JTPA Earnings

JTPA earned income received by a dependent child is excluded either on the basis of the child's student status or on the basis of the income's source per se. When the income is excluded on the basis of it being from JTPA, the six-month period involved consists of any six months within a calendar year in which the unit receives a money payment as a result of meeting all eligibility requirements as well as, specifically, have the JTPA earnings excluded.

(1) Applicants

(a) Gross Income Eligibility Test

JTPA earnings are excluded for six months per calendar year regardless of the child's student status.

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Chapter:
Treatment of Specific Types

Program: **AFDC**
FMA

Subject:
Student Income

5050.77 A. 2. b. JTPA Earnings (continued)

(b) Applied Income Eligibility Test

JTPA earnings are excluded for six months per calendar year regardless of the child's student status.

(c) Benefit Calculation - AFDC

JTPA earnings are excluded for:

- (i) an indefinite period when the child is either a full-time student or a part-time student who is not employed full-time; or
- (ii) six months per calendar year when the child is not a full-time student or a part-time student who is not employed full-time.

(2) Recipients

(a) Gross Income Eligibility Test

JTPA earnings are excluded for six months per calendar year regardless of the child's student status.

(b) Applied Income Eligibility Test

JTPA earnings are excluded for:

- (i) an indefinite period when the child is either a full-time student or a part-time student who is not employed full-time; or
- (ii) six months per calendar year when the child is not a full-time student or a part-time student who is not employed full-time.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 1-1-88

Transmittal: UP-91-15

5050.77 page 3

Section:

Treatment of Income

Type:

POLICY

Chapter:

Treatment of Specific Types

Program:

**AFDC
FMA**

Subject:

Student Income

5050.77 A. 2. b. JTPA Earnings (continued)

(c) Benefit Calculation - AFDC

JTPA earnings are excluded for:

- (i) an indefinite period when the child is either a full-time student or a part-time student who is not employed full-time; or
- (ii) six months per calendar year when the child is not a full-time student or a part-time student who is not employed full-time.

c. Non-JTPA Earnings

Non-JTPA earnings received by dependent children are excluded according to the following guidelines:

(1) Applicants

(a) Gross Income Eligibility Test

Non-JTPA earnings are excluded for six months per calendar year only if the dependent child is a full-time student.

(b) Applied Income Eligibility Test

Non-JTPA earnings are excluded for six months per calendar year if the dependent child is a full-time student.

(c) Benefit Calculation - AFDC

Non-JTPA earnings are excluded for an indefinite period if the dependent child is a full-time student or a part-time student who is not employed full-time.

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UNIFORM POLICY MANUAL**

Date: 02-13-01

Transmittal: UP-01-04

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Section:

Treatment of Income

Type:

POLICY

Chapter:

Treatment of Specific Types

Program: AFDC

MA

AABD

Subject:

Student Income

5050.77 A. 2. c. Non-JTPA Earnings (continued)

(2) Recipients

(a) Gross Income Eligibility Test

Non-JTPA earnings are excluded for six months per calendar year if the dependent child is a full-time student.

(b) Applied Income Eligibility Test

Non-JTPA earnings are excluded for an indefinite period only if the child is a full-time student or a part-time student who is not employed full-time.

(c) Benefit Calculation - AFDC

Non-JTPA earnings are excluded for an indefinite period if the dependent child is a full-time student or a part-time student who is not employed full-time.

B. AABD and MAABD

1. Unearned Income

a. Educational Funding

(1) Income received as educational funding from sources designated for such purpose, such as loans, scholarship, fellowships, veterans educational benefits and student loans on which payment is deferred are excluded, subject to limitations, when they are used at:

(a) an institution of post-secondary education; or

(b) a correspondence school of a post-secondary level; or

(c) a school of any level for the physically or mentally handicapped.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 02-13-01

Transmittal: UP-01-04

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Section:

Treatment of Income

Type:

POLICY

Chapter:

Treatment of Specific Types

Program: AABD

MAABD

Subject:

Student Income

5050.77 B. 1. a. Educational Funding (continued)

- (2) Educational funds financed wholly or in part under Title IV of the Higher Education Act and under the Bureau of Indian Affairs are excluded to the extent that they are made available for meeting the following costs of attendance:
 - (a) tuition and mandatory fees normally charged students carrying the same academic workload as determined by the institution; and
 - (b) rental or purchase of equipment, materials, or supplies required of all students in the same course of study; and
 - (c) books, supplies, and transportation; and
 - (d) miscellaneous personal expenses, excluding food, clothing, and shelter, which are incurred by a student attending on, at least, a half-time basis, as determined by the institution as a result of participation in college-related activities during the academic school year and/or normal living expenses associated with college or university living.
- (3) Educational funding from any federal, state, or private source **other than** Title IV of the Higher Education Act or Bureau of Indian Affairs, subject to the limitations listed below, is excluded when the money is used at an institution of post secondary education, including correspondence schools at that level, or at a school at any level for the physically or mentally handicapped:
 - (a) educational funds from a federal source **other than** Title IV of the Higher Education Act or the Bureau of Indian Affairs are excluded to the extent that they are used for tuition and mandatory school fees;
 - (b) educational funds from any non-federal source are excluded to the extent that they are used for tuition and mandatory fees **and** to the extent that the money meets educational expenses other than tuition and mandatory fees when the source of the funds earmarks the money for these additional expenses.

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Section:

Treatment of Income

Type:

POLICY

Chapter:

Treatment of Specific Types

Program:

**AABD
MAABD**

Subject:

Student Income

5050.77 B. 1. b. Other Unearned Income

Unearned income which does not constitute educational funding is counted subject to appropriate program disregards.

2. Earned Income

a. Educational Funding

(1) Income received from work/study programs is excluded, subject to limitations, when the money is used at:

- (a) an institution of post-secondary education; or
- (b) a correspondence school of a post-secondary level; or
- (c) a school of any level for the physically or mentally handicapped.

(2) Work/Study payments issued under Title IV of the Higher Education Act or under the Bureau of Indian Affairs are excluded to the extent that they are made available for meeting the following costs of attendance:

- (a) tuition and mandatory fees normally charged students carrying the same academic workload as determined by the institution; and
- (b) rental or purchase of equipment, materials, or supplies required of all students in the same course of study; and
- (c) books, supplies, and transportation; and
- (d) miscellaneous personal expenses, excluding food, clothing and shelter, which are incurred by a student attending on at least a half-time basis, as determined by the institution, and which result from participation in college-related activities during the academic school year and/or normal living expenses associated with college or university living.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 02-13-01

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Section:

Treatment of Income

Type:

POLICY

Chapter:

Treatment of Specific Types

Program:

**AABD
MAABD**

Subject:

Student Income

5050.77 B. 2. a. Educational Funding (continued)

(3) Educational funding from any federal, state, or private source **other than** Title IV of the Higher Education Act or the Bureau of Indian Affairs, subject to the limitations listed below, is excluded when the money is used at an institution of post secondary education, including correspondence schools at that level, or at a school at any level for the physically or mentally handicapped:

- (a) educational funds from a federal source **other than** Title IV of the Higher Education Act or the Bureau of Indian Affairs are excluded to the extent that they are used for tuition and mandatory school fees;
- (b) educational funds from any non-federal source are excluded to the extent that they are used for tuition and mandatory fees **and** to the extent that the money meets educational expenses other than tuition and mandatory fees when the source of the funds earmarks the money for these additional expenses.

b. JTPA Earnings

JTPA earned income received by a dependent child is excluded either on the basis of the child's student status or on the basis of the income's source per se. When the income is excluded on the basis of it being from JTPA, the six-month period involved consists of any six months within a calendar year in which the unit receives a money payment as a result of meeting all eligibility requirements as well as, specifically, have the JTPA earnings excluded.

(1) Applicants

(a) Gross Income Eligibility Test

JTPA earnings are excluded for six months per calendar year regardless of the child's student status.

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UNIFORM POLICY MANUAL**

Date: 1-1-88

Transmittal: UP-91-15

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Section:

Treatment of Income

Type:

POLICY

Chapter:

Treatment of Specific Types

Program:

**AABD
MAABD**

Subject:

Student Income

5050.77 B. 2. b. (1) Applicants (continued)

(b) Applied Income Eligibility Test

JTPA earnings are excluded for six months per calendar year regardless of the child's student status.

(2) Recipients

(a) Gross Income Eligibility Test

JTPA earnings are excluded for six months per calendar year regardless of the child's student status.

(b) Applied Income Eligibility Test

JTPA earnings are excluded for:

- (i) an indefinite period when the child is either a full-time student or a part-time student who is not employed full-time; or
- (ii) six months per calendar year when the child is not a full-time student or a part-time student who is not employed full-time.

c. Non-JTPA Earnings

Non-JTPA earnings received by dependent children are excluded according to the following guidelines:

(1) Applicants

(a) Gross Income Eligibility Test

Non-JTPA earnings are excluded for six months per calendar year only if the dependent child is a full-time student.

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Date: 02-13-01

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Section:

Treatment of Income

Type:

POLICY

Chapter:

Treatment of Specific Types

Program:

**AABD
MAABD
FS**

Subject:

Student Income

5050.77 B. 2. c. (1) Applicants (continued)

(b) Applied Income Eligibility Test

Non-JTPA earnings are excluded for six months per calendar year if the dependent child is a full-time student.

(2) Recipients

(a) Gross Income Eligibility Test

Non-JTPA earnings are excluded for six months per calendar year if the dependent child is a full-time student.

(b) Applied Income Eligibility Test

Non-JTPA earnings are excluded for an indefinite period only if the child is a full-time student or a part-time student who is not employed full-time.

C. Food Stamp Program

1. Unearned Income

a. Educational Funding

(1) Income received from educational funding such as loans, scholarship, fellowships, veterans educational benefits and loans on which payment is deferred are excluded, subject to limitations, when they are used at:

(a) an institution of post-secondary education; or

(b) a correspondence school of a post-secondary level; or

(c) a school of any level for the physically or mentally handicapped.

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Date: 02-13-01

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Section:
Treatment of Income

Type:
POLICY

Chapter:
Treatment of Specific Types

Program: FS

Subject:
Student Income

5050.77 C. 1. a. Unearned Income (continued)

(2) Educational funds, regardless of the source, are excluded to the extent that they are made available or used for meeting the following costs of attendance:

- (a) tuition and mandatory fees normally charged students carrying the same academic workload as determined by the institution; and
- (b) rental or purchase of equipment, materials, or supplies related to the student's course of study; and
- (c) books, supplies, and transportation; and
- (d) miscellaneous personal expenses, excluding living expenses, which are incurred by a student attending on, at least, a half-time basis, as determined by the institution as a result of participation in college-related activities during the academic school year and/or normal living expenses associated with college or university living.

b. Other Unearned Income

All other unearned income received by students is treated the same as that received by non-student members of the unit.

2. Earned Income

a. Educational Funding

(1) Income received from work/study programs is excluded, subject to limitations, when the money is used at:

- (a) an institution of post-secondary education; or
- (b) a correspondence school of a post-secondary level; or
- (c) a school of any level for the physically or mentally handicapped.

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Date: 02-13-01

Transmittal: UP-01-04

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Section:

Treatment of Income

Type:

POLICY

Chapter:

Treatment of Specific Types

Program:

FS

Subject:

Student Income

5050.77 C. 2. a. Earned Income (continued)

(2) Work/Study payments are excluded to the extent that they are made available or used for meeting the following costs of attendance:

- (a) tuition and mandatory fees normally charged students carrying the same academic workload as determined by the institution; and
- (b) rental or purchase of equipment, materials, or supplies related to the student's course of study; and
- (c) books, supplies, and transportation; and
- (d) miscellaneous personal expenses, excluding living expenses which are incurred by a student attending on at least a half-time basis, as determined by the institution, and which result from participation in college-related activities during the academic school year and/or normal living expenses associated with college or university living.

b. Earned income is excluded when received by children who are full or part time students in an elementary or high school, who are 17 years old or younger, and who also live in one of the following arrangements:

- (1) under the supervision of another assistance unit member;
- (2) with and a member of the assistance unit of a natural, adoptive or step-parent;
- (3) with a natural, adoptive or step-parent but a separate assistance unit.

c. Earned income received from JPTA is excluded when received by dependent children under 19 years of age.

d. All other income earned by students is counted along with the earnings received by the rest of the assistance unit.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 2-1-92

Transmittal: UP-92-15

P-5050.77

Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Treatment of Specific Types

Program: **AFDC**
 AABD
 MA

Subject:
Student Income

P-5050.77 AFDC and FMA

1. Determine whether the educational funds received by assistance unit members should be counted or excluded according to the guidelines presented in the policy material.
2. Enter the total amount of the excluded income from grants and loans on the UINC screen, using the valid value GR.
3. Enter the total amount of the countable income from grants and loans on the UINC screen, using the valid value EA.
4. Determine whether income earned from work/study programs should be counted or excluded according to the guidelines presented in the policy material.
5. Enter the total amount of the countable work/study income on ERN1 using the valid value WS.
6. Do not enter excluded work/study income on UINC or ERN1. However, make a notation regarding the source and the amount of the income on the case narrative screen or on the Remarks screen on ERN1.
7. Count any unearned income which does not constitute educational funding subject to any appropriate program disregards.
8. Exclude JTPA and Non-JTPA earned income according to the guidelines presented in the policy material.
9. Exclude any income earned by unit members who are under 18 years of age and who attend school at least half-time according to the guidelines presented in the policy material.
10. Count all other income earned by students.

AABD and MAABD

1. Determine the source of the grant, loan or work study earnings, e.g., Veteran's Administration, Title IV, etc.
2. Exclude educational funds received by assistance unit members according to the guidelines presented in the policy material.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 2-1-92

Transmittal: UP-92-15

P-5050.77 page 2

Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Treatment of Specific Types

**Program: AABD
MAABD
FS**

Subject:
Student Income

P-5050.77 AABD and MAABD (continued)

3. Enter the total amount of excluded income from grants or loans on UINC using the valid value GR. Enter the portion of the grants or loans that is countable on UINC using the valid value EA.
4. Enter the total amount of countable income from work/study payments on ERN1 using the valid value WS. Do not enter excluded work/study income on ERN1 or UINC. However, make a notation on the case narrative screen or on the Remarks screen on ERN1.
5. Count any unearned income which does not constitute educational funding subject to any appropriate program disregards.
6. Exclude any income earned from work/study programs according to the guidelines presented in the policy material.
7. Exclude JTPA and non-JTPA earned income according to the guidelines presented in the policy material.
8. Exclude any income earned by unit members who are under 18 years of age and who attend school at least half-time according to the guidelines presented in the policy material.
9. Count all other income earned by students.

Food Stamps

1. Exclude educational funds received by assistance unit members according to the guidelines presented in the policy material.
2. Enter the total amount of excluded income from grants or loans on UINC using the valid value GR. Enter the portion of the grants or loans that is countable on UINC using the valid value OF if the income is countable for FS only.
4. Enter the total amount of countable income from work/study payments on ERN1 using the valid value FS if the income is countable for FS only. Do not enter excluded work/study income on ERN1 or UINC. However, make a notation on the case narrative screen or on the Remarks screen on ERN1.
5. Count any unearned income which does not constitute educational funding subject to any appropriate program disregards.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 9-1-94	Transmittal: UP-94-29	P-5050.77 page 3
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Section: Treatment of Income	Type: PROCEDURES
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Chapter: Treatment of Specific Types	Program: FS
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Subject: Student Income

P-5050.77 Food Stamps (continued)

6. Exclude any income earned from work/study programs according to the guidelines presented in the policy material.
7. Exclude JTPA and non-JTPA earned income according to the guidelines presented in the policy material.
8. Exclude any income earned by children who are full or part time students in an elementary or high school, are 21 years of age and under, and who live in one of the following arrangements:
 - a. under the supervision of another assistance unit member;
 - b. live with and a member of the assistance unit of a natural, adoptive or step-parent;
 - c. live with a natural, adoptive or step-parent but a separate assistance unit.
9. Count all other income earned by students.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88	Transmittal: UP-88-21	5050.85
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Section: Treatment of Income	Type:	POLICY
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Chapter: Treatment of Specific Types	Program:	AFDC AABD MA FS
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Subject: Uniformed Services Income

- 5050.85 A. Income received from the Uniformed Services including the Army, Navy, Air Force, Marine Corps, Coast Guard, Environmental Sciences Services Administration, and Public Health Service of the United States is counted as income in determining eligibility and calculating benefits.
- B. Uniformed Services income is treated as:
1. earned income if it is received directly by a member of the assistance unit who is performing duties in the services; or
2. unearned income, if it is received as a dependent's allotment through someone else's involvement in the uniformed services.
- C. In the AFDC program, dependents' allotments received by the assistance unit from absent parents are subject to assignment to the DHR IV-D Support Program and treated as child support payments.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88	Transmittal: UP-88-21	5050.87
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Section: Treatment of Income	Type: POLICY
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Chapter: Treatment of Specific Types	Program: AFDC AABD MA FS
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Subject: Vacation/Severance Pay	
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5050.87 Vacation and severance pay are treated as earned income in the month of receipt and are subject to appropriate deduction and disregards.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88	Transmittal: UP-88-21	5050.89
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Section: Treatment of Income	Type: POLICY
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Chapter: Treatment of Specific Types	Program: AFDC
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Subject: Work Incentive Program (WIN) Income

- 5050.89 A. Members of AFDC assistance units who are participating in WIN programs for training and employment are entitled to receive the following disregards and deductions applied to their income:
1. WIN participants who are placed in regular employment or in on-the-job training placements receive the following monthly income adjustments:
 - a. a standard deduction for personal employment expenses; and
 - b. deductions for care of a child or an incapacitated person up to the maximum amounts set by the Department to the extent that they are not paid by another agency;
 - c. a disregard of the remainder for incentive earnings subject to the limitations used for all other AFDC recipients with earned income;
 2. Those enrolled in skill development or general education classes under WIN Institutional Training programs receive a \$30.00 monthly incentive payment along with reimbursement payments for training related expenses all of which are disregarded in total;
 3. WIN registrants participating through Public Service Employment (PSE) placements receive the following monthly adjustments to their income:
 - a. a standard deduction for personal work expenses; and
 - b. deductions for care of a child or incapacitated person up to the maximum amounts set by the Department if not paid by another agency;
 - c. a disregard of the remainder for incentive earnings is not applied to this income.

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UNIFORM POLICY MANUAL**

Date: 1-1-88**Transmittal: UP-88-21****5050.89 page 2**

Section:**Treatment of Income****Type:****POLICY**

Chapter:**Treatment of Specific Types****Program:****AFDC**

Subject:**Work Incentive Program (WIN) Income**

- 5050.89 B. Income which is received from participation in WIN programs by Food Stamps assistance unit members is:
1. treated as earned income; and
 2. counted to the extent that it does not constitute a reimbursement of expenses; and
 3. subject to a deduction for personal work expenses.
- C. Income which is received as reimbursement for out-of-pocket expenses is excluded from consideration.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88	Transmittal: UP-88-21	5050.93
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Section:	Type:
Treatment of Income	POLICY

Chapter:	Program:
Treatment of Specific	AFDC
	AABD
	MA

Subject:	FS
Workfare Income	

- 5050.93 A. Any portion of an General Assistance payment which is paid to the assistance unit subject to participation by the unit member in a Workfare program is:
1. counted as unearned income for the purposes of determining eligibility and calculating benefits; and
 2. not subject to an unearned income disregard.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-89	Transmittal: UP-89-36	5050.94
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Section:	Type:
Treatment of Income	POLICY

Chapter:	Program:
Treatment of Specific Types	AFDC
	AABD
	MA

Subject:	FS
Disaster Assistance	

5050.94 Disaster assistance paid under the Disaster Relief Act of 1974, as amended, including the Individual and Family Grant (IFG) program, and comparable disaster assistance provided by states, local governments and private organizations, and any interest earned on funds from this source, is totally excluded for all programs.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 9-1-96	Transmittal: UP-96-17	5050.95
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Section:	Type:
Treatment of Income	POLICY

Chapter:	Program:
Treatment of Specific Types	FS

Subject:
Work Supplementation and Supported Work Programs

5050.95 The public assistance portion of income earned by an assistance unit member participating in a work supplementation or supported work program is:

1. counted as unearned income for the purposes of determining eligibility and calculating benefits; and
2. not subject to the 20% deduction.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88**Transmittal: UP-88-1****5099**

Section:**Treatment of Income****Type:****POLICY**

Chapter:**Verification****Program:****AFDC****AABD****MA**

Subject:**FS**

5099 Various factors pertinent to income are verified before eligibility is determined or benefits are calculated. Generally, all factors which are in need of verification are verified at the time of initial application. This verification is documented in the case record and needs verification in the future only if it's either subject to change or to special verification requirements. This chapter addresses the income-related factors needing verification and indicates the specific requirements for each.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 6-1-91	Transmittal: UP-91-23	5099.05
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Section:	Type:
Treatment of Income	POLICY

Chapter:	Program:
Verification	AFDC
	AABD
	MA

Subject:	FS
Income	

5099.05 All income must be verified as an eligibility requirement at the time of application, at each redetermination of eligibility, and whenever the income changes.

In addition, assistance units subject to the requirements of the Monthly Reporting system provide verification of their income each month.

In the determination of presumptive eligibility, verification of income may be postponed if the applicants income is less than or equal to 85% of the standard of assistance.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Date: 7-1-95	Transmittal: UP-95-14	5099.10
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Section: Treatment of Income	Type:	POLICY
<hr/>		
Chapter: Verification	Program:	AFDC AABD MA
<hr/>		
Subject: Deductions		FS

5099.10 Deductions are subtracted from counted income subject to a verification of the costs by the assistance unit. Verification is not mandatory except as a condition of having the expense used as a deduction.

Verification is provided when the deduction is initially claimed and, thereafter, at each time the amount of applied income is recalculated. Failure to provide verification when requested precludes continued deduction of the expense.

Medical Deductions for Food Stamps

1. The Department will estimate at certification a recipient's recurring medical expenses for the certification period based upon:
 - (1) the recipient's current verified medical expenses, and
 - (2) any available information about the recipient's medical condition, and
 - (3) any available information about public or private medical insurance coverage.
2. Further verification is not necessary.

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Date: 2-1-94**Transmittal: UP-94-2****P-5099.10**

Section:
Treatment of Income**Type:**
PROCEDURE

Chapter:
Verification**Program: AABD
MAABD
FS**

Subject:
Deductions for Plans for Achieving Self-Support

P-5099.10 AABD, MAABD, AND FS

1. Obtain proper forms of verification from individuals having a plan to achieve self-support (PASS). Verifications include, but are not limited to, the following:
 - a copy of the Plan for Achieving Self-Support "approval letter" issued by the Social Security Administration; and
 - a copy of the Plan for Achieving Self-Support "extension approval letter" issued by the Social Security Administration; and
 - a copy of the client's plan to achieve self-support; or
 - a call to the Social Security Administration to verify if the plan has been approved or extended and the verification of the income deduction allowed by the Social Security Administration when the individual's SSI monthly benefits are calculated.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 11-1-95

Transmittal: UP-95-28

P-5099.12

Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Verification

Program:
FS

Subject:
Deduction for Legally Obligated Child Support

P-5099.12 Food Stamps

Legal Obligation

1. Verify all requirements as specified in policy.
2. Use as examples of acceptable forms of verification:
 - a notice of court action regarding child support; or
 - a court order that would be upheld by a judge in a court of law; or
 - an administrative order issued through an administrative process; or
 - a legally enforceable separation agreement;
 - information obtained from the Connecticut Child Support Enforcement System (CCSES) for use as collateral verification.
3. If CCSES is used as collateral verification to verify the legal obligation and the obligated amount, and the AU claims a discrepancy between their records and those of CCSES, be sure to permit the AU the opportunity to resolve the discrepancy.

Payments

1. Verify all requirements as specified in policy.
2. Use as examples of acceptable forms of verification for actual payments:
 - canceled checks;
 - wage withholding statements;
 - pay stubs;
 - unemployment compensation withholding statement;
 - statement from the custodial parent;
 - statements from third parties in cases of third party payments;

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Date: 11-1-95

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P-5099.12 page 2

Section:
Treatment of Income

Type:
PROCEDURE

Chapter:
Verification

Program:
FS

Subject:
Deduction for Legally Obligated Child Support

P-5099.12 Payments (continued)

- information obtained from CCSES for use as collateral verification.
- 3. If CCSES is used as collateral verification to verify actual payments, and the AU claims a discrepancy between their records and those of CCSES, be sure to permit the AU the opportunity to resolve the discrepancy.
- 4. Use as examples of acceptable forms of verification for anticipated payments:
 - statement from the custodial parent;
 - statement from third parties in cases of third party payments.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 1-1-88	Transmittal: UP-88-1	5099.15
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Section: Treatment of Income	Type: POLICY
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Chapter: Verification	Program: AABD MA
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Subject: Disregards

5099.15 While most disregards are subtracted from income without verification, some disregards are allowed as adjustments only if verified beforehand. Failure to provide adequate verification when required precludes the use of the disregards as adjustments.

1. Living Arrangements

The Department requires verification of the nature of the unit's living arrangement when the arrangements are questionable in determining which community disregard to allow.

2. Relationship

The Department requires verification of the relationship between AABD units when questionable in determining eligibility for the special disregard for shared housing.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88	Transmittal: UP-88-1	5099.20
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Section:	Type:
Treatment of Income	POLICY

Chapter:	Program:
Verification	AABD MA

Subject:
Loans

5099.20 Money received as a loan is treated as such only upon verification of a written agreement to repay the money. Failure to provide appropriate verification requires that the money be treated as income.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88	Transmittal: UP-88-1	5099.25
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Section:	Type:
Treatment of Income	POLICY

Chapter:	Program:
Verification	AFDC
	AABD
	MA

Subject:	FS
Student Status	

5099.25 Student status must be verified as a prerequisite to the treatment of income appropriate to a student. Failure to provide such verification precludes the treatment of the individual's income as though he or she were a student.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 2-1-92	Transmittal: UP-92-15	5099.30
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Section: Treatment of Income	Type:	POLICY
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Chapter: Verification	Program:	AFDC AABD MA FS
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Subject: Student Income		
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5099.30 A. General Statement

Income from student grants, loans, and work/study programs must be verified in order to determine what must be excluded.

B. Specific Verification Requirements by Program

1. AFDC and FMA

The student must provide verification that the income received has been made available to meet the costs of education.

2. AABD and MAABD

a. Title IV of the Higher Education Act or Bureau of Indian Affairs

The student must provide verification that the educational funds have been made available for the educational expenses listed in 5015.10.

b. Other Federal, State, or Private Sources

The student must provide verification that the educational funds have been used for the educational expenses listed in 5015.10.

3. Food Stamps

a. The student must provide verification of income made available for expenses listed in 5015.15.

b. The student must provide verification of income not earmarked, but used for the educational expenses listed in 5015.15.

C. Penalty For Failure To Verify

Failure to provide appropriate verification will result in counting the total amount of the income in the determination of eligibility.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 2-1-92

Transmittal: UP-92-15

P-5099.30

Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Verification

Program: **AFDC**
 AABD
 MA

Subject:
Student Income

P-5099.30 AFDC and FMA

1. Obtain from the student verification that the income is for educational expenses.
2. Use as examples of acceptable forms of verification:
 - ° a copy of the "Statement of Educational Purpose" that has been signed by the student
 - ° a signed affidavit in which the student swears that the money is for educational purposes and agrees to use the money for such purpose

AABD and MAABD

Title IV of the Higher Education Act or Bureau of Indian Affairs

1. Obtain verification of the amount of money awarded, the source of the money, and a breakdown of the expenses covered and the amount allotted for each expense.
2. Use as examples of acceptable forms of verification:
 - ° a W-1471 - School Information Exchange Form
 - ° a statement from the institution or source of money showing the breakdown of expenses covered and the amount allotted for each expense

Other Federal, State, or Private Sources

1. Obtain verification that the money has been used for the educational expenses listed in 5015.10.
2. Use as examples of acceptable forms of verification:
 - ° cash register receipts from place of purchase
 - ° written statement from place of purchase that lists each item purchased and the cost of the item

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UNIFORM POLICY MANUAL**

Date: 2-1-92

Transmittal: UP-92-15

P-5099.30 page 2

Section:
Treatment of Income

Type:
PROCEDURES

Chapter:
Verification

Program:
FS

Subject:
Student Income

P-5099.30 Food Stamps

Student Income Earmarked for Specific Expenses

1. Obtain verification of the amount of money awarded and a breakdown of the expenses covered and the amount allotted for each expense.
2. Use as examples of acceptable forms of verification:
 - a W-1471 - School Information Exchange Form
 - a statement from the institution or source of money showing the breakdown of expenses covered and the amount allotted for each expense.

Student Income **not** Earmarked

1. Obtain verification that the money has been used for the educational expenses listed in 5015.15.
2. Use as examples of acceptable forms of verification:
 - cash register receipts from place of purchase
 - written statement from place of purchase that lists each item purchased and the cost of the item
 - statement from a person providing a service such as childcare showing the cost of the service

Date: 8-1-88	Transmittal: UP-88-36	5500
Section: Income Eligibility	Type:	POLICY
Chapter:	Program:	AFDC AABD MA FS
Subject:		

5500 The determination of income eligibility is made by comparing the unit's income to established income limits. In the AFDC and AABD programs, this includes limits for both gross and applied income. The Medicaid program uses various income limits which are based on either the total amount of monthly needs of a comparable unit receiving financial assistance or on other special limits established through Federal and State regulations. Finally, the Food Stamp program determines income eligibility using both gross and applied limits.

(Cross References: 4500 - Standards of Assistance
5000 - Treatment of Income
6000 - Calculation of Benefits)

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-94	Transmittal: UP-93-43	5500.01
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Section: Income Eligibility	Type:	POLICY
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Chapter:	Program:	AFDC AABD MA
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Subject: Definitions		FS
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5500.01 Fill-The-Gap Budgeting

Fill-the-Gap budgeting is a method of computing eligibility and benefit amount under the AFDC program. Fill-the-Gap budgeting is used on all AFDC cases regardless of whether or not they are prospectively or retrospectively budgeted.

Needs Group

Needs group is the group of persons comprising the assistance unit and certain other persons whose basic needs are added to the total needs of the assistance unit members when determining the income eligibility of the assistance unit.

Prospective Determination of Eligibility

Prospective determination of eligibility means that income eligibility is determined for a particular month by comparing the income to the needs that exist in that same month for which eligibility is being determined.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-94

Transmittal: UP-93-43

5503

Section: Income Eligibility	Type: POLICY
Chapter: General Principles	Program: AFDC AABD MA FS
Subject:	

5503 A. Current and Future Eligibility

1. Income eligibility for all programs in the current and future months is prospectively determined on the basis of the Department's current knowledge and what it expects to occur in those months;
2. Any changes which the Department is reasonably certain will occur in these months regarding income, assistance standards, or other pertinent circumstances are taken into consideration in making the determination of income eligibility.

B. Past Eligibility

Income eligibility is prospectively determined for past months on the basis of:

1. the income which was available to the assistance unit in those months; and
2. the needs of the needs group which existed in those same months.

C. Fill-the-Gap Budgeting

1. Fill-the-Gap budgeting is used in the AFDC program in the following instances:
 - a. the Applied Income Eligibility Test; and
 - b. the Calculation of Benefits.
2. Fill-the-Gap budgeting is not applied to the following types of income:
 - a. general assistance
 - b. public assistance from another state
 - c. child support payments
 - d. unemployment compensation when received by the primary wage earner on an ADFC-UP case
3. Fill-the-Gap budgeting is used on all AFDC cases, regardless of whether or not they are prospectively or retrospectively budgeted.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88

Transmittal: UP-88-1

5505

Section:

Income Eligibility

Type:

POLICY

Chapter:

When Income Eligibility is Determined

Program:

AFDC

AABD

MA

Subject:

FS

5505 A. Applications

Income eligibility is determined at the time the assistance unit applies for assistance.

B. Redeterminations

Income eligibility is redetermined at designated intervals after the unit is granted assistance.

C. Interim Changes

The unit's income eligibility is reviewed whenever changes occur in its circumstances which may have an effect on eligibility.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88**Transmittal: UP-88-1****P-5505.05**

Section:
Income eligibility**Type:**
PROCEDURES

Chapter:
When Income eligibility is Determined**Program:** AFDC
AABD
MA
FS

Subject:

- P-5505.05
1. Determine whether or not income eligibility exists whenever an application for assistance is received by the Department.
 2. Redetermine whether or not income eligibility continues to exist whenever changes occur which impact on the assistance unit's available income or level of needs. These changes include but are not necessarily limited to:
 - reported changes in the assistance unit's income;
 - increase or reductions in the size of the needs group;
 - changes in the level of needs of the needs group;
 - changes in the CNIL or MNIL of medical needs groups;
 - changes in program disregards and deductions;
 - when FS units change living arrangements.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88	Transmittal: UP-88-1	5510
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Section: Income Eligibility	Type:	POLICY
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Chapter: Durational Limits of Eligibility	Program:	AFDC AABD MA FS
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Subject:		
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5510 A. AFDC and AABD Programs

The periods of time in which the assistance unit is income eligible for financial assistance are limited to the calendar months in which the assistance unit's income passes applicable income eligibility test.

B. MA Program

1. At the time of application, income eligibility for Medicaid can be made, if the assistance unit chooses, for:
 - a. a retroactive period consisting of the three months immediately preceding the month of application; and
 - b. a prospective period comprising:
 - (1) the month of application and each month thereafter in which the assistance unit is determined to be eligible as Categorically Needy; or
 - (2) a six month period for which the unit's income eligibility as Medically Needy is determined by comparing the unit's projected income to the needs group's projected needs for the same six-month period.
2. The periods of time for which the assistance unit is income eligible is limited to:
 - a. the calendar months in which the assistance unit's income passes the income eligibility test; or
 - b. the balance of the six month spend-down period after the amount of excess income is offset by medical expenses. (Cross Reference: 5520 - "Income Eligibility Tests")

C. Food Stamp Program

The period of time in which the assistance unit is income-eligible for the Food Stamp Program is limited the calendar months in which the unit's income passes the appropriate income eligibility tests.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88	Transmittal: UP-88-1	6000
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Section:	Type:		
Calculation of Benefits			POLICY

Chapter:	Program:		
			AFDC
			AABD
			MA
Subject:			FS

6000 Calculation of benefits is performed after a unit is determined to be eligible for assistance. The basic calculation is performed by comparing an assistance unit's monthly applied income to either a level of total needs or an income limit for the particular unit. In the cash assistance and Food Stamp programs, the result of the comparison is the amount of benefits due to the unit. In the Medical Assistance program, the result of the comparison is the amount of liability the unit has to pay incurred medical expenses. The difference between the amount of incurred medical expenses and the amount of the unit's liability, if any, is the amount of medical benefits due to the unit.

(Cross Reference: 5045 - Applied Income, 5500 - Income Eligibility.)

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-94	Transmittal: UP-93-43	6000.01
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Section: Calculation of Benefits	Type:	POLICY
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Chapter:	Program:	AFDC AABD MA FS
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Subject: Definitions

6000.01 Budget Month

A budget month is the calendar month from which income is used to calculate benefits.

Calculation of Benefits

Calculation of benefits is the process in which the amount of program benefits due to an assistance unit is determined by comparing the amount of the unit's applied income to the amount of the unit's total needs or an income limit.

Fill-the-Gap Budgeting

A method of computing eligibility and benefit amount under the AFDC program. Fill-the-gap budgeting is used on all AFDC cases regardless of whether or not they are prospectively or retrospectively budgeted.

Migrant Farm Worker

A migrant farm worker is a worker whose primary livelihood is derived from farm labor.

Month of Loss of Income

The month of loss of income is the month in which the last payment of non-public assistance income from a particular source is received by the assistance unit.

Payment Month

Payment month is the calendar month for which eligibility is determined and for which benefits are issued.

Post-Eligibility Treatment of Income

Post-eligibility treatment of income is the method used to calculate the extent of liability for medical expenses for residents of long term care facilities or for those receiving home and community-based services.

Prospective Calculation Method

Prospective calculation method is a method of calculating financial benefits in which the budget month and the payment month are the same calendar month.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-88

Transmittal: UP-88-45

6000.01 page 2

Section:

Calculation of Benefits

Type:

POLICY

Chapter:

Program:

AFDC

AABD

MA

Subject:

Definitions

FS

6000.01 Retrospective Budgeting System

Retrospective Budgeting System is a system of calculating financial benefits in which both the prospective and retrospective calculation methods are used.

Retrospective Calculation Method

Retrospective calculation method is a method of calculating benefits in which the payment month follows the budget month.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-88		Transmittal: UP-88-45		6000.05
Section: Calculation of Benefits		Type:		POLICY
Chapter:		Program:		AFDC AABD FS
Subject: Implementation				

6000.05 The policy and accompanying procedures noted below are not in effect prior to the implementation of EMS:

- 6010.05 - Units Subject to Retrospective Budgeting
- 6010.10 - Calculation Methods
- 6010.15 - Applications and Reinstatements
- 6010.20 - Changes in Assistance Unit Composition
- 6020.10 - Rounded Benefits

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-95

Transmittal: UP-95-13

6005

Section:

Calculation of Benefits

Type:

POLICY

Chapter:

Comparing Income and Needs

Program:

**AFDC
AABD
FS**

Subject:

6005 The process of calculating benefits compares the applied income of the assistance unit members to their total needs. Once income eligibility is determined, consideration of income and needs is confined to those of the assistance unit itself.

A. AFDC

In the AFDC program the amount of benefits is calculated by using Fill-the-Gap budgeting. Fill-the-Gap budgeting requires the following steps:

1. subtracting the assistance unit's applied income from the standard of need;
2. multiplying this difference by 73%;
3. adding any special needs for which the assistance unit is eligible;
4. subtracting all non-fill-the-gap income;
5. rounding down to the next lower whole dollar.

B. AABD

1. Determination of Benefit

- a. When the Department considers the AABD unit member not to be living with his or her spouse, the unit's benefits are determined by subtracting his or her applied income from the unit's total needs. (Cross Reference: 5020.70-Deemed Income)
- b. When the Department considers the AABD unit member to be living with his or her spouse, the applied income of the applicant or recipient, including that income which is deemed from his or her spouse, is subtracted from the total of either:
 - (1) the basic and special needs of both the applicant or recipient and his or her eligible spouse; or
 - (2) the basic and special needs of the applicant or recipient and the basic needs of his or her ineligible spouse. (Cross Reference: 5020.70-Deemed Income)

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-88

Transmittal: UP-88-38

6005 page 2

Section:

Calculation of Benefits

Type:

POLICY

Chapter:

Comparing Income and Needs

Program:

**AFDC
AABD
FS**

Subject:

6005 B. AABD (continued)

2. Issuance of Benefit

- a. When the assistance unit member is not considered to be living with a spouse, the benefit amount resulting from the comparison of the applied income to the total needs is paid in total to the applicant or recipient.
- b. When the AABD unit member is living with his or her spouse, the applied incomes of both spouses are added together and subtracted from the total of the needs of both spouses:
 - (1) When both spouses are applying and are eligible for AABD, the benefit amount resulting from the comparison of the assistance unit's applied income to their combined needs is divided equally between the two spouses as two separate assistance units.
 - (2) When only one spouse is applying and eligible for AABD, the benefit amount resulting from comparing the assistance unit's applied income to their combined needs is paid in total to the eligible spouse.

C. FS

In the FS program, the amount of benefits is calculated by:

1. multiplying the assistance unit's applied income by 30%; and
2. rounding the product up to the next whole dollar if it ends in 1-99 cents; and
3. subtracting the rounded product from the FS standard of assistance for the appropriate unit size. (Cross Reference: 5000 - Treatment of Income, 4500 - Standards of Assistance)

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-95

Transmittal: UP-95-13

P-6005

Section:

Calculation of Benefits

Type:

PROCEDURES

Chapter:

Comparing Income and Needs

Program:

AFDC

Subject:

Fill-The-Gap Budgeting

- P-6005
1. Subtract the assistance unit's applied income from the appropriate standard of need.
 2. Multiply the difference by 73%.
 3. Add any special needs that the assistance unit is eligible for to the product.
 4. Subtract any non-fill-the-gap income to the remainder.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-88	Transmittal: UP-88-45	6010
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Section:	Type:
Calculation of Benefits	POLICY

Chapter:	Program:
Retrospective Budgeting System	AFDC FS

Subject:

6010 The Department uses the Retrospective Budgeting System as one of two systems for calculating financial benefits due to the assistance unit. This chapter describes the basic system, for whom it is used, and how it is affected by changes in the unit's circumstances.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-90	Transmittal: UP-90-11	6010.05
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Section: Calculation of Benefits	Type: POLICY
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Chapter: Retrospective Budgeting System	Program: AFDC FS
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Subject: Units Subject to Retrospective Budgeting
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6010.05 A. AFDC

 All AFDC assistance units are retrospectively budgeted.

 B. Food Stamps

 Food Stamp assistance units are retrospectively budgeted when they are subject to the Monthly Reporting System. (cross reference 1550.05)

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-88

Transmittal: UP-88-45

P-6010.05

Section:
Calculation of Benefits

Type:
PROCEDURES

Chapter:
Retrospective Budgeting System

Program: **AFDC**
 AABD
 FS

Subject:
Calculating Benefits Prospectively

P-6010.05 Methodology

Calculate the assistance unit's benefits prospectively in the following manner:

1. Determine the amount of applied income the assistance unit has or is expected to have available in the month for which the benefit amount is being calculated.
2. Determine the amount of the assistance unit's total needs which exist or are expected to exist in the month for which benefits are being calculated.
3. Subtract the amount of applied income from the amount of the assistance unit's total needs to determine the amount of benefits for the payment month.

When To Use a Prospective Calculation

Use the prospective method of calculating a payment month's benefits under the following circumstances:

1. Applications

Use the prospective calculation method in the initial month of eligibility except when:

- the unit received retrospectively calculated benefits under the same program in the month before the initial month of eligibility; or
- the unit was entitled to receive retrospectively calculated benefits in the month preceding the initial month of eligibility but did not because the benefit amount was less than the minimum payment amount.

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Date: 7-1-88

Transmittal: UP-88-45

P-6010.05 page 2

Section:
Calculation of Benefits

Type:
PROCEDURES

Chapter:
Retrospective Budgeting System

Program: **AFDC**
 AABD
 FS

Subject:
Calculating Benefits Prospectively

P-6010.05 2. Reinstatements

Use the prospective calculation method when:

- the initial month of reinstated benefits does not immediately follow the month of suspension;
- the circumstances in the initial month of reinstated benefits have changed significantly from the budget month corresponding to the month of suspension.

3. Increases in Assistance Unit Size

When an individual who has income becomes a member of an assistance unit:

- treat the new member's income prospectively in the first month in which he or she is eligible to be part of the unit regardless of whether or not the new member was deemed for the unit before becoming a unit member;
- increase the needs of the assistance unit as of the date the new member becomes eligible to be a part of the unit.

4. Decreases in Assistance Unit Size

When an individual ceases to be a member of an assistance unit:

- reduce the unit's needs as of the month following the last month in which the individual is an eligible member;
- do not count the individual's income as available to the unit for any month in which the individual's needs are not counted for

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-88	Transmittal: UP-88-45	6010.10
Section: Calculation of Benefits	Type:	POLICY
Chapter: Retrospective Budgeting System	Program:	AFDC AABD FS
Subject: Calculation Methods		

6010.10 The Retrospective Budgeting System comprises both prospective and retrospective calculation methods.

A. Prospective Calculation Method

1. The prospective method is used to calculate benefits for the initial month of eligibility and under other given circumstances as presented in 6010.15 through 6010.25.
2. Benefits are determined through a comparison of the unit's applied income in a given month to its total needs for that same month.
3. The amount of income used is either the unit's actual income or the Department's estimate of the amount it expects it to be.

B. Retrospective Calculation Method

1. The retrospective method is used to calculate benefits in all months after the initial month of eligibility except when dictated by the circumstances addressed in 6010.15 through 6010.25.
2. Benefits are determined through a comparison of the unit's income in a given budget month to its total needs for a corresponding payment month.
3. The corresponding payment month is the month immediately following the given budget month.
4. The income used is the income actually available to the unit in the budget month.
5. Income from the budget month is not used to calculate benefits for a given payment month when the income:
 - a. has been used to prospectively calculate benefits; and
 - b. no longer continues to be available beyond the budget month.

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Date: 7-1-88

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P-6010.10

Section:
Calculation of Benefits

Type:
PROCEDURES

Chapter:
Retrospective Budgeting System

Program: **AFDC**
 AABD
 FS

Subject:
Calculating Benefits Retrospectively

P-6010.10 Methodology

Calculate the assistance unit's benefits retrospectively in the following manner:

1. Determine the actual amount of applied income the assistance unit has or had in the budget month which corresponds to the payment month for which benefits are being calculated.
2. Determine the amount of the assistance unit's total needs which exist or are expected to exist in the month for which benefits are being calculated.
3. Subtract the amount of applied income from the amount of the assistance unit's total needs to determine the amount of benefits for the payment month.

When to Use a Retrospective Calculation

Use the retrospective method of calculating a payment month's benefits under the following circumstances:

1. Applications

Use the retrospective calculation method in the initial month of eligibility when:

- the unit received retrospectively calculated benefits under the same program in the month immediately preceding the initial month of eligibility; or
- the unit was entitled to receive retrospectively calculated benefits in the month preceding the initial month of eligibility but did not because the amount of benefits was less than the program's minimum payment amount.

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UNIFORM POLICY MANUAL**

Date: 7-1-88

Transmittal: UP-88-45

P-6010.10 page 2

Section:
Calculation of Benefits

Type:
PROCEDURES

Chapter:
Retrospective Budgeting System

Program: **AFDC**
 AABD
 FS

Subject:
Calculating Benefits Retrospectively

P-6010.10 2. Reinstatements

Use the retrospective calculation method in the initial month of reinstated benefits when:

- the initial month of reinstated benefits immediately follows the month of suspension;
- the circumstances in the month of reinstatement have not significantly changed from the budget month which corresponds to the month of suspension.

3. Increases in Assistance Unit Size

When an individual who has income becomes a member of an assistance unit:

- treat the new member's income under the retrospective method starting with the calculation of the unit's benefits for the second month in which the individual is eligible to be a part of the unit;
- treat the income of the rest of the unit members retrospectively;
- increase the needs of the assistance unit as of the date the new member becomes eligible to be a part of the unit.

4. Decreases in Assistance Unit Size

When an individual ceases to be an eligible member of the assistance unit:

- reduce the assistance unit's need as of the first month after the last month in which the individual is an eligible member;
- do not count the individual's income for a payment month in which the individual needs are not counted.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-88

Transmittal: UP-88-45

P-6010.10 page 3

Section:

Calculation of Benefits

Type:

PROCEDURES

Chapter:

Retrospective Budgeting System

Program:

AFDC

AABD

FS

Subject:

Calculating Benefits Retrospectively

P-6010.10 4. Decreases in Assistance Unit Size (continued)

- ° continue to calculate the income of the remaining unit members retrospectively.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-88	Transmittal: UP-88-45	6010.15
Section: Calculation of Benefits	Type:	POLICY
Chapter: Retrospective Budgeting System	Program:	AFDC AABD FS
Subject: Applications and Reinstatements		

6010.15 A. Applications

1. When an assistance unit applies for benefits, the Department uses the retrospective calculation method in the first month of eligibility if:
 - a. the assistance unit received retrospectively calculated benefits under the same program in the month immediately preceding the initial month of eligibility; or
 - b. the assistance unit would have received retrospectively calculated benefits under the same program in the month immediately preceding the initial month of eligibility except that the amount of payment would have been less than the minimum benefit payable under the program.
2. The Department uses the prospective calculation method to determine benefits in the initial month of eligibility for all other applications and reapplications.
3. In processing a pending application for an assistance unit whose first and second months of eligibility are separated by a period of ineligibility, the Department uses the prospective calculation method to calculate benefits for both months.

B. Reinstatements

When benefits are reinstated following a suspension, the Department continues to use the retrospective calculation method to determine benefits if:

1. the initial month of reinstated benefits immediately follows the month of suspension; and
2. the circumstances in the month of reinstatement have not significantly changed from the budget month which corresponds to the month of suspension.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-88	Transmittal: UP-88-45	6010.20
Section: Calculation of Benefits	Type:	POLICY
Chapter: Retrospective Budgeting System	Program:	AFDC AABD FS
Subject: Changes in the Assistance Unit Composition		

6010.20 A. Increase in Unit Size

1. When an individual who has no income qualifies to become a member of an assistance unit:
 - a. the amount of the unit's total needs is increased to include those of the new member as of the date he or she becomes eligible to be added to the unit;
 - b. benefits for the whole unit continue to be calculated retrospectively.
2. When an individual who has income who has not been a deemor becomes eligible to be a member of an assistance unit:
 - a. the amount of the unit's total needs is increased to include those of the new member as of the date he or she is eligible to be part of the unit;
 - b. for the first month in which the new member is eligible as part of the unit:
 - (1) the new member's income is treated prospectively; and
 - (2) the income of the other unit members continues to be treated retrospectively;
 - c. for each month after the first month of eligibility, benefits for all unit members are calculated retrospectively.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-88

Transmittal: UP-88-45

6010.20 page 2

Section:

Calculation of Benefits

Type:

POLICY

Chapter:

Retrospective Budgeting System

Program:

**AFDC
AABD
FS**

Subject:

Changes in the Assistance Unit Composition

6010.20 A. Increase in Unit Size (continued)

3. When an individual who has been a deemor becomes eligible to be a member of the assistance unit:
 - a. the amount of the unit's total needs is increased to include those of the new member as of the date he or she is eligible to be part of the unit;
 - b. for the first month in which the new member is eligible as part of the unit:
 - (1) the new member's income for the first month of his or her eligibility is treated prospectively; and
 - (2) the income of the other unit members continues to be treated retrospectively and includes that income deemed to them from the new member from the budget month.
4. When an amount of unmet needs results from the addition of the new member, a corrective payment is calculated and issued. The period covered by this payment is from the effective date the new member was added to the unit to the date benefits are issued in the new amount. (Cross Reference: 6020 Prorating)
5. When an overpayment results from adding the new member's income, the amount of the overpayment is calculated and recouped. (Cross Reference: 7000 Benefit Error)

B. Decrease in Unit Size

1. No Loss of Income

When an individual without income no longer qualifies to be a member of the assistance Unit:

- a. the amount of the assistance unit's total needs is decreased as of the month following the month in which the member no longer qualifies to be part of the unit;

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 7-1-88

Transmittal: UP-88-45

6010.20 page 3

Section:

Calculation of Benefits

Type:

POLICY

Chapter:

Retrospective Budgeting System

Program:

**AFDC
AABD
FS**

Subject:

Changes in the Assistance Unit Composition

6010.20 B. 1. No Loss of Income (continued)

- b. benefits continue to be calculated retrospectively for the remaining unit members.

2. Loss of Income

When an individual who has income no longer qualifies to be a member of the assistance unit:

- a. the amount of the unit's total needs is decreased as of the month following the month in which the member no longer qualifies to be part of the unit;
- b. the unit's benefit amount continues to be calculated retrospectively;
- c. the former unit members' income:
 - (1) is not counted towards any payment month in which his or her needs were not included in the determination of the unit's eligibility; or
 - (2) continues to be counted:
 - (a) only when it is deemed to the unit; and
 - (b) to the extent determined by the appropriate deeming methodology. (Cross Reference: 6005)

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-88	Transmittal: UP-88-45	6010.25
Section: Calculation of Benefits	Type:	POLICY
Chapter: Retrospective Budgeting System	Program:	AFDC AABD FS
Subject: Income Changes		

6010.25 In the use of the retrospective calculation method, income changes in a given month impact on benefits issued in the corresponding payment month.

 If the income changes in a particular month do not result in prospective ineligibility for assistance in that month, the unit's benefits for the corresponding payment month are calculated using the new level of income.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-89	Transmittal: UP-89-29	6015
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Section:	Type:
Calculation of Benefits	POLICY

Chapter:	Program:
Prospective Budgeting System	AABD FS

Subject:

6015 The Department uses the Prospective Budgeting System to calculate financial benefits for those units who are not subject to the Retrospective Budgeting system. This chapter describes the prospective system and how it is used under various circumstances.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-90	Transmittal: UP-90-11	6015.03
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Section:	Type:
Calculation of Benefits	POLICY

Chapter:	Program:
Prospective Budgeting System	AABD FS

Subject:
Units Subject to Prospective Budgeting

- 6015.03 A. AABD assistance units are subject to prospective budgeting.
- B. Food Stamp units not subject to the Monthly Reporting System (cross reference 1550.05) are subject to prospective budgeting.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-11-88		Transmittal: UP-88-45	6015.05
Section: Calculation of Benefits		Type:	POLICY
Chapter: Prospective Budgeting system		Program:	AABD FS
Subject: Calculation Method			

- 6015.05 A. The Prospective Budgeting System uses only the prospective calculation method to determine benefits.
- B. The amount of benefits for each month of eligibility is calculated by comparing the unit's applied income in a given month to the unit's total needs for the same month.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-88

Transmittal: UP-88-45

P-6015.05

Section:

Calculation of Benefits

Type:

PROCEDURES

Chapter:

Prospective Budgeting System

Program:

AFDC

AABD

FS

Subject:

Calculating Benefits Prospectively

P-6015.05 For all units whose benefits are determined through use of the Prospective Budgeting System, calculate each month's benefits according to the methodology presented in P-6010.05 of this section.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-88	Transmittal: UP-88-45	6015.10
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Section:	Type:
Calculation of Benefits	POLICY

Chapter:	Program:
Prospective Budgeting System	AABD FS

Subject:
Applications and Reinstatements

6015.10 The use of the prospective calculation method is uninterrupted by application for or reinstatements of benefits.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-88	Transmittal: UP-88-45	6015.15
Section: Calculation of Benefits		Type: POLICY
Chapter: Prospective Budgeting System		Program: FS
Subject: Changes in Assistance Unit Composition		

6015.15 A. Increases in Unit Size

When an individual becomes eligible to be a part of an FS assistance unit which is subject to the Prospective Budgeting System:

1. the unit's new income limit is used to calculate benefits as of the initial month in which the new member is eligible to be part of the unit; and
2. any income the new member has is used along with the rest of the unit's income in the calculation.

B. Decreases in Unit Size

When an individual ceases to be eligible to be part of an assistance unit, his or her income and needs are omitted from the calculation of benefits as of the month following the last date of the member's eligibility to be part of the unit.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-90	Transmittal: UP-90-11	6015.20
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Section: Calculation of Benefits	Type: POLICY
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Chapter: Prospective Budgeting System	Program: AABD FS
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Subject: Income Changes
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- 6015.20 A. The amount of income reflected in the ongoing budget is modified at the earliest of the following times:
1. at the regularly scheduled redetermination; or
 2. whenever unearned income changes, and the new monthly amount is expected to continue; or
 3. whenever gross earned income differs from the estimated amount by at least \$50.00, and the new monthly amount is expected to continue.
- B. The amount of income reflected in a single month must be corrected retroactively using actual income received in that month if the change in monthly income meets the following criteria:
1. the change in income is not to a new monthly amount which is expected to continue; and
 2. the change is at least \$50.00 per month; and
 3. the change is not due to the normal variance in the number of pay periods or the number of periods unearned income is received per month.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 9-21-96**Transmittal: UP-96-17****6020**

Section:**Calculation of Benefits****Type:****POLICY**

Chapter:**Benefit Adjustments****Program:****AFDC
AABD
FS**

Subject:

6020 After the amount of benefits have been calculated by subtracting an assistance unit's applied income from its total needs, the Department makes the payment of the benefits only after additional considerations are made.

These considerations include:

- Prorating benefits
- Rounding of the benefits amount to the appropriate amount
- Payment amounts allowed under a particular program
- Benefits reduction related to recoupment plan
- In the Food Stamp program, benefits reduction pursuant to a public assistance decrease caused by an individual's failure to perform an action that is a requirement of the other needs based public assistance program.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-98

Transmittal: UP-98-31

6020.05

Section:

Calculation of Benefits

Type:

POLICY

Chapter:

Benefit Adjustments

Program:

**AFDC
AABD
FS**

Subject:

Prorated Benefits

6020.05 Benefits are adjusted by prorating whenever an assistance unit or any of its individual members is not entitled to a full month's payment. This occurs when benefits are calculated for the initial month of eligibility for the assistance unit and, in AFDC, for the month in which an individual becomes a new member of the unit.

A. Initial Month of Eligibility (AFDC, AABD Residents of Rated and Non-Rated Housing, FS)

1. Benefits are prorated when the assistance unit becomes eligible to receive benefits on any day after the first day of the month.
2. Payment is issued for a prorated share of needs which exist from the initial day of eligibility through the last day of the month.
3. The reduced amount of payment is calculated by prorating the full amount of benefits which would have been paid if the unit was eligible for the entire month.
4. The formula used to calculate the amount of reduced benefits is the following:
 - a. subtract the number of the day of the month on which eligibility initially exists from the number 31;
 - b. multiply the full amount of monthly benefits by the result of "a";
 - c. divide the result of "b" by 30;
 - d. the result is the amount of pre-rounded prorated benefits.

B. Increase in Unit Size (AFDC)

1. When the effective date an individual becomes a new member of an assistance unit is any day after the first day of the month, any additional monthly benefits are paid in a reduced amount.
2. The prorated payment covers benefits due from the effective date of the new member's eligibility to the last day of the initial month of eligibility.

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UNIFORM POLICY MANUAL**

Date: 7-1-88

Transmittal: UP-88-45

6020.05 page 2

Section:

Calculation of Benefits

Type:

POLICY

Chapter:

Benefit Adjustments

Program:

**AFDC
AABD
FS**

Subject:

Prorated Benefits

6020.05 B. Increase in Unit Size (AFDC) (continued)

3. The amount of additional benefits for the initial month of the new member's eligibility is calculated using the following method:
 - a. The total amount of additional monthly benefits is calculated by subtracting the total monthly benefits payable to the unit without the new member's needs from the total monthly benefits which would have been payable to the unit if the new member was eligible for the entire month.
 - b. the additional monthly benefits are subjected to the following formula to determine the amount of prorated benefits payable in the new member's initial month of eligibility:
 - (1) subtract the number of the day of the month on which eligibility initially existed for the new member from the number 31;
 - (2) multiply the amount of additional benefits by the result of (1);
 - (3) divide the result of (2) by 30;
 - (4) the result is the amount of prorated benefits.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-98

Transmittal: UP-98-31

P-6020.05

Section:
Calculation of Benefits

Type:
PROCEDURES

Chapter:
Benefits Adjustments

Program: **AFDC**
 AABD
 FS

Subject:
Prorating Benefits

P-6020.05 Initial Month of Eligibility

1. With the exception of AABD assistance units who reside in long term care facilities, prorate benefits when the assistance unit becomes eligible on any day after the first day of the month.
2. Determine the adjusted amount of benefits in the following way:
 - calculate the assistance unit's total benefits as though they were eligible for the entire payment month;
 - subtract the number of the day of the month from the number 31;
 - multiply the full amount of monthly benefits by the number of days remaining after the subtraction in the second step above;
 - divided the result of the multiplication above by the number 30;
 - use the results of the division as the amount of pre-rounded prorated benefit.

Increase in Unit Size

1. Prorate additional benefits which are due to a unit when a new member is added on any day after the first day of a month.
2. Determine the adjusted amount of benefits in the following way:
 - calculate the total amount of benefits which would have been due to the unit if the individual had been a member for the entire month;
 - calculate the amount of benefits which was due to the unit without considering the new member's income or needs;
 - subtract the results of the second step (above) from the results of the first step to determine the amount of additional benefits which would have been due if the individual had been a member of the unit for the entire month;

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UNIFORM POLICY MANUAL**

Date: 7-1-88

Transmittal: UP-88-45

P-6020.05 page 2

Section:
Calculation of Benefits

Type:
PROCEDURES

Chapter:
Benefits Adjustments

Program: **AFDC**
 AABD
 FS

Subject:
Prorating Benefits

P-6020.05 Increase in Unit Size (continued)

- subtract the number of the day of the month on which the new member is eligible to be part of the unit from the number 31;
- multiply the amount of the additional benefits by the remaining days of the month and divide the result by the number 30;
- use the result as the prorated amount of additional benefits.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-88	Transmittal: UP-88-45	6020.10
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Section:	Type:
Calculation of Benefits	POLICY

Chapter:	Program:
Benefit Adjustments	AFDC AABD FS

Subject:
Rounded Benefits

- 6020.10 A. Rounding is used as an intermediate adjustment between the calculation of benefits and the issuance of payment when the benefit amount comprises both dollars and cents.
- B. Rounding is performed as the final calculation step after all other calculations, including prorating, have been completed.
- C. The monthly amount of benefit payments is always rounded down to a whole dollar for all programs.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-88

Transmittal: UP-88-45

P-6020.10

Section:

Calculation of Benefits

Type:

PROCEDURES

Chapter:

Benefits Adjustments

Program:

**AFDC
AABD
FS**

Subject:

Rounding Benefits

P-6020.10 Before the amount of benefits is issued to the assistance unit, round down any benefits amount which includes 1 through 99 cents inclusive.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 05-10-10

Transmittal: UP-10-03

6020.15

Section:

Calculation of Benefits

Type:

POLICY

Chapter:

Benefit Adjustments

Program:

AFDC

AABD

SNAP

Subject:

Benefit Amounts

- 6020.15
- A. Each program has monthly amounts in which benefits may be paid to the assistance unit.
 - B. Benefit payments to AFDC and AABD units are issued for any payment month in which:
 - 1. the amount of the unit's needs exceeds the unit's applied income; and
 - 2. the amount of the difference, after rounding, is:
 - a. \$10.00 or more for AFDC units; or
 - b. \$1.00 or more for AABD units.
 - C. Benefit payments to SNAP units are issued subject to the following guidelines:
 - 1. In the initial month of eligibility, no benefits are issued to any assistance unit for which a benefit payment of less than the minimum amount established by the USDA has been calculated.
 - 2. In all months except the initial month of eligibility:
 - a. assistance units consisting of 1 or 2 members which have a calculated benefit amount of less than the minimum amount established by the Food and Nutrition Act of 2008, which is equal to 8 percent of the cost of the thrifty food plan for a household containing one member, rounded to the nearest whole dollar increment;
 - b. assistance units consisting of 3 or more members which have a calculated benefit amount of \$1.00, \$3.00 or \$5.00 receive payments of \$2.00, \$4.00 and \$6.00 respectively. All others receive the actual amount of their calculated benefit amount.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 4-1-09

Transmittal: UP-09-9

P-6020.15

Section:
Calculation of Benefits

Type:
PROCEDURES

Chapter:
Benefits Adjustments

Program:
AFDC
AABD
SNAP

Subject:
Benefit Amounts

- P-6020.15
1. Issue benefit payments to AFDC and AABD assistance units for any payment month in which the amount of benefits, after rounding is:
 - \$10.00 or more for AFDC units
 - \$1.00 or more for AABD units
 2. Issue no benefits to an SNAP unit in the initial month of eligibility when the amount of benefits is less than \$16.00.
 3. In a month except the initial month of eligibility, issue benefits in the following amounts:
 - minimum allotments of \$16.00 to assistance units of 1 or 2 members which have a calculated benefit amount of less than \$16.00.
 - in allotments of \$2, \$4, and \$6 to units consisting of 3 or more members having benefits in the amount \$1, \$3, and \$5 respectively.
 - in the actual amount of computed benefits for all other units.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-07

Transmittal: UP-08-05

P-6020.15 page 2

Section:
Calculation of Benefits

Type:
PROCEDURES

Chapter:
Benefits Adjustments

Program: AFDC

Subject:
Benefit Amounts

- P-6020.15 4. Use the following tables to determine the payment for assistance units with no applied income and no special needs:

Benefit Amount

<u>Assistance Unit Size</u>	<u>Region A</u>	<u>Region B</u>	<u>Region C</u>
1	\$415	\$344	\$344
2	\$529	\$457	\$457
3	\$656	\$560	\$553
4	\$765	\$659	\$642
5	\$862	\$754	\$731
6	\$965	\$853	\$831
7	\$1073	\$963	\$933
8	\$1180	\$1064	\$1033
9	\$1267	\$1152	\$1121
10	\$1384	\$1259	\$1248
11	\$1439	\$1313	\$1300
12	\$1562	\$1439	\$1425
13	\$1600	\$1495	\$1463
14	\$1712	\$1587	\$1576
15	\$1809	\$1685	\$1674
16	\$1863	\$1738	\$1726
17	\$1943	\$1818	\$1806
18	\$2023	\$1899	\$1886
19	\$2103	\$1977	\$1967
20	\$2184	\$2059	\$2047

Date: 7-1-07	Transmittal: UP-08-05	P-6020.15 page 3
Section: Calculation of Benefits		Type: PROCEDURES
Chapter: Benefits Adjustments		Program: AFDC
Subject: Benefit Amounts		

Benefit Amount

Assistance			
<u>Unit Size</u>	<u>Region A</u>	<u>Region B</u>	<u>Region C</u>
1	\$382	\$316	\$316
2	\$487	\$420	\$420
3	\$604	\$515	\$509
4	\$704	\$606	\$591
5	\$793	\$694	\$673
6	\$888	\$785	\$765
7	\$987	\$886	\$858
8	\$1086	\$979	\$950
9	\$1166	\$1060	\$1031
10	\$1273	\$1158	\$1148
11	\$1324	\$1208	\$1196
12	\$1437	\$1324	\$1311
13	\$1472	\$1375	\$1346
14	\$1575	\$1460	\$1450
15	\$1664	\$1550	\$1540
16	\$1714	\$1599	\$1588
17	\$1788	\$1673	\$1662
18	\$1861	\$1747	\$1735
19	\$1935	\$1819	\$1810
20	\$2009	\$1894	\$1883

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-88	Transmittal: UP-88-45	6020.20
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Section:	Type:
Calculation of Benefits	POLICY

Chapter:	Program:
Benefit Adjustments	AFDC AABD FS

Subject:
Grant Reduction Reoucpments

6020.20 When previous overpayments of benefits are being recouped through a grant-reduction plan, the monthly amount being recouped is subtracted from the unrounded benefits amount. The remaining amount is rounded and issued as a benefit payment to the unit.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 9-21-96	Transmittal: UP-96-17	6020.25
Section: Calculation of Benefits	Type: POLICY	
Chapter: Benefit Adjustments	Program: FS	
Subject: Reduction Resulting from a Public Assistance Program Violation		

6020.25 A Food Stamp household's monthly allotment is reduced by twenty percent prior to issuance in any month in which a household member's cash benefits received under a needs based federal, state, or local public assistance program has been reduced due to that member's failure to comply with a requirement of the public assistance program.

A. Affected Households

1. Food Stamp households with at least one member who is subject to a benefit reduction under any needs based public assistance program including Aid to Families with Dependent Children, Temporary Assistance to Needy Families, State Supplement to the Aged, Blind or Disabled, Supplemental Security Income and General Assistance are subject to the reduction.
2. This provision does not apply to households who in conjunction with the public assistance penalty are also being penalized under a food stamp work sanction for failure to comply with a comparable work requirement under Title IV (AFDC/Reach) or unemployment compensation.
3. This provision does not apply to individuals whose application for benefits under a needs based public assistance program has been denied for failure to perform an action required by that program.

B. Duration of Reduction

The twenty percent reduction in the household's benefit continues for as long as both the following conditions exist:

1. At least one individual being subjected to the public assistance reduction is an active member (recipient or deemor) of the food stamp household; and,
2. That individual continues to be penalized under a provision of the public assistance program.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-87**Transmittal: UP-87-1****6500**

Section:
Benefit Issuance**Type:**
POLICY

Chapter:**Program:**

Subject:

6500 This section outlines the regulations governing the delivery of benefits to or on behalf of assistance units who have been determined eligible to receive assistance from the Department. Benefit issuance refers to the form, frequency and method of providing benefits, to restrictions on the use of benefits, to benefit replacement, and to payee and mailing address requirements.

This section does not discuss the issue of eligibility or any rules dealing with determination of the benefit level. The section is divided into the following chapters:

6505	Form and Method
6510	Payee
6515	Use
6520	Frequency and Composition
6525	Mailing Address
6530	Benefit Replacement
6535	Alternate Issuance Methods
6599	Verification

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 11-1-97	Transmittal: UP-98-12	6500.01
Section: Benefit Issuance	Type:	POLICY
Chapter:	Program:	AFDC AABD MA FS
Subject: Definitions		

6500.01 Allotment

An allotment is the dollar amount representing the total value of food stamp benefits an assistance unit is authorized to receive during a month or other specified period.

Benefit Expiration Date

The benefit expiration date is the last day of the period of intended use of a check.

Cash Payment

A cash payment is a monetary benefit issued to or on behalf of an assistance unit in check form or deposited into a financial institution via an electronic benefit distribution system.

Certified Assistance Unit

A certified assistance unit is an assistance unit that has been determined eligible to receive benefits from the Department. Certification may be for a current or past period of time.

Corrective Payment

A corrective benefit is assistance which the Department provides to or on behalf of an assistance unit as an adjustment for an underpayment of cash, medical or Food Stamp benefits, or refunds owed to the assistance unit.

Debit Card

The debit card is a magnetically coded swipe card used to access benefits from an EBT account in a financial institution.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 2-1-97

Transmittal: UP-98-12

6500.01 page 2

Section:
Benefit Issuance

Type:
POLICY

Chapter:

**Program: AFDC
AABD
MA
FS**

Subject:
Definitions

6500.01 Electronic Benefits Transfer (EBT) Voucher

An EBT voucher is a paper form available from United States Department of Agriculture Food and Consumer Service certified merchant and retail establishments used in place of Point of Sale devices to purchase eligible food items.

Electronic Benefit Distribution

Electronic Benefit Distribution can be either an Electronic Benefits Transfer (EBT) system or an Electronic Fund Transfer (EFT) system of issuing clients' public assistance benefits.

Electronic Benefits Transfer (EBT) Account

An Electronic Benefits Transfer (EBT) account is an account in a financial institution into which the Department of Social Services deposits cash and food stamp benefits. The clients access their benefits from these accounts through the use of Department-issued debit cards.

Electronic Benefits Transfer (EBT) System

An EBT system is a system in which clients' benefits are deposited into an EBT account in a financial institution determined by the Department of Social Services.

Electronic Data Processing Cutoff Date

The electronic data processing (EDP) cutoff date is the last day within any month by which an action can be entered into an automated computer system in order to effect a change in the next issuance cycle.

Electronic Fund Transfer (EBT) Account

An electronic fund transfer account is a client's personal checking or savings account into which the Department of Social Services directly deposits a client's cash benefits.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 11-1-07

Transmittal: UP-07-14

6500.01 page 3

Section:
Benefit Issuance

Type:
POLICY

Chapter:

Program: AFDC
AABD
MA
FS

Subject:
Definitions

6500.01 Electronic Fund Transfer (EFT) System

An EFT system is a system in which clients' public assistance benefits are directly deposited into their personal checking or savings account.

Expunged Benefits

Expunged benefits are cash and food stamp benefits that are removed from an EBT account 270 days after they were deposited if there were no withdrawals from the account during that time.

Issuance Cycle

An issuance cycle is the standard interval at which benefits for current on-going needs are issued to eligible assistance units.

Issuance Date

The issuance date is the day of a month that a benefit check, notice or other item is mailed or made available for pickup in a DSS office. For assistance units receiving benefits through an electronic distribution system, the date of issuance will be the actual date the benefits are available in financial institutions and can be accessed through a bank teller or through the use of electronically coded cards.

Mutilated Benefits

A mutilated benefit is a check, debit card or medical eligibility card that has been improperly manufactured or damaged in an event other than a disaster to such an extent that it cannot be used.

Point of Banking Terminal

A point of banking (POB) terminal is a point of sale device located in banks to allow bank customers to swipe a magnetic debit card to access their account. The POB differs from an ATM in that customers may receive an odd amount of money from a POB terminal.

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Section:
Benefit Issuance

Type:
POLICY

Chapter:

**Program: AFDC
AABD
MA
FS**

Subject:
Definitions

6500.01 Protective Payee

A protective payee is an individual designated by the Department to receive and discharge cash benefits on behalf of an assistance unit in which he or she is neither a member nor a guardian or caretaker relative.

Protective Payment

A protective payment is a type of restricted payment that is issued on behalf of an assistance unit to a protective payee who is interested in or concerned with the welfare of the assistance unit.

Restricted Payment

A restricted payment is a third party payment issued on behalf of an assistance unit to a vendor or to a protective payee.

Scheduled Payment

A scheduled payment is a cash, medical or food stamp assistance payment that is issued on a recurring basis at monthly or semi-monthly intervals, and which contains benefits for current on-going needs.

Supplemental Payment

A supplemental payment is a cash, medical or food stamp assistance payment which is issued apart from an assistance unit's regularly scheduled assistance payment on an as needed basis.

Vendor

A vendor is an individual, corporation or other organization that provides goods, services or other items in exchange for compensation.

Vendor Payment

A vendor payment is a type of restricted payment issued on behalf of an assistance unit to a third party vendor.

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Date: 03-02-16

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6505

Section: Benefit Issuance	Type: POLICY
Chapter: Form and Method	Program: AFDC AABD MA SNAP
Subject:	

6505 The chapter "Form and Method" discusses various issues relating to the actual physical form or device which constitutes the benefit. AFDC recipients may volunteer to have their benefits directly deposited into a financial institution of their choice. AFDC and SNAP recipients, except those AFDC clients voluntarily receiving their benefits through direct deposit, are required to have their benefits issued through the EBT system. AABD clients who do not reside in long term care facilities may elect to have their cash benefits issued through the EBT system or directly deposited into their personal banking accounts, except that, under certain, limited circumstances, they may elect to receive their cash benefits in check form. AABD clients residing in long term care facilities shall have their AABD benefits sent directly to the long term care facility on their behalf.

The fundamentals of the use of restricted payment methods are also promulgated in this chapter.

The parts which deal with restricted payments define the conditions under which cash benefits are issued on behalf of the assistance unit to a third party vendor or protective payee, thus restricting the assistance unit's control of the funds. The chapter, however, does not discuss the actual mechanism used to deliver the benefit.

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Date: 03-02-16

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6505.05

Section:

Benefit Issuance

Type:

POLICY

Chapter:

Form and Method

Program:

AFDC

AABD

Subject:

Cash Benefits

6505.05 A. Form

1. Benefits shall be issued to eligible AFDC and AABD assistance units in the form of cash payments.
2. Except as provided in 6505.05 A.3, cash payments for AFDC and AABD recipients are, at the discretion of the recipient, directly deposited into a personal account in a financial institution or deposited into an EBT account.
3. An AABD recipient may elect to have his or her cash payment issued in the form of a check if such recipient:
 - a. Was born prior to May 1, 1921;
 - b. Is unable to manage a personal account at a financial institution or an EBT account due to a mental impairment; or
 - c. Lives in an area designated as a disaster area by the President of the United States or the President's designee, provided this exception shall not apply to payments issued more than one hundred twenty days after the disaster was declared.

B. Unrestricted Payment Method

1. Unless otherwise stated by the provisions of this section, cash benefits are provided by the Department in a manner that does not restrict the recipients control over the management of the benefits.
2. Individuals receiving cash assistance are allowed the freedom to manage their own financial affairs.

C. Post-Payment of Benefits

1. Benefits for the personal and shelter needs of licensed boarding facility residents are issued on a post-paid basis.
2. Payment is made in the month following the month for which the needs are determined because of the need to determine the shelter cost on a per diem basis. (cross reference: 4500)

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P-6505.05

Section:
Benefit Issuance

Type:
PROCEDURES

Chapter:
Payment Method

**Program: AFDC
AABD**

Subject:
Determining the Payment Method

- P-6505.05
1. When it is determined that an assistance unit is entitled to receive a cash benefit, determine if payment will be issued in a restricted or unrestricted manner.
 2. Start by reviewing the case circumstances:
 - consider the reason for issuing payment. For example, all special benefit payments are issued as vendor payments to the provider;
 - consider requests for voluntary vendor payments;
 - determine if payments should be issued directly to a licensed boarding facility for the final month's cost of care;
 - determine if a work registration or support penalty is to be enforced;
 - review the case for evidence of financial mismanagement;
 - determine if a minor parent is required to live in an adult-supervised living arrangement or if there is another reason to require a protective payee.
 3. Refer to the appropriate procedure for the use of restricted payments if conditions exist that require or indicate the need to restrict payment.
 4. Take necessary steps to provide payment to the assistance unit in an unrestricted manner if conditions calling for the use of restricted payments do not exist.

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P-6505.07

Section:
Benefit Issuance

Type:
PROCEDURES

Chapter:
Form and Method

Program: **AFDC**
 AABD

Subject:
Direct Deposit

P-6505.07 To Start Direct Deposit

1. If the individual previously received cash benefits through direct deposit, and his or her assistance unit is being reopened or reinstated, EMS will default to the instrument type code that was on MISC for the previous assistance unit.
2. If the individual did not previously receive cash assistance:
 - instruct the individual to complete Form W-682, "Direct Deposit Authorization Form" which is available at the regional office or at some banks, or the "Standard Form 1199A - Direct Deposit Sign-Up Form" which is available at banks.
 - instruct the individual to send the completed and signed form to the Financial Management Unit in Central Office, or do that for that individual.
 - instruct the individual that he or she will receive a notice that will tell the date of the first direct deposit.

To Stop Direct Deposit

1. Instruct the individual to call the Financial Management Unit in Central Office at (860) 424-5802.
2. Tell the AFDC recipient that subsequent benefits will be issued through EBT.
3. Tell the AABD recipient who **does not** live in a licensed boarding home that he or she can choose to receive benefits in check form or through EBT.
4. Enter the appropriate code on the MISC screen.
5. Tell the State Supplement recipient who **does** live in a licensed boarding home that his or her benefits will be issued in check form (Cross Reference P-1505).

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Date: 06-01-10	Transmittal: UP-10-12	6505.10
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Section: Benefit Issuance	Type: POLICY
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Chapter: Form and Method	Program: AFDC AABD
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Subject: Restricted Payment Methods
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6505.10 A. Provisions

1. Under certain conditions the Department may limit the control that an assistance unit has over the management of cash benefits by providing assistance through a restricted payment method.
2. Restricted payments include:
 - a. vendor payments; and
 - b. protective payments.

B. Conditions for Making Vendor Payments

1. Voluntary Vendor Payments (AFDC, AABD)
 - a. Payment is made on behalf of an assistance unit directly to a vendor if the following is true:
 - (1) the assistance unit voluntarily requests the Department to issue a vendor payment; and
 - (2) the payment is for a special need or for a special benefit specified below.
 - b. The Department does not make vendor payments for basic needs at the request of the assistance unit.
 - c. Requests for voluntary vendor payments must be made in writing and maintained as part of the permanent case file.
 - d. Requests for voluntary vendor payments may be withdrawn at any time, provided that the request is made in writing.

2. Special Benefits

All special benefits are issued directly to the vendor, except when the payment is a reimbursement to the assistance unit for an expense which the unit has already paid out of its own funds.

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Form and Method

Program: **AFDC**
AABD

Subject:
Restricted Payment Methods

6505.10 B. 3. Boarding Facility Payments (AABD Only)

- a. Payment for the cost of care in a licensed boarding facility may be provided in the form of a vendor payment to the facility, if at the time the benefit is issued any of the following conditions exist:
 - (1) the assistance unit is imminently ready to leave the home for a new residence; or
 - (2) the assistance unit is no longer a resident of the boarding facility; or
 - (3) an additional amount is owed to the facility on behalf of the assistance unit due to a retroactive rate adjustment.
- b. The assistance unit is notified when a vendor payment is made to the boarding facility.

4. Financial Mismanagement (AFDC, AABD)

Cash benefits may be issued through the vendor payment method in cases where the Department has made a determination of financial mismanagement.

C. Conditions for Making Protective Payments

1. Work Registration or Support Penalties (AFDC)

The Department may issue AFDC benefits through the protective payment method in cases where the caretaker relative is penalized for:

- a. non-compliance with a procedural work registration requirement; or
- b. non-compliance with the procedural support requirement (Cross Reference: 3500).

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Form and Method

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AABD**

Subject:
Restricted Payment Methods

6505.10 C. Conditions for Making Protective Payments (continued)

2. Financial Management (AFDC, AABD)

- a. Cash benefits may be issued in the form of protective payments in cases where the Department has made a determination of financial mismanagement.
 - b. Mismanagement may be determined in cases involving inability, negligence or physical or mental incapacity.
3. Benefits for a minor parent and his or her child are paid to the minor parent's parent, legal guardian or other adult unless:
- a. the minor parent is exempted from the requirement of living in a specified living arrangement and there is no other reason to require a protective payee (Cross Reference: 2515); or
 - b. the Department determines that the parent, legal guardian or other adult does not meet the requirements for protective payee (Cross Reference: 6510).

D. Fair Hearings

The Department may initiate or continue to make protective payments while a Fair Hearing decision is pending on the restricted payment issue.

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P-6505.10

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Benefit Issuance

Type:

PROCEDURES

Chapter:

Payment Method

Program:

**AFDC
AABD**

Subject:

Issuing Voluntary Vendor Payments

- P-6505.10 1. If the assistance unit voluntarily requests that a special need payment be issued to a vendor:
- obtain a written statement of the request from the assistance unit;
 - authorize payment of the special need to the vendor.
2. Obtain supervisory approval prior to issuance.

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Date: 2-1-97	Transmittal: UP-97-1	6505.15
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Section: Benefit Issuance	Type: POLICY
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Chapter: Form and Method	Program: AFDC
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Subject: Cases Involving Work Registration or Support Penalties

6505.15 A. Specific Requirements

1. Cash benefits are issued on behalf of an assistance unit to a third party protective payee if:
 - a. a penalty is imposed against the caretaker relative for failure to comply with the procedural support or work registration requirements outlined in section 3500; and
 - b. an appropriate individual can be located to serve as the protective payee.
2. If the Department is able to locate an appropriate protective payee, the entire amount of the assistance payment must be issued in the form of a protective payment.
3. If after making all reasonable efforts, the Department is unable to locate an appropriate individual to whom protective payments can be made, the Department continues to issue cash benefits on behalf of the assistance unit on an unrestricted basis.

B. Selection of the Protective Payee

Selection of the protective payee follows the guidelines set forth in chapter 6510 of this section.

C. Termination of Protective Payments

If protective payments are instituted, the Department continues to make protective payments until the caretaker relative is no longer subject to the penalty.

D. Notification

The Department provides written notification to the caretaker relative when a decision to initiate protective payments is made.

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PROCEDURES

Chapter:
Payment Method

**Program: AFDC
AABD**

Subject:
Issuing Mandatory Vendor Payments

P-6505.15 **Special Benefits**

Follow the procedures established in the section dealing with special benefits if payment is for a special benefit expense.

Boarding Facility Payments

1. If a recipient lives in a boarding home, issue AABD benefits in check form.
 - Go to the "INSTR TYPE" field on "MISC", type in "C" and enter.
2. If the Department receives notice that an AABD recipient has moved from or no longer resides in a licensed boarding facility:
 - determine the amount due the assistance unit for the final month's cost of shelter in the facility, and the amount due for personal needs;
 - authorize payment to the facility for the final months shelter cost.
3. Obtain supervisory approval prior to issuing a vendor payment to the facility.
4. Provide payment of the personal needs portion of the monthly benefit to the assistance unit.

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Form and Method

Program:

**AFDC
AABD**

Subject:

Cases Involving Financial Mismanagement

6505.20 A. Determining Financial Mismanagement

1. The Department considers financial mismanagement to exist in the following situations:
 - a. when an AFDC caretaker relative has demonstrated such an inability to manage funds that:
 - (1) payments to the relative have not been or are not currently being used in the best interest of the child; and
 - (2) allowing the relative to continue to manage the AFDC benefits represents a threat to the health or safety of the child;
 - b. when an AABD recipient has demonstrated such an inability to manage funds that:
 - (1) payments to the individual have not been or are not currently being used in his or her own best interest; and
 - (2) allowing the individual to continue to manage the AABD benefits would threaten his or her own health or safety.
2. Unless otherwise demonstrated to the contrary, a determination of financial mismanagement is reached under the following conditions:
 - a. When an AFDC or AABD assistance unit has received a notice to quit the premises and a second notice to appear in court but has not yet received final court notice to vacate the premises; and
 - b. The cause of the eviction or eviction proceedings is non-payment of rent; and
 - c. The unit failed to pay toward the cost of housing the lower of the following amounts:
 - (1) for AFDC assistance units the actual housing cost or at least thirty percent of the unit's gross income, including PA payments;
 - (2) for AABD assistance units, the actual housing cost or a sum equivalent to the amount budgeted for shelter in the unit's on-going basic need standard.

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AABD**

Subject:

Cases Involving Financial Mismanagement

6505.20 A. Determining Financial Mismanagement (continued)

3. Non-payment of bills may be used as an indication of financial mismanagement. However, the determination is not made solely on that basis unless the conditions in paragraph 2 above exist, in which case non-payment of shelter is considered evidence of mismanagement.
4. Indications of financial mismanagement include but are not limited to:
 - a. continued inability to plan and spread expenditures over the usual issuance cycle combined with the inability to account for expenditures;
 - b. continued evidence of malnutrition;
 - c. persistent or deliberate failure to meet financial obligations for basic need items;
 - d. repeated evictions or utility shut-offs.
5. In general, a condition is usually considered to be continued, persistent or repeated if it occurs in two consecutive months or three times in a six month period.
6. The Department takes into account all relevant considerations including, but not limited to:
 - a. whether the assistance unit has experienced some emergency or extraordinary event for which it was appropriate for funds to be spent;
 - b. whether essential expenses exceed the assistance unit's available income;
 - c. whether payment was withheld as a reasonable exercise of consumer rights including the withholding of rent because of landlord violations of housing, health, fire, building, safety or similar laws or codes;
 - d. the frequency with which the misuse of funds is indicated;
 - e. whether temporary illness or other transient events were contributing factors to the non-payment of bills.

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Program:

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AABD**

Subject:

Cases Involving Financial Mismanagement

6505.20 B. Method of Payment

1. When a restricted payment method is used as the result of financial mismanagement, cash benefits are issued in the form of:
 - a. protective payments; or
 - b. vendor payments; or
 - c. a combination of protective and vendor payments.
2. The choice of payment methods will be based on, but not limited to the following criteria:
 - a. the extent to which the recipient is able to manage his or her financial affairs;
 - b. the availability of an appropriate protective payee;
 - c. the method that is most conducive to the rehabilitation of the recipient.
3. At the discretion of the Department, a portion of the assistance unit's benefits may be issued in a restricted manner with the remaining portion provided as an unrestricted payment directly to the assistance unit.
4. Non-recurrent special need payments are issued to the third party provider in the form of vendor payments.

C. Vendor Rent Payments

The following provisions are established for making vendor rent payments to the housing provider when mismanagement is determined.

1. Emergency Housing Payments (AFDC, AABD)

Special need payments for emergency housing are issued through the vendor payment method.

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Program:

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AABD**

Subject:

Cases Involving Financial Mismanagement

6505.20 C. Vendor Rent Payments (continued)

2. Permanent Housing Payment Limits

a. AFDC

Vendor rent payments are made to the permanent housing provider for the actual amount owed for the current month by the unit for housing, up to the lower of the following:

- (1) the total of thirty percent of the AFDC basic need standard for an assistance unit of equal size with zero applied income plus the special needs item for excess rent if the unit qualifies; and
- (2) the amount of the unit's benefit.

b. AABD

Vendor rent payments are made to the permanent housing provider for the actual amount owed for the current month by the unit for housing, up to the lower of the following:

- (1) the amount budgeted for shelter in the unit's ongoing basic needs standard; or
- (2) the amount of the unit's benefit.

3. Housing Provider Agreement

Rent payments are vendored to the housing provider on the condition that the provider signs a statement agreeing:

- a. to notify the Department of the initiation of eviction proceedings involving a unit for whom vendor payments are made; and
- b. not to evict a unit solely because of a delinquent payment of a vendor rent by the Department;
- c. not to assess the recipient, either directly or through his or her agent, for late fees, legal fees or court costs pursuant to delinquent payments from the Department.

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Program:

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AABD**

Subject:

Cases Involving Financial Mismanagement

6505.20 C. Vendor Rent Payments (continued)

4. Diversion of Payment

Vendor rent payments are diverted to someone other than the housing provider when there is a statute or court order authorizing it.

D. Referral for Financial Management Assistance

When financial mismanagement is determined to exist, the Department refers the assistance unit to a social worker for assistance with financial management.

E. Continuance or Discontinuance of Restricted Payments

1. Restricted payments may continue for a period not to exceed twenty-four months.
2. Restricted payments are discontinued in less than twenty-four months:
 - a. upon the advice of an appropriate social service agency; or
 - b. when the recipient demonstrates an increased ability to manage funds to such extent that the health or safety of the individual or child is no longer threatened; or
 - c. if a guardian or legal representative is appointed.

F. Selection of a Guardian or Legal Representative

The Department seeks judicial appointment of a guardian or other legal representative if:

1. the need for restricted payments will continue or is likely to continue beyond two years because efforts have not resulted in a sufficiently improved ability of the recipient to manage funds; or
2. the physical or mental condition of the recipient is such that the appointment of a legal representative is immediately essential.

G. Case Review

Cases involving financial mismanagement are reviewed as frequently as indicated by case circumstances, but no less often than every twelve months.

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AABD**

Subject:

Cases Involving Financial Mismanagement

6505.20 H. Notification

1. Assistance units are informed in writing of requests for vendor payments which are received by the Department from a creditor and are allowed a ten day period in which to provide rebutting information.
2. The Department provides written notification to the recipient when a decision is made to institute restricted payments or to continue such payments following a 12 month case review.

I. Fair Hearings

The Department may initiate or continue to make restricted payments while a Fair Hearing decision is pending on the restricted payment issue.

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Section:
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Type:
PROCEDURES

Chapter:
Payment Method

Program: AFDC

Subject:
Handling Payments in Cases Involving Disqualified Caretaker Relatives

- P-6505.20
1. When an AFDC caretaker relative is disqualified for failing to comply with a procedural work registration or support requirement:
 - determine if there is an eligible adult in the assistance unit to whom payment can be issued;
 - authorize payment to the eligible adult if the unit contains a second adult member.
 2. If payment cannot be issued to another member of the assistance unit, attempt to locate a responsible adult who is willing to act on behalf of the assistance unit as a protective payee.
 3. When attempting to appoint a protective payee:
 - allow the disqualified relative to participate in the selection process;
 - consider the availability and relationship of the individual to the assistance unit;
 - consider the individual's ability and concern for the unit;
 - consider any risk to the welfare of the unit by the appointment of an alternate payee.
 4. If an individual is located who is acceptable to both the Department and the assistance unit:
 - obtain supervisory approval to contact the individual;
 - attempt to enlist the aid of the individual. (cross reference P-6510).
 5. Obtain final approval for the appointment of a protective payee from the Program Supervisor or his or her designee.
 6. If after making a reasonable attempt a protective payee cannot be appointed, issue payment on behalf of the assistance unit to the disqualified caretaker relative.

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Date: 4-1-95	Transmittal: UP-95-5	6505.25
Section: Benefit Issuance	Type: POLICY	
Chapter: Form and Method	Program: MA	
Subject: Medical Benefits		

6505.25 A. Form

Benefits are issued to eligible MA assistance units in the form of:

1. cash payments; and
2. medical eligibility cards.

B. Cash Payments

1. The Department provides cash payments to an MA assistance unit only if the unit incurs an out-of-pocket expenses for medical transportation.
2. Payment for medical services which do not represent out-of-pocket transportation costs is otherwise provided as a vendor payment to the medical provider.

C. Medical Eligibility Documents

1. Eligible MA assistance units, except those residing in a long term care facility (LTCF), are issued a medical eligibility card by the Department.
2. The medical eligibility card serves as an indication of possible eligibility under the MA program.
3. LTCF residents are not required to have a medical eligibility card to obtain medical services.

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P-6505.25

Section:
Benefit Issuance

Type:
PROCEDURES

Chapter:
Payment Method

**Program: AFDC
AABD**

Subject:
Determining Financial Mismanagement

- P-6505.25
1. If a claim of financial mismanagement is made, take steps to investigate the circumstances in order to reach a reasonable conclusion as to the need to restrict payment.
 2. In order to reach a decision:
 - notify the assistance unit in writing via form W-1570 or W-1570A that such a claim has been made;
 - allow a 10-day period for the unit to rebut;
 - review all available evidence;
 - whenever possible, confront the assistance unit and allow the unit an opportunity to refute the evidence or demonstrate the capability of managing funds;
 - consider unusual circumstances that may have contributed to financial hardship;
 - use all available resources including collateral contacts, supervisory conferences or referrals to the Regional Office Family or Adult Services Unit if necessary.
 3. Make a preliminary decision in conference with the unit supervisor.
 4. Thoroughly document all evidence and findings in the case file.
 5. If it is determined that financial mismanagement is not an issue, provide payment in an unrestricted manner and notify the unit of the Department's decision.
 6. If a decision of financial mismanagement is reached,
 - determine how payment should be accomplished
 - determine if there is a need for a protective payee.
 - consider whether mismanagement was the result of incapacity, inability or negligence.

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**Program: AFDC
AABD**

Subject:
Determining Financial Mismanagement

- P-6505.25
- refer the assistance unit to the Regional Office Adult or Family Services Unit for assistance with managing finances.
 - notify the unit of the Department's decision in accordance with the provisions of UPM reference number 1570.
7. Use restricted payments only to the extent necessary to reasonably ensure the welfare of the assistance unit. For example, if mismanagement is determined solely as the result of an eviction and the assistance unit's non-shelter needs are being met, payment should be made through vendor rent payments with the remainder of the award issued to the assistance unit without restriction.
 8. Forward the case record along with the case management unit's recommendation to the Program Supervisor for approval.

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Date: 9-1-01	Transmittal: UP-04-21	6505.30
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Section: Benefit Issuance	Type: POLICY
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Chapter: Form and Method	Program: FS
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Subject: Food Stamp Benefits

- 6505.30 A. Food Stamp benefits for eligible assistance units are deposited into an EBT account in a financial institution.
- B. Assistance units access their EBT food stamp accounts through the use of Department issued debit cards.
- C. When an assistance unit moves to a non-EBT state or territory, the Department debits their EBT account for the remaining balance and issues a check in that amount to the assistance unit.
- D. When an assistance unit moves to Puerto Rico, the remaining benefits on the assistance unit's EBT account are not converted to a check. If the assistance unit does not spend the remaining balance before moving, the benefits are subject to expungement policy (cross reference 6515.15(B)(3)).

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P-6505.30

Section:
Benefit Issuance

Type:
PROCEDURES

Chapter:
Payment Method

**Program: AFDC
AABD**

Subject:
Determining the Need for a Protective Payee

- P-6505.30
1. In making a determination of the need to appoint a protective payee in cases that involve financial mismanagement:
 - decide whether the head of the assistance unit has sufficient mental and physical capacity to learn to manage funds with limited assistance;
 - consider whether a protective payee should be used as an interim measure while waiting a probate court appointment of a legal representative;
 - consider whether or not the use of vendor payments to partially restrict payment would be sufficient;
 - be reasonably certain that the welfare of the assistance unit would be compromised if a protective payee is not appointed;
 - consider recommendations from the Regional Office Adult or Family Services unit;
 - consult with the Unit Supervisor.
 2. If it is determined that a protective payee should be appointed, take steps to locate a suitable person who is willing to act in that capacity. (Cross reference: P-6510)
 3. Except in extreme cases of mismanagement, do not delay granting or continuing assistance pending the appointment of a protective payee.
 4. If it is determined that a protective payee should not be appointed, determine which portion of the assistance unit's monthly benefit should be issued as third party payments to vendors.
 5. If a protective payee is appointed:
 - Enter the payee's name and address on the AREP screen
 - Enter the AREP type code of P1 for a recipient whose AREP wishes to receive benefits through EBT.
 - Enter the AREP type code of P2 for a AABD recipient whose AREP wishes to receive benefits in check form.
 - Issue vendor payments for any non-recurrent special needs.
 6. Document the case file.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 2-1-97**Transmittal: UP-97-1****P-6505.35**

Section:
Benefit Issuance**Type:**
PROCEDURES

Chapter:
Payment Method**Program:** **AFDC**
 AABD

Subject:
Determining Vendor Payment Allocations in Cases Involving Financial Mismanagement

- P-6505.35
1. Determine the amount which is to be allocated as vendor payments from the assistance units monthly benefit.
 2. As a general rule, issue vendor payments only for shelter and non-recurrent special needs in mismanagement cases. Issue the remaining benefit to the assistance unit without restriction.
 3. Consider imposing additional vendor payments only in severe cases and under unusual circumstances. Reconsider the appointment of a guardian, conservator or protective payee if additional restrictions appear necessary.
 4. Obtain a signed agreement form W-1550 from the housing provider stipulating that he or she will agree to the following:
 - a. to notify the Department of Social Services within five (5) calendar days before applying for an execution on any summary process judgement;
 - b. to abstain from initiating any action to evict the tenant solely due to delinquent payment from the Department of Social Services;
 - c. to abstain from assessing the tenant, directly or through an agent, for late fees, legal fees, or court costs because of delinquent payment from the Department.
 5. Determine the maximum limitation for shelter vendor payments:
 - a. for AFDC units compute 30% of the basic need standard for a unit of equal size with zero applied income;
 - b. the maximum allowed is the above or the unit's benefit, whichever is lower.
 6. Compare the maximum to the actual amount owed for the current month by the unit for housing. Make the vendor payment amount in the lesser of the two amounts.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 2-1-97

Transmittal: UP-97-1

P-6505.35 page 2

Section:
Benefit Issuance

Type:
PROCEDURES

Chapter:
Payment Method

**Program: AFDC
AABD**

Subject:
Determining Vendor Payment Allocations in Cases Involving Financial Mismanagement

- P-6505.35
7. For AFDC assistance units receiving semi-monthly payments, always deduct the vendor payment allocation from the monthly benefit amount prior to determining the semi-monthly payment amounts.
 8. Issue the vendor payment at the same time the unit's monthly benefit is issued.
 9. If in unusual cases additional payment restrictions are necessary, limit the restrictions to vendor payment of other shelter related expenses, such as heating fuel or electricity.
 10. In the event that the vendor payment is limited or directed by a statute or court order, issue the vendor payment in accordance with the statute or court order after verifying that such a situation exists.
 11. Generally, do not authorize vendor payment allocations for basic needs which exceed 50% of the basic need standard in a given month.

You may authorize up to 100% of all special needs as vendor payments.
 12. Continue efforts to locate an alternate payee if the need for additional payment restrictions persists.
 13. Update and document the case file.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 2-1-97

Transmittal: UP-97-1

P-6505.40

Section:
Benefit Issuance

Type:
PROCEDURES

Chapter:
Payment Method

**Program: AFDC
AABD**

Subject:
Determining the Need for a Guardian or Conservator

- P-6505.40
1. Determine if a guardian or conservator is needed.
 2. In order to make a determination:
 - ° consider the degree of inability, or the extent of physical or mental incapacity. Physically incapacitated individuals do not generally require a conservator;
 - ° consider how long mismanagement has been or is likely to remain an issue;
 - ° determine if a guardian is required for a blind AABD applicant who is a minor.
 3. When the need for appointment of a guardian or conservator is established, take steps to locate a suitable person who is willing to act in that capacity.
 4. Whenever possible, allow the assistance unit an opportunity to fully participate in the process of locating an appropriate guardian or conservator.
 5. Give first consideration to family members. If none are available, refer the case to Resources for further action in seeking the appointment of a court appointed representative.
 6. Issue the assistance payment to the guardian or conservator once the appointment is made.
 7. Use the vendor payment method of restriction if a guardian or conservator is not needed.
 8. Document the case file.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 2-1-97

Transmittal: UP-97-1

6510

Section:

Benefit Issuance

Type:

POLICY

Chapter:

Payee

Program:

AFDC

AABD

MA

Subject:

FS

6510 This chapter defines the group of individuals or organizations that are eligible to be the payee of a cash, medical or food stamp benefit. In addition, the chapter contains specific rules relating to selection of a protective payee in cases involving a disqualified AFDC caretaker relative or financial mismanagement.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-98

Transmittal: UP-98-31

6510.05

Section:

Benefit Issuance

Type:

POLICY

Chapter:

Payee

Program:

**AFDC
AABD**

Subject:

Cash Payments

- 6510.05 A. In most cases the payee of an AFDC or AABD case is the adult member of the assistance unit in whose name assistance is claimed. However, in some situations the payee may be someone other than the head of the assistance unit.
- B. The Department has the authority to appoint a payee.
- C. The following are eligible payees of cash assistance payments:
1. the aged, blind or disabled AABD recipient;
 2. the legally appointed conservator of an AABD individual;
 3. the parent or guardian of an AB recipient who is under 18 years of age;
 4. the parent, guardian or other adult relative of a minor parent under the AFDC program when the minor parent lives with this individual.
 5. the minor parent when:
 - a. he or she is exempt from the requirement of living in a specified living arrangement (Cross Reference: 2515); or
 - b. when the Department determines that the parent, legal guardian, or other adult does not meet the requirements for protective payee (Cross Reference: 6510).
 6. the caretaker relative of an AFDC child or other adult member of the assistance unit;
 7. a pregnant woman who is over 18 years of age under the AFDC program;
 8. a vendor when payment for goods, services or other items is issued to the provider;
 9. a protective payee;
 10. a long term care facility on behalf of an AABD recipient.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-98

Transmittal: UP-98-31

P-6510.05

Section:
Benefit Issuance

Type:
PROCEDURES

Chapter:
Payee

Program: **AFDC**
 AABD
 MA
 FS

Subject:
Designating the Payee

P-6510.05 AFDC

1. Generally assume that the payee will be the caretaker relative of the AFDC child.
2. When a minor parent is required to live with a parent, legal guardian or other adult, designate the adult as the payee regardless of who the caretaker relative of the child is, unless the adult does not meet the requirements for protective payee (Cross Reference: 6510).
3. If there is more than one qualified person present in the household, allow the assistance unit to designate the payee after considering the following factors:
 - who has primary responsibility for the supervision of the assistance unit members;
 - who is most likely to respond in dealings with the Department;
 - the age of the individual.
4. Whenever possible, designate an adult member of the assistance unit as the payee.

AABD

1. Generally designate the assistance unit member as the payee.
2. If assistance is to be provided to a blind child under the age of eighteen, designate the parent or legal guardian of the child as the payee if one is present.
3. If the assistance unit member is a resident of a long term care facility, designate the long term care facility as the payee.

MA

1. Designate the payee according to the same methods used in the AABD program.
2. If the assistance unit receives cash assistance, issue the head of household medical eligibility card to the payee of the cash benefit.
3. As a general rule, do not issue the medical eligibility card to a protective payee.

UNIFORM POLICY MANUAL

Date: 7-1-98

Transmittal: UP-98-31

P-6510.05 page 2

Section:

Benefit Issuance

Type:

PROCEDURES

Chapter:

Payee

Program:

AFDC

AABD

MA

Subject:

Designating the Payee

FS

P-6510.05 (continued)

FS

Designate as payee the head of the assistance unit.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 2-1-97	Transmittal: UP-97-1	6510.10
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Section: Benefit Issuance	Type: POLICY
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Chapter: Payee	Program: AFDC AABD
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Subject: Protective Payees in Restricted Payment Cases
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6510.10 A. Protective Payee Selection Criteria

1. Selection of a protective payee shall be with the participation and consent of the recipient to the greatest extent possible. However, the Department has the right to select the protective payee solely on the basis of its own determinations and to appoint a new protective payee when required.
2. The protective payee must meet the following qualifications:
 - a. have an interest or concern in the welfare of the assistance unit other than ordinary friendship or neighborly concern.
 - b. possess the ability to manage funds in an effective manner;
 - c. be available to work with the head of the assistance unit in household planning, budgeting and home management problems;
 - d. be capable of establishing or maintaining a good working relationship with the assistance unit members;
 - e. be a responsible and dependable individual with good character reference.

B. Who May be a Protective Payee

1. The following individuals, when qualified through their interest or concern with the assistance unit, may be selected as protective payee:
 - a. a relative of any relationship;
 - b. a member of the clergy;
 - c. a close friend or neighbor;

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 2-1-97

Transmittal: UP-97-1

6510.10 page 2

Section:

Benefit Issuance

Type:

POLICY

Chapter:

Payee

Program:

**AFDC
AABD**

Subject:

Protective Payees in Restricted Payment Cases

6510.10 B. 1. Who May be a Protective Payee (continued)

- d. an individual who is employed by or is a voluntary worker of a community social services agency;
- e. an employee of the Department of Children and Families (DCF) who is involved with providing protective or preventive services.

- 2. Selection of the DCF employee is considered only in cases of severe mismanagement of funds and only if no other suitable individual is available. Efforts to locate another payee outside of DCF continues after such selection has been made.

C. Who may not be a Protective Payee

A protective payee may not be:

- 1. an employee of the Department, unless that employee is duly delegated to serve as a conservator by the Commissioner of the Department of Social Services (DSS).
- 2. a staff member of a public or private agency or organization who:
 - a. determines financial eligibility for the assistance unit;
 - b. performs investigative or resource duties;
 - c. handles fiscal processes related to the assistance unit;
- 3. landlords, grocers, or other vendors of goods, services or other items dealing directly with the assistance unit.

D. Role of Protective Payee

- 1. The protective payee's responsibilities are defined in writing and a copy given to both the payee and the recipient.
- 2. The payee has the responsibility to assure that assistance payments made on behalf of the assistance unit are used in the best interest of the assistance unit member(s).

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 2-1-97

Transmittal: UP-97-1

6510.10 page 3

Section:
Benefit Issuance

Type:
POLICY

Chapter:
Payee

Program: **AFDC**
 AABD

Subject:
Protective Payees in Restricted Payment Cases

6510.10 D. Role of Protective Payee (continued)

3. The Department will develop a protective payment plan that will detail:
 - a. the assistance unit's primary financial obligations and how money should be spent;
 - b. the objectives of the plan;
 - c. plans to increase the ability of the assistance unit to handle funds in cases of financial mismanagement;
 - d. reporting requirements of the protective payee and of the assistance unit;
 - e. the rights of the assistance unit and need for maintaining confidentiality;
 - f. other requirements necessary to assure the health and safety of the assistance unit and the proper use of funds;
 - g. legal penalties for the misuse of funds by the protective payee;
 - h. use of the medical eligibility card.
4. The protective payment plan must be signed by the protective payee and notarized.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 2-1-97

Transmittal: UP-97-1

P-6510.10

Section:
Benefit Issuance

Type:
PROCEDURES

Chapter:
Payee

**Program: AFDC
AABD**

Subject:
Selecting a Protective Payee

- P-6510.10
1. Whenever possible, allow the assistance unit to participate in selecting the payee.
 2. Interview the assistance unit and obtain names of individuals who would be likely candidates.
 3. If a mutually acceptable candidate is not found:
 - in cases involving a work registration or support disqualification penalty, take no further action to appoint a protective payee;
 - in cases involving financial mismanagement, continue to step 4 if using a protective payee is the best alternative, or reconsider the vendor payment method.
 4. Obtain the assistance of a social worker from the DSS Adult Services unit if further action is necessary.
 5. Reexamine the need to have a conservator or legal guardian appointed.
 6. In the process of finding a suitable candidate:
 - consider individuals who have demonstrated interest or concern for the assistance unit;
 - consider the individual's ability and experience with effective budgeting practices;
 - consider whether the individual will be accessible to the assistance unit on a daily basis;
 - consider whether the distance between the candidate's and the unit's residence is practicable;
 - consider the relationship of the candidate to the assistance unit or the ability to establish and maintain a positive relationship;
 - consider the character and reliability of the candidate.
 7. Eliminate individuals with a potential conflict of interest, including those specified as being ineligible.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 12-1-97

Transmittal: UP-97-26

P-6510.10 page 2

Section:
Benefit Issuance

Type:
PROCEDURES

Chapter:
Payee

**Program: AFDC
AABD**

Subject:
Selecting a Protective Payee

- P-6510.10 8. If a suitable candidate is found:
- explain that the protective payee has a dual responsibility to the assistance unit and to the agency;
 - explain that the duties of the payee include the role of teacher and supervisor;
 - explain the reporting requirements, need for confidentiality and other duties roles or responsibilities of a protective payee;
 - develop a basic outline of how expenditures are to be made.
9. If the individual agrees to become the protective payee:
- explain the payee's responsibilities as outlined on the W-174 "Protective Payee Agreement for Cash Assistance Units with Dependent Children" or the W-174A "Protective Payee Agreement for Cash Assistance to Adults";
 - complete items I and II of Schedule "A" of the W-174A with the payee of an adult State Supplement recipient;
 - obtain the payee's signature on the W-174 or W-174A as appropriate;
 - provide copies to the payee and to the assistance unit.
10. At each redetermination, review the actions of the protective payee and the progress made in helping an adult assistance unit to be able to manage its own finances.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 1-1-96	Transmittal: UP-95-34	6510.15
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Section: Benefit Issuance	Type: POLICY
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Chapter: Payee	Program: MA
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Subject: Medical Benefits
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- 6510.15 A. The Department issues the medical eligibility card to any of the following individuals:
1. the aged, blind or disabled MA recipient;
 2. the legally appointed conservator of an MA recipient who is 18 years of age or older;
 3. the parent or guardian of a blind recipient who is under 18 years of age;
 4. the responsible adult member of an active assistance unit for each eligible member.
- B. The medical eligibility card may be issued to the protective payee when an AABD individual is receiving cash payments on a restricted basis through the protective payment method.
- C. The protective payee's responsibility with regards to the use of the medical eligibility card is detailed in the protective payment plan.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 11-1-97

Transmittal: UP 98-12

6510.20

Section:

Benefit Issuance

Type:

POLICY

Chapter:

Payee

Program:

FS

Subject:

Food Stamp Benefits

- 6510.20 A. The head of the assistance unit in whose name assistance is granted is always the payee of a Food Stamp case.
- B. An assistance unit's food stamp benefits will be deposited into the payee's food stamp EBT account in a financial institution.
- C. An assistance unit's authorized shopper is issued a debit card which will include the assistance unit's identification number and the name of the authorized representative.
- D. There are no provisions for protective payees in the Food Stamp program.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 11-1-97

Transmittal: UP-98-12

6515

Section:

Benefit Issuance

Type:

POLICY

Chapter:

Use

Program:

AFDC

AABD

MA

Subject:

FS

6515 This chapter discusses what the recipient does once the benefit is received and restrictions that apply to the use of the benefit.

Cash benefits received in check form must be converted to a different form before they can be utilized by the recipient. Cash benefits directly deposited into a client's personal account in a financial institution must be accessed through a bank teller or through the use of electronically coded cards. Cash and food stamp benefits deposited in an EBT account in a financial institution must be accessed through the use of Department issued debit cards. Under certain conditions, EBT food stamp benefits may be accessed through a paper voucher system.

This chapter also discusses what is required to complete the conversion of checks to cash and how to access cash and food stamp benefits under the Electronic Benefit Distribution system and who may perform these functions.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 2-1-97

Transmittal: UP-97-1

6515.05

Section:
Benefit Issuance

Type:
POLICY

Chapter:
Use

Program: **AFDC**
AABD

Subject:
Cash Benefits

6515.05 Benefit checks issued by the Department are redeemed for cash. Benefits deposited into a financial institution are redeemed through the use of electronically coded cards. The recipient has primary control over the use of these funds. In some situations where benefits are issued as restricted payments, the control that a recipient has over the use of benefits is limited by the degree to which the individual has access to the funds.

A. Redeeming Benefit Checks for Cash

1. Benefit checks like any other personal check may be redeemed for cash money through a bank, credit union, commercial business, or other financial institution or agent.
2. The recipient may endorse the check to another individual who completes the cash transaction for the recipient.
3. Benefit checks paid to a vendor, conservator, parent, guardian or protective payee on behalf of the assistance unit are redeemed by such individuals in the same manner as any other cash payment.
4. Benefit checks may be redeemed outside of the State of Connecticut.
5. Benefit checks must be redeemed prior to the expiration date indicated on the check.

B. Accessing Benefits Deposited in a Financial Institution

Cash benefits directly deposited into a personal account in a financial institution or in an EBT account may be accessed at:

1. any Automatic Teller Machine (ATM) that accepts network customers or the Department issued debit card; or
2. any Point of Sale (POS) device, located in retail or merchant establishments, that accepts the Department issued debit card or provides cash to network customers; or
3. any Point of Banking Terminal (POB) that accepts network customers or the Department issued debit card; or
4. any bank or branch bank where a client's benefits are directly deposited under EFT; or

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 05-10-10

Transmittal: UP-10-03

6515.05 page 2

Section:

Benefit Issuance

Type:

POLICY

Chapter:

Use

Program:

AFDC

AABD

Subject:

Cash Benefits

6515.05 B. Accessing Benefits Deposited in a Financial Institution (continued)

5. any public housing authority that allows the payments of bills or monthly rent through the use of POS terminals; or
6. any merchant or retail establishments that allow the payment of bills through the use of POS terminals.

C. Expiration Date

1. Cash payments issued in check form expire three calendar months to the day following the date of the check.
2. Benefits checks cannot be transacted after the expiration date.
3. Benefits directly deposited into a personal account in a financial institution can be accessed at any time as long as the account in the financial institution has not been closed.
4. Benefits deposited into an EBT credit account in a financial institution can be accessed any time as long as the account has not defaulted to an inactive account.

D. Expunged Benefits

Benefits will be expunged 12 months after deposit if no withdrawals have been made during that period.

E. Limitations on the Use of Cash Benefits

1. Unrestricted Payments

There are no restrictions on the use of cash benefits if payment is made in an unrestricted manner. The recipient is allowed control over the management of the cash funds.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 2-1-97

Transmittal: UP-07-14

6515.05 page 3

Section:

Benefit Issuance

Type:

POLICY

Chapter:

Use

Program:

**AFDC
AABD**

Subject:

Cash Benefits

6515.05 2. Protective Payments

- a. The protective payee has a responsibility to the assistance unit and to the Department. The individual assumes the obligation to see that the assistance cash payment is spent for the benefit of the assistance unit, and to work cooperatively with the Department for this purpose.
- b. Payments made to a protective payee on behalf of an assistance unit must be used to meet the financial obligations of the assistance unit.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 05-10-10**Transmittal: UP-10-03****P-6515.05**

Section:
Benefit Issuance**Type:**
PROCEDURES

Chapter:
Use**Program:** **AFDC**
 AABD
 SNAP

Subject:
EBT Accounts Inactivity

P-6515.05 EBT Account Inactivity

1. After 90 days of no withdrawal activity, EMS notice #94 will be sent to the recipient and alert #337 will be generated to tell the worker that the notice has been sent.

Notice #94 states that the recipient has not made any withdrawals in 90 days and asks the recipient if he/she is having problems using the account. It lists several possible problems and advises the client to call his/her worker for help. It also states that we will start taking back benefits that have been in the account for 12 months if he or she does not make any withdrawals
2. If the recipient calls about the notice, tell him or her to make a withdrawal from the account immediately.
3. If the recipient does not contact DSS, no further action is needed at this time.
4. After 150 days of no withdrawal activity, alert #338 will be generated for change reporters telling worker to close case.
5. Start discontinuance process for change reporters only.
6. If case is not closed at 150-day point and recipient still makes no withdrawals for a total of 12 months, benefits that have been in the account for 365 days will be taken out of the account. Alert #341 will be generated to tell the worker that the expungement has begun. Expungement will continue each month until the account has no benefits left or until a withdrawal is made.
7. Upon receiving alert #341, start the discontinuance process.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 4-1-95	Transmittal: UP-97-1	6515.10
Section: Benefit Issuance	Type:	POLICY
Chapter: Use	Program:	MA
Subject: Medical Benefits		

6515.10 A. Use of the Medical Eligibility Card

1. The medical eligibility card issued by the Department is used to obtain medical services.
2. The medical eligibility card is presented to the medical services provider as an indication of possible eligibility.
3. A medical eligibility card will be issued for each eligible individual and will be valid for as long as that individual remains eligible.

B. Effective Date and Expiration Date

1. The medical eligibility card is issued for as long as the individual remains eligible for assistance. It may be used for the period beginning with the effective date of eligibility and ending with the last date of eligibility.
2. The effective date is the first date of eligibility.
3. The expiration date is always the last date of eligibility.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-11-11

Transmittal: UP-12-03

6515.15

Section:
Benefit Issuance

Type:
POLICY

Chapter:
Use

Program:
SNAP

Subject:
SNAP Benefits

6515.15 A. Accessing Benefits Deposited in an EBT Account

1. SNAP benefits in an EBT account may be accessed:
 - a. at any FNS authorized Point of Sale (POS) terminal or any establishment, that presently accepts food stamps; or
 - b. through the use of EBT paper vouchers issued by FNS authorized merchant and retail establishments for eligible food items when:
 - (1) the FNS certified merchant or retail establishment does not have the technical equipment to process the electronic benefit transfer of food stamp benefits;
 - (2) there has been a technical problem that has resulted in the malfunction of the electronic benefit transfer system.
2. EBT SNAP benefits may be accessed by:
 - a. the head of the assistance unit;
 - b. an authorized representative of the assistance unit;
 - c. an individual acting as an emergency authorized representative.
3. An active debit card issued by the Department or a paper voucher issued by an FNS certified retailer or merchant establishment must be used to access SNAP benefits from an EBT account.
4. If the person redeeming EBT SNAP benefits is an authorized representative and not the head of the assistance unit, the person's name and the client's identification number must appear on the Department issued debit card.

B. Expiration Date

Benefits will be expunged 12 months after deposit if no withdrawals have been made during that period.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-11-11

Transmittal: UP-12-03

6515.15 page 2

Section:
Benefit Issuance

Type:
POLICY

Chapter:
Use

Program:
SNAP

Subject:
SNAP Benefits

6515.15 C. Use of Department Issued Debit Cards

1. General Uses

- a. Department issued debit cards are used primarily to purchase eligible food items.
- b. Eligible foods include:
 - (1) any food or food product intended for human consumption, with the exception of:
 - (a) alcoholic beverages;
 - (b) tobacco;
 - (c) hot food products prepared for immediate consumption out of the home unless qualified for special use in item 2. of this part;
 - (2) seeds and plants used to grow foods for consumption by the assistance unit.

2. Special Uses

a. Provisions

- (1) Department issued debit cards may be used to purchase meals from certain authorized organizations or institutions. (cross reference: 3000)
- (2) Authorized institutions may also be authorized to have the clients swipe their Department issued debit cards through POS terminals to transfer EBT SNAP benefits to the authorized institutions so that the institutions can purchase food through wholesalers or at retail food stores as the authorized representative of the institutionalized individual.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-11-11

Transmittal: UP-12-03

6515.15 page 3

Section:

Benefit Issuance

Type:

POLICY

Chapter:

Use

Program:

SNAP

Subject:

SNAP Benefits

6515.15 C. 2. b. Meals-on-Wheels

The following assistance unit members and their spouses may use Department issued debit cards to purchase meals prepared for and delivered to them by an authorized meal delivery service:

- (1) elderly members 60 years of age or older;
- (2) members who are housebound, feeble, handicapped, or otherwise disabled to the extent that they are unable to adequately prepare all of their meals.

c. Communal Dining Facilities

(1) All of the following assistance unit members and their spouses may use Department issued debit cards to purchase meals prepared for them at authorized communal dining facilities:

- (a) elderly members 60 years of age or older;
- (b) SSI recipients.

(2) Communal dining facilities include but are not limited to:

- (a) senior citizens' centers;
- (b) apartment buildings occupied primarily by elderly persons or SSI recipients such as congregate housing;
- (c) private or public non-profit establishments that feed elderly or SSI recipients, including those which are under contract with a State or local agency to offer meals at concessional prices;
- (d) federally subsidized housing for the elderly at which meals are prepared for and served to the residents.

d. Drug or Alcoholic Treatment and Rehabilitation Centers

- (1) The Department issued EBT debit card may be used to purchase meals on behalf of assistance units that regularly participate in a drug or alcoholic treatment program on a resident basis if the facility is authorized by the United States Department of Agriculture Food and Nutrition Service.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-11-11

Transmittal: UP-12-03

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Section:
Benefit Issuance

Type:
POLICY

Chapter:
Use

Program:
SNAP

Subject:
SNAP Benefits

6515.15 C. 2. d. Drug or Alcohol Treatment and Rehabilitation Centers (cont.)

- (2) The treatment center receives and spends the food stamp allotment on food prepared by or served to the resident.
- (3) Assistance units leaving the treatment center prior to the sixteenth day of the calendar month are entitled to a refund of food stamp benefits from the treatment center in the following amounts:
 - (a) the full allotment if no benefits have been spent on behalf of the assistance unit;
 - (b) one-half of the allotment if any portion of the allotment has been spent on behalf of the assistance unit.
- (4) Assistance units leaving a treatment center after the sixteenth day of the calendar month are not entitled to a refund of food stamp benefits if the allotment for the month was already issued.

e. Group Living Facilities

Blind or disabled individuals who reside in authorized group living arrangements may use Department issued debit cards to purchase meals prepared for them at the facility, provided that the individual receives OASDI or SSI.

f. Shelters for Battered Women and Children

Residents of authorized shelters for battered women and children may use Department issued debit cards to purchase meals prepared for them at FNS authorized shelters.

g. Soup Kitchens and Shelters for the Homeless

Homeless individuals, including individuals staying on a temporary basis in a shelter for the homeless, may use Department issued debit cards to purchase meals at a soup kitchen or at a shelter for the homeless, providing that the facility providing the meals has been approved by the Department of Social Services and authorized by the U.S. Department of Agriculture Food and Nutrition Service (FNS) as a food retailer.

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Use

Program:

SNAP

Subject:

SNAP Benefits

6515.15. C. 3. Pre-payment Prohibition

- a. Department issued debit cards may not be used to pay for purchases made in the past through credit extended by the store except when the prior purchase was made from a nonprofit cooperative purchasing venture.
- b. Department issued debit cards may not be used to pay for food purchases in advance of receipt of the food, except when prior payment is for food purchased from a nonprofit cooperative food purchasing venture.

4. Period of Use

- a. SNAP benefits deposited into EBT accounts in financial institutions can be accessed at any time.
- b. Department issued EBT debit cards may be used in any state or territory of the United States that is equipped to handle electronic benefits transfer.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 2-1-97	Transmittal: UP-97-1	6520
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Section: Benefit Issuance	Type:	POLICY
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Chapter: Frequency and Composition	Program:	AFDC AABD MA FS
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Subject:

6520 Frequency refers to the intervals at which the Department issues benefits to the recipient. The chapter discusses how on-going benefits are provided at scheduled intervals or issuance cycles. It also provides for the issuance of benefits intermittently, on a supplemental basis.

The parts dealing with benefit composition define certain limits relating to the types of benefits that may be combined to form a single payment, and when benefits are issued separately as individual payments.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 02-01-97	Transmittal: UP-97-1	6520.05
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Section: Benefit Issuance	Type: POLICY
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Chapter: Frequency and Composition	Program: AFDC AABD MA FS
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Subject: General Requirements

6520.05 A. Frequency

The Department issues benefits:

1. on a scheduled basis at regular intervals; and
2. as needed on a supplemental basis.

B. Composition

1. A scheduled or supplemental payment may contain:
 - a. on-going benefits for current needs;
 - b. benefits for special needs;
 - c. retroactive benefits;
 - d. corrective benefits;
 - e. replacement benefits;
 - f. special benefits;
 - g. special program benefits;
 - h. benefits provided by other State agencies through the Department.
2. The benefits in 1 above may be issued as separate payments, or in combination as a consolidated scheduled or supplemental payment.
3. Benefits provided in the same form, but under different assistance programs, may be combined and issued as a consolidated payment.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 04-01-03

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6520.05 page 2

Section:
Benefit Issuance

Type:
POLICY

Chapter:
Frequency and Composition

Program: **AABD**
 AFDC
 FS
 MA

Subject:
General Requirements

6520.05 B. Composition (continued)

4. Examples of consolidated payments include, but are not limited to the following:
- a. a cash payment containing AABD benefits and a special benefit;
- b. a deposit into an EBT account of a regular on-going benefit and a corrective payment.

C. Notification

Assistance units are notified of the frequency and content of benefits issued by the Department, as well as the period for which the benefit is intended.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 1-1-99	Transmittal: UP-99-5	P-6520.05
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Section: Benefit Issuance	Type: PROCEDURES
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Chapter: Frequency and Composition	Program: AFDC AABD MA
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Subject: Scheduled Issuance Dates	FS TFA
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P-6520.05 EMS Issuance Schedule

CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL

Date: 1-1-99

Transmittal: UP-99-5

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Section:
Benefit Issuance

Type:

PROCEDURES

Chapter:
Frequency and Composition

Program:

AFDC
AABD

Subject:

FS

Scheduled Issuance Dates

P-6520.05 (continued)

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Date: 2-1-97	Transmittal: UP-97-1	6520.10
Section: Benefit Issuance	Type:	POLICY
Chapter: Frequency and Composition	Program:	AFDC AABD MA FS
Subject: Scheduled Payments		

6520.10 A. Basis of Issuance

1. Benefits are issued on a scheduled basis:
 - a. to assistance units that are currently eligible for assistance; and
 - b. in order to provide assistance for on-going needs of the current month.
2. In addition to containing benefits for current needs, other benefits may be consolidated into a scheduled payment.
3. Scheduled payments may be issued:
 - a. monthly; or
 - b. semi-monthly.
4. Scheduled payments are always made on a monthly basis to all AABD, MA and FS assistance units.
5. AFDC non-monthly reporting assistance units may receive benefits on a scheduled basis either monthly or semi-monthly as determined by the Department.
6. The medical eligibility card will be issued at the time the individual is found eligible for assistance.

B. Monthly Issuance Cycles

1. Monthly issuance cycles begin on the first day of the calendar month and end on the last day of the same month.
2. The monthly benefit is issued:
 - (a) at approximately the same time each month; or
 - (b) for monthly reporting assistance units, within a reasonable period of time from the date a completed monthly report form is submitted.
(Cross Reference: 1520)

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6520.10 page 2

Section: Benefit Issuance	Type: POLICY
Chapter: Frequency and Composition	Program: AFDC AABD MA FS
Subject: Scheduled Payments	

6520.10 C. Semi-Monthly Issuance Cycles

1. The Issuance Cycle

- a. Semi-monthly issuance cycles divide the calendar month into two approximately equal parts. The issuance cycles run from:
 - (1) the first to the fifteenth day of the month; and
 - (2) the sixteenth to the last day of the month.
- b. Benefits are issued semi-monthly at approximately the same time each month.
- c. The amount of the AFDC benefit due the assistance unit for the financial needs of the current month is:
 - (1) prorated; and
 - (2) distributed in two separate installment payments.
- d. Only the benefit due for needs of the current month is prorated and distributed in installments.

2. Rate of Payment

- a. The total benefit due for the current month's financial needs is distributed in the following proportions:
 - (1) seventy-five percent is issued in the first installment;
 - (2) twenty-five percent is issued in the second installment.
- b. The benefit is issued in one installment in any month that the assistance unit becomes eligible for current benefit of fifty dollars or less.

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Section:
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Chapter:
Frequency and Composition

Program: AFDC
AABD
MA

Subject:
Scheduled Payments

FS

6520.10 C. Semi-Monthly Issuance Cycles (continued)

3. Benefits issued during a month for other than the current month's needs:

- a. may be provided separately or in combination as a consolidated payment with the first or second installment; and
- b. are issued in toto and not prorated.

D. Mailing Dates

The Department schedules the benefit mailing dates in order to allow at least one day for the delivery of benefits.

E. Deposit Dates

The Department schedules the electronic benefit distribution of food stamp and cash benefits in order to insure that the clients' benefits are available in their electronic fund transfer accounts or EBT accounts on the date the clients are scheduled to receive their cash and food stamp benefits.

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Section:

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Type:

PROCEDURES

Chapter:

Frequency and Composition

Program:

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Subject:

Issuing Supplemental Payments

FS

- P-6520.10
1. Take steps to immediately issue the benefits when it is determined that an assistance unit is entitled to additional benefits for a current or retroactive period.
 2. Do not delay issuance of the benefits for the purpose of consolidating payments.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 2-1-97	Transmittal: UP-97-1	6520.15
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Section: Benefit Issuance	Type:		POLICY
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Chapter: Frequency and Composition	Program:		AFDC AABD MA FS
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Subject: Supplemental Payments	
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6520.15 A. Basis of Issuance

1. A supplemental payment may be issued in the following situations:
 - a. when needs of the current month have not been met through the regular scheduled assistance payment;
 - b. when replacement benefits are issued;
 - c. when a corrective or retroactive payment is authorized.
2. Supplemental payments are issued:
 - a. on a mandatory basis as soon as the payment is authorized; or
 - b. on an optional basis at the discretion of the Department.
3. Benefits are provided in combination with the next scheduled payment if a supplemental payment is not issued.

B. Mandatory Supplemental Payments

1. Replacement Benefits

Replacement benefits must be issued as a supplemental payment if:

- a. the assistance unit's next scheduled payment will not be issued within the time frames established for providing replacement benefits (cross reference: 1530); or
- b. the next regularly scheduled payment cannot be increased to include the replacement benefits.

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Section: Benefit Issuance	Type: POLICY
Chapter: Frequency and Composition	Program: AFDC AABD MA
Subject: Supplemental Payments	FS

6520.15 B. Mandatory Supplemental Payments (continued)

2. Benefits Other Than Replacement Benefits

a. AFDC, AABD, MA

A supplemental payment must be issued if:

- (1) the assistance unit's next scheduled payment will not be issued within fifteen days of the date that the additional benefit is authorized; or
- (2) if the amount of the additional benefit is greater than fifty dollars.

b. FS

A supplemental payment must be issued if:

- (1) the assistance unit's next scheduled payment will not be issued within fifteen days of the date that the additional benefit is authorized; or
- (2) if the amount of the additional benefit is greater than twenty dollars.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Date: 11-1-97		Transmittal: UP-98-12		P-6520.15
Section: Benefit Issuance			Type: PROCEDURES	
Chapter: Frequency and Composition			Program:	AFDC AABD MA FS
Subject: Determining Composition of Payments				

P-6520.15 Cash Payments

1. Do not consolidate benefits paid under different program categories.
2. Consolidate benefits paid under the same assistance program if the expenses are included in the needs budget at the time the benefit is computed. Additional benefits are otherwise issued as separate supplemental payments.
3. Do not cause an unwarranted delay in authorizing an increase in benefits for the sake of consolidating payments.
4. Consolidate current benefits with benefits due for a retroactive period when making an initial payment at the time of application or when assistance is reinstated.

FS

1. Consolidate only Food Stamp allotments resulting from the following situations:
 - initial benefits covering both a current and retroactive time period;
 - corrective benefits paid as forward adjustments with the assistance unit's current allotment;
 - replacement benefits that include allotments for food destroyed in a disaster.
2. Do not consolidate any other combinations of allotments.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 11-1-97		Transmittal: UP-98-12	6520.20
Section: Benefit Issuance		Type:	POLICY
Chapter: Frequency and Composition		Program:	AFDC AABD MA FS
Subject: Expiration Dates			

- 6520.20 A. Medical eligibility cards expire on the last day of eligibility.
- B. Expiration dates of public assistance benefit checks do not conform to the period of the issuance cycle. The expiration date of the check is three calendar months to the day from the date of issuance.
- C. Cash benefits deposited into an electronic fund transfer account will have no expiration date.
- D. Cash and food stamp benefits deposited into an EBT account will have no expiration date unless the credit account has been taken off-line and expunged. (Cross Reference: 6515.05)

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Date: 2-1-97

Transmittal: UP-97-1

6525

Section:

Benefit Issuance

Type:

POLICY

Chapter:

Mailing Address

Program:

AFDC

ABD

MA

Subject:

FS

6525 The mailing address is important not only to assuring the proper delivery of benefits, but also as a regulatory factor in quality control. This chapter discusses certain guidelines relating to the mailing address and to the use of post office boxes.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 2-1-97	Transmittal: UP-97-1	6525.05
Section: Benefit Issuance	Type:	POLICY
Chapter: Mailing Address	Program:	AFDC AABD MA FS
Subject: Where Benefits are Mailed		

6525.05 A. Place of Residence

Program benefits are mailed to the assistance unit's place of residence except in the following cases:

1. when benefits are issued to a protective payee, a vendor or a conservator
2. when a post office box is used (Cross Reference: 6525.10)
3. when benefits are mailed to the assistance unit in care of general delivery
4. when benefits are picked up at the Regional Office
5. when precluded by other alternate issuance method
6. when EFT issued benefits are directly deposited into the assistance unit's electronic fund transfer account.
7. when EBT issued benefits are deposited into an EBT account in a financial institution.

B. Vendor Payments

Vendor payments are mailed to the business address of the vendor.

C. Conservators and Protective Payees

Benefits issued to a conservator or to a protective payee are mailed to the home address of such individuals. If the individual is acting through an organization, the benefits can be mailed to the organization.

D. Assistance payment while residing in emergency housing

Program benefits are mailed to the emergency housing address of the assistance unit unless the Department requires the assistance unit to pick up the benefits in the appropriate Regional Office (Cross Reference: P-4515.05).

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 1-1-96

Transmittal: UP-95-34

P-6525.05

Section:
Benefit Issuance

Type:
PROCEDURES

Chapter:
Mailing Address

Program: **AABD**
 MA
 FS

Subject:
Determining the Mailing Address

- P-6525.05
1. Mail benefits to the assistance unit's home address unless there is a specific reason not to, including the use of a post office box, or when benefits are picked up at the Regional Office, or when payments are made to a third party.
 2. If the assistance unit requests the use of a post office box:
 - ° verify that the circumstances meet the criteria for mailing benefits to a post office box;
 - ° obtain the appropriate address verification.
 3. Take steps to issue benefits to the post office box if all conditions are satisfied.
 4. Review the conditions at least once every six months.
 5. If the assistance unit resides in emergency housing, determine whether the check should be sent to the appropriate Regional Office or to the unit's current address (Cross Reference: P-4515.05).

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Date: 11-1-97		Transmittal: UP-98-12		6525.10
Section: Benefit Issuance		Type:		POLICY
Chapter: Mailing Address		Program:		AFDC AABD MA FS
Subject: Post Office Box				

6525.10 A. When a Post Office Box Can be Used

1. Benefit checks can be mailed to a post office box in any of the following situations:
 - a. if the payee lives in a rural location where there is no home mail delivery;
 - b. if the mailing address of a vendor, conservator, or a protective payee who is acting through an organization is a post office box;
 - c. if the Postal Authority acknowledges that it has refused to make mail delivery to the home residence;
 - d. if the assistance unit does not have a fixed address.
2. The post office box must be located in the city or town of residence of the payee, unless the payee is:
 - a. a vendor; or
 - b. a conservator.

B. Resumption of Delivery to the Home

Mail delivery to the home address resumes once the condition requiring the use of a post office box no longer exists.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Date: 11-1-97		Transmittal: UP-98-12		6530
Section: Benefit Issuance		Type:		POLICY
Chapter: Benefit Replacement		Program:		AFDC AABD MA FS
Subject:				

6530 Benefit replacement discusses the conditions under which the Department replaces benefit checks or benefits deposited in a personal account or an EBT account in a financial institution that have been lost, stolen, destroyed, mutilated or misused by a protective payee and are therefore unavailable to the recipient.

The replacement process is conducted in the most expeditious manner possible because of the potential hardship caused by the loss of benefits. The chapter establishes certain time limits for replacing benefits, and limits to the number of times that an assistance unit is eligible to receive replacement benefits.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 11-1-07

Transmittal: UP-07-14

6530.05

Section:

Benefit Issuance

Type:

POLICY

Chapter:

Benefit Replacement

Program:

AFDC

AABD

MA

FS

Subject:

Basic Provisions

6530.05 A. Benefit Replacement

Subject to the limitations of this chapter, the Department authorizes the replacement of:

1. original or replacement benefit checks that have been issued to or on behalf of eligible assistance units, and which have been subsequently lost, stolen, destroyed, or mutilated; or
2. EBT issued benefits that are considered stolen or lost (Cross Reference: 6530.15 and 6530.20); or
3. direct deposit benefits that have not been accepted into a client's electronic fund transfer account.

B. Types of Benefits Replaced

1. All benefits issued by the Department are subject to replacement under the appropriate conditions, including:
 - a. benefit checks;
 - b. medical eligibility cards;
 - c. cash benefits issued under the EFT distribution system;
 - d. food stamp and cash benefits issued under the electronic benefits transfer (EBT) system.
2. Replacement benefits are also available for eligible foods which have been destroyed in a disaster.

C. Amount of Replacement Benefits

1. Unless otherwise stated, the amount of replacement benefits authorized is equal to the amount of the original benefit.
2. The Department replaces only those benefits that were correctly issued. If the assistance unit is erroneously issued a benefit to which it was not entitled, the replacement request is denied.

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Date: 11-1-07

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Section:

Benefit Issuance

Type:

POLICY

Chapter:

Benefit Replacement

Program:

AFDC

AABD

MA

FS

Subject:

Basic Provisions

6530.05 | C. Amount of Replacement Benefits (continued)

3. If the amount of the original cash or food stamp benefits was less than or exceeded the amount to which the assistance unit was entitled, the replacement benefits will be authorized in the corrected amount.
4. The Department does not offset the cost of replacement benefits against the balance of an outstanding claim against the assistance unit.

| D. Receipt of Benefits

1. Benefit checks have been received as long as the payee, or an individual acting on behalf of the payee, had possession of the benefit at any time after it was issued by the Department.
2. Cash benefits are considered to have been received as long as they were deposited into the payee's electronic fund transfer account.
3. Cash and food stamp benefits are considered to have been received as long as they were deposited into the payee's EBT account.

| E. Request for Replacement

1. For individuals receiving their benefits through the electronic benefit distribution system, the date of the request is considered to be the date that an appropriate request for replacement benefits is received by the Department's designee.
2. For individuals receiving their benefits in check form, the date of the request is considered to be the date that an appropriate request for replacement benefits is received by the Regional Office having administrative responsibility for the case.
3. Requests for replacement of cash payments issued in check form must be made in writing using a notarized affidavit.
4. Requests for replacement of cash payments that are issued via direct deposit into a payee's electronic fund transfer account may be made by telephone.

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POLICY

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Benefit Replacement

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Subject:

Basic Provisions

6530.05 | E. Request for Replacement (continued)

5. Requests for replacement of lost EBT issued benefits may be made by telephone. Requests for replacement of stolen EBT issued benefits must be in writing using a notarized affidavit.
6. Medical eligibility card replacement requests may be oral or written. A notarized affidavit is not required.

| F. Cost of Replacement

1. The Department will not charge a fee for the first medical eligibility card replacement.
2. The Department may impose a fee as compensation for the cost of issuing any subsequent medical eligibility card replacement.
3. The Department may charge a fee for the replacement of a Department issued debit card if the Department determines that the replacement is due to client negligence.

| G. Date of Replacement

Benefits are considered to have been replaced on the date that the replacement benefits are:

1. mailed to the recipient; or
2. available in the appropriate Regional Office for the recipient to pick up in person; or
3. directly deposited into a client's electronic fund transfer account; or
4. deposited into an EBT account in a financial institution.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 2-1-97

Transmittal: UP-97-1

P-6530.05

Section:
Benefit Issuance

Type:
PROCEDURES

Chapter:
Benefit Replacement

Program: **AFDC**
 AABD
 MA
 FS

Subject:
Action Upon Initial Notification

- P-6530.05 1. When the Department is notified that benefits have been lost, stolen or destroyed:
- obtain an explanation of the circumstances surrounding the loss, theft or destruction;
 - inform the assistance unit that a theft must be reported to the local police prior to issuing a replacement.
 - review the issuance records and determine if benefits were actually issued;
 - determine if benefits were correctly issued;
 - consider whether enough time has elapsed to allow mail delivery;
 - explore other causes for non-receipt, such as a held check, incorrect mailing address or in-office pickup indicator.
2. If benefits were withheld through suspension, discontinuance or other action:
- explain the circumstances to the assistance unit;
 - confirm that the Department took the correct action;
 - inform the unit of how assistance may be reacquired.
3. Attempt to locate the original benefit through communication with Central Office or by consulting records of post office returns.
4. Advise the recipient of the following:
- efforts will be made to locate the original benefit and that the benefit will be remailed or deposited into the EBT or EFT account immediately if located;
 - if efforts to locate an original cash payment issued in check form fail, a stop payment will be placed;

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Benefit Replacement

Program: AFDC
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Subject:
Action Upon Initial Notification

P-6530.05 Replacement of Benefits That Have Been Deposited Through EFT (Direct Deposit) or EBT

1. When the Department is notified that benefits have not been deposited into a bank account on behalf of the recipient, contact or tell the recipient to contact the Central Office Financial Management Unit at (860)424-5802 for EFT (direct deposit) accounts and contact Citibank at 1-888-328-2666 for EBT accounts.
2. Central Office staff will review the EFTI screen to determine if DSS authorized a direct deposit payment or deposited funds into the EBT account for that person.
3. If a payment was authorized, Central Office staff will contact the appropriate bank to have the problem reviewed and resolved.
4. Central Office staff will contact the inquirer, either the Regional Office worker or the recipient, to inform him or her of the resolution and the date the benefits will be mailed or made available to the recipient if appropriate.

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Type:

POLICY

Chapter:

Benefit Replacement

Program:

AFDC

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Subject:

In-Office Visit

FS

- 6530.10 A. Assistance units are required to appear in person at the appropriate Regional Office to complete an affidavit when requesting replacement of cash benefits issued in check form or cash and food stamp benefits deposited into an EBT account in a financial institution that are considered to have been stolen.
- B. The requirement may be waived only if the payee is elderly or disabled, and unable to appear for an in-office visit because of severe incapacity.
- C. FS assistance units are not entitled to a waiver if an authorized representative or a responsible member of the unit is able to appear in place of the head of the assistance unit.
- D. If the requirement is waived, the assistance unit is given a choice of having a home visit conducted or having the affidavit mailed and privately notarized.
- E. If a home visit is requested it is scheduled within three business days of the date of the request.
- F. The Department is not responsible for delays in issuing replacement benefits which are caused by waiver of the in-office visit requirement.

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Subject:

In-Office Visit

FS

P-6530.10 Checks

1. If the replacement request is not made in person, inform the assistance unit that an office visit is required to complete the affidavit.
2. If a waiver of the office visit requirement is requested, determine if the unit is entitled to the waiver on the basis of age or disability.

Consider the following:

- the nature of the incapacity;
 - whether the individual performs daily living functions such as grocery shopping or benefit redemption;
 - the availability of other qualified persons to come into the office;
 - whether the individual usually appears for redetermination interviews.
3. If the office visit is waived:
 - give the assistance unit the option of having a DSS worker conduct a home visit, or having the affidavit privately notarized;
 - take steps to arrange the home visit or mail three original affidavits depending on the option chosen.

EFT-Issued Benefits

Do not require an in-office visit if a recipient requests replacement of a benefit issued via direct deposit.

EBT-Issued Benefits

1. Do not require an in-office visit if a recipient requests replacement of a lost EBT issued benefit.
2. Require an in-office visit if the EBT benefit is stolen unless the individual requests that the requirement be waived.
3. If a waiver of the in-office interview is requested, determine if the assistance unit is entitled to the waiver on the basis of age or disability as described in #2 under "Checks."

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 11-1-97	Transmittal: UP-98-12	6530.15
Section: Benefit Issuance	Type:	POLICY
Chapter: Benefit Replacement	Program:	AFDC AABD MA
Subject: Lost Benefits		FS

- 6530.15 A. Cash benefits received in check form are treated as lost benefits if:
1. they are missing prior to receipt and there is no evidence that they have been stolen; or
 2. they are misplaced after receipt.
- B. EFT issued benefits are treated as lost benefits if they are not accepted into the client's electronic fund transfer account.
- C. EBT issued cash and food stamp benefits are treated as lost benefits if they are not accepted into an EBT account of an eligible client due to Department error or a malfunction of the electronic benefits transfer system.
- D. Cash benefits or medical eligibility cards that have been misused by a protective payee are considered to be lost benefits for replacement purposes.
- E. The Department requests that lost benefits which have been replaced, but are later recovered, be returned to the agency. Failure to do so will not result in any penalty unless both the original and replacement benefits are used.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 11-1-97

Transmittal: UP-98-12

P-6530.15

Section:
Benefit Issuance

Type:
PROCEDURES

Chapter:
Benefit Replacement

Program: AABD

Subject:
Establishing Investigation and Replacement Conditions

P-6530.15 Benefit Checks

1. Determine to the maximum extent possible the legitimacy of the request.
 - Take into consideration the recipient's statements and other information obtained from collateral sources;
 - Consider any prior history of intentional program violations or fraudulent replacement requests;
 - If the request is for food destroyed in a disaster, accept the recipient's statement as to the estimated value, but under no circumstances authorize benefits in an amount greater than the unit's regular monthly allotment.
 - Require the assistance unit to provide verification of the filing of a police report if benefits have been reported as stolen.
2. Determine if the conditions under which replacement is requested meet the criteria for replacement.
3. If a mutilated benefit cannot be identified, allow the assistance unit to request replacement under the category of a lost benefit.

Review the request with respect to conditions for replacing benefits lost subsequent to receipt.
4. Deny the request and issue proper notice if the conditions for providing replacement benefits are not met.
5. Take steps to authorize replacement if the following conditions have been met:
 - the original benefit is not located;
 - the request is determined to be legitimate;
 - where appropriate, a stop payment order has been placed;
 - required affidavits have been completed.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 11-1-97

Transmittal: UP-98-12

P-6530.15 page 2

Section:
Benefit Issuance

Type:
PROCEDURES

Chapter:
Benefit Replacement

Program: AABD

Subject:
Establishing Investigation and Replacement Conditions

- P-6530.15
6. Require assistance units that continue to receive their benefits in check form and that are not entitled to a waiver of the office visit requirement to appear in person to pick up the replacement benefits.
 7. Inform the assistance unit of the date the replacement will be available.
 8. Have the assistance unit sign a written receipt when the benefit is picked up.
 9. If a waiver of the office visit requirement has been granted, inform the assistance unit that the replacement benefit will be mailed within the specified time limits.

Replacement of Benefits That Have Been Deposited Through EFT or EBT

Contact the Central Office EBT Unit to initiate an investigation.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 11-1-97

Transmittal: UP-98-12

6530.20

Section:

Benefit Issuance

Type:

POLICY

Chapter:

Benefit Replacement

Program:

**AFDC
AABD
MA
FS**

Subject:

Stolen Benefits

6530.20 A. Provisions

1. Cash benefits issued in check form are treated as stolen benefits if the Department or person authorized to use the benefits has knowledge or reason to suspect that the benefits have been misappropriated by someone other than:
 - a. the payee of the benefits;
 - b. an individual who was an authorized representative or emergency authorized representative of a FS assistance unit at the time the benefits were issued;
 - c. an assistance unit member who was not the payee, or an authorized representative or emergency authorized representative, and who continues to reside in the household after the benefits are stolen.
2. Cash benefits issued in check form that are taken by an assistance unit member who leaves the household after misappropriating the benefits are treated as stolen benefits as long as the assistance unit member was not authorized to use them.
3. EBT issued cash and food stamp benefits are treated as stolen benefits if the cash and food stamp benefits are taken by someone other than the client or the client's authorized representative between the time the Department's designee receives notice from a household regarding the need for card replacement and the time that the Department's designee deactivates the client's stolen or lost debit card.

B. Agency Responsibilities

1. The Department does not provide replacement benefits if the original check is taken by the payee or other authorized person, or by an assistance unit member who continues to reside in the household. Such benefits are considered to have been properly received and are not subject to replacement.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 11-1-97

Transmittal: UP-98-12

6530.20 page 2

Section: Benefit Issuance	Type: POLICY
Chapter: Benefit Replacement	Program: AFDC AABD MA FS
Subject: Stolen Benefits	

6530.20 B. Agency Responsibilities (continued)

2. The Department will not replace recipient benefits that have been correctly deposited into a client's personal account in a financial institution. Such benefits are considered to have been properly received and are not subject to replacement except as provided in Section 6530.15, 6530.35 or 6530.40.
3. The Department will not replace any recipient cash or food stamp benefits that have been correctly deposited into an EBT account in a financial institution. Such benefits are considered to have been properly received and are not subject to replacement except as provided in section A above or sections 6530.15, 6530.35 or 6530.40.

C. Police Report

1. The individual requesting the replacement of cash benefits received in check form is required to file a police report if theft has occurred.
2. The individual requesting the replacement of stolen EBT issued cash and food stamp benefits is required to file a police report regarding the theft.
3. Stolen cash benefits and Food Stamp benefits are not replaced if a police report has not been filed.
4. The Department is responsible for obtaining verification that a police report has been filed prior to authorizing replacement.

D. Benefits Lost or Stolen in the Mail

1. The Department is responsible for reporting to the appropriate postal authority if a cash benefit is lost or stolen prior to receipt.
2. The postal authority is notified on at least a monthly basis. The Department will assist the postal authority with any subsequent investigation, and make available copies of original and replacement benefits including the replacement request.
3. The replacement of the lost or stolen benefits is not delayed pending the notification of the postal authority.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 11-1-97

Transmittal: UP-98-12

6530.25

Section:

Benefit Issuance

Type:

POLICY

Chapter:

Benefit Replacement

Program:

AFDC

AABD

MA

Subject:

Destroyed Benefits

FS

6530.25 A. Provisions

1. Benefit checks and eligible foods are treated as destroyed benefits if they are damaged in a natural or man-made disaster, such as a fire, flood or other event, and are rendered useless or unavailable.
2. Benefit checks which are damaged through an event other than a natural or man-made disaster are treated as mutilated benefits.

B. Documentation

1. The Department is responsible for obtaining verification of the disaster through a collateral contact with a state, or local community organization, or through a home visit as a condition of replacement.
2. Verification is not required if the medical eligibility card is the only benefit for which replacement is requested.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 11-1-97

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6530.30

Section:

Benefit Issuance

Type:

POLICY

Chapter:

Benefit Replacement

Program:

AFDC

AABD

MA

Subject:

Mutilated Benefits

FS

6530.30 Provisions

- A. Benefit checks are treated as mutilated benefits if:
 - 1. They have been improperly manufactured; or
 - 2. They are damaged by an event other than a natural or man-made disaster.
- B. Mutilated benefit checks must be returned to the Department prior to authorizing replacement benefits.
- C. Benefit checks must be recognizable. Benefits mutilated to such extent that they are not identifiable are not considered as mutilated benefits for replacement purposes.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 2-1-97

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6530.35

Section:

Benefit Issuance

Type:

POLICY

Chapter:

Benefit Replacement

Program:

**AFDC
AABD
MA**

Subject:

Misuse of Benefits By a Protective Payee

6530.35 Cash benefits that have been issued on behalf of an assistance unit to a protective payee are replaced if the Department determines that the protective payee has misused the benefits, rendering them unavailable to meet the needs of the assistance unit.

A. What Constitutes Misuse

Benefits have been misused by the protective payee if:

1. benefits issued on behalf of the assistance unit have been withheld or used by the payee for a purpose other than to meet the financial obligations of the assistance unit; and
2. the benefits are not accessible to the assistance unit; and
3. the payee acted without the knowledge and approval of the assistance unit.

B. Documenting the Allegation

Allegations of misuse of benefits by a protective payee are documented in writing. The head of the assistance unit is required to sign an affidavit attesting to:

1. the alleged misuse of benefits by the protective payee; and
2. the inaccessibility of the benefits; and
3. the fact that the protective payee acted without the approval of the assistance unit; and
4. the assistance unit's willingness to cooperate in any legal action taken by the Department.

C. Investigations

1. The Department conducts an investigation into the alleged misuse of benefits.

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UNIFORM POLICY MANUAL**

Date: 2-1-97

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6530.35 page 2

Section:

Benefit Issuance

Type:

POLICY

Chapter:

Benefit Replacement

Program:

**AFDC
AABD
MA**

Subject:

Misuse of Benefits By a Protective Payee

6530.35 C. Investigations (continued)

2. The protective payee is given the opportunity to refute the allegation or to make available the benefits in question.
3. The investigation is completed within 30 days of the date that the Department becomes aware of the alleged misuse of benefits.

D. Authorization of Replacement Benefits

1. Replacement benefits are authorized if:
 - a. the protective payee fails to produce evidence that refutes the allegation of misuse; and
 - b. evidence gathered during the investigation supports the allegation of misuse; and
 - c. it is determined that the protective payee acted without the knowledge and approval of the assistance unit.
2. Replacement benefits are issued directly to the head of the assistance unit or to a newly appointed protective payee in the form of a check or:
 - a. directly deposited into a personal bank account; or
 - b. deposited into an electronic benefits transfer account.

E. Limitations

Replacement benefits are authorized only for that portion of the cash payment that is misspent or is inaccessible.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 2-1-97	Transmittal: UP-97-1	6530.40
Section: Benefit Issuance	Type:	POLICY
Chapter: Benefit Replacement	Program:	AFDC AABD
Subject: Cash Benefits		

6530.40 A. Conditions of Replacement

1. The Department provides replacement benefits when a benefit check is lost, stolen, destroyed or mutilated.
2. No distinction is made with regard to whether the benefit check became unavailable prior to, or subsequent to receipt. Benefit checks are subject to replacement in either case.
3. The Department provides replacement of benefits directly deposited into an individual's personal account in a financial institution when:
 - a. the benefits were not deposited into a payee's electronic fund transfer account due to a technical error or problem and the financial institution has notified DSS that the non-deposited benefits will be credited to DSS; or
 - b. the protective payee misused the benefits.
4. The Department provides replacement of EBT issued cash benefits when the benefits are considered:
 - a. lost in accordance with policy (Cross Reference: 6530.15); or
 - b. stolen in accordance with policy (Cross Reference: 6530.20); or
 - c. misused by the protective payee in accordance with policy. (Cross Reference: 6530.35)
5. The Department does not provide replacement benefits for checks that have been:
 - a. cashed by the payee unless the payee was a protective payee who has misused benefits, or
 - b. endorsed by the payee prior to being lost or stolen.
6. The Department does not provide the replacement of EBT issued cash benefits that were accessed by an individual who has been given the client's debit card and PIN unless that individual is a protective payee who has misused the benefits.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Date: 2-1-97

Transmittal: UP-97-1

6530.40 page 2

Section:

Benefit Issuance

Type:

POLICY

Chapter:

Benefit Replacement

Program:

**AFDC
AABD**

Subject:

Cash Benefits

6530.40 B. Requesting Replacement

1. Earliest Date for Filing Replacement Requests

- a. The earliest date for requesting replacement due to non-receipt of a benefit check is the fourth post office working day after the mailing date.
- b. The earliest date for requesting replacement due to non-deposit of a cash payment into an account in a financial institution is the same day as the benefits were scheduled to be available to the clients.
- c. Requests for replacement of benefit checks can be filed immediately if the checks have been received and are subsequently lost, stolen, destroyed or mutilated.
- d. Requests for replacement of cash benefits can be filed immediately if benefits are stolen subsequent to the reporting of a lost or stolen debit card.

2. Last Date for Filing Replacement Requests

- a. Replacement of benefit checks must be requested prior to the expiration date of the benefit check.
- b. Replacement of benefits considered to be lost because they were not correctly deposited into an EBT account or an individual's account in a financial institution must be requested within three months of the date the benefits should have been deposited.
- c. Replacement of EBT issued benefits that are considered to be stolen because they were taken from the individual's EBT account between the time the individual reported a lost or stolen card and the time the Department's designee deactivated the individual's account, must be requested within three months of the date a report is filed with the Department designee.
- d. Requests for replacement benefits filed after the date specified in a., b., and c. above are denied.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Date: 2-1-97

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6530.40 page 3

Section:

Benefit Issuance

Type:

POLICY

Chapter:

Benefit Replacement

Program: AFDC

AABD

Subject:

Cash Benefits

6530.40 B. Requesting Replacement (continued)

3. Written Requests

- a. Requests for replacement of benefit checks must be made in writing.
- b. A notarized affidavit is completed in triplicate, unless the request is for replacement of a mutilated check which can be identified as belonging to the assistance unit.
- c. Requests for replacement of stolen EBT issued benefits must be made in writing.
- d. A notarized affidavit is completed in triplicate when an individual is requesting replacement of stolen EBT issued cash benefits.
- e. The affidavit is not notarized if the mutilated check is positively identified.

4. Oral Requests

Requests for replacement of benefits considered to be lost because they were not deposited into an EBT account or an individual's personal bank account in a financial institution may be made by telephone.

C. Who Requests Replacement

1. The following individuals are eligible to request replacement benefits:
 - a. the payee of the original benefit;
 - b. the head of the assistance unit if the original benefit was issued to a protective payee accused of misusing benefits.
2. If a new payee is appointed prior to the expiration date of the original benefit, the new payee can request replacement of the original benefits.

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Date: 2-1-97

Transmittal: UP-97-1

6530.40 page 4

Section:

Benefit Issuance

Type:

POLICY

Chapter:

Benefit Replacement

Program: AFDC

AABD

Subject:

Cash Benefits

6530.40 D. Authorizing Replacement Benefits

1. Normal Processing Standards

- a. Replacement checks are mailed or made available for pickup in the Regional Office by the fifth working day after the date of the replacement request.
- b. Replacement benefits will be available in an EBT account or an individual's personal account in a financial institution by the fifth working day after the date of the replacement request.
- c. A stop payment order is placed at the time replacement benefits are authorized if the Department is unable to locate the original check.

2. Cases Involving Misuse by a Protective Payee

- a. Requests for replacement benefits that involve misuse by a protective payee are processed within 30 calendar days of the date of the replacement request.
- b. Replacement is not authorized prior to the completion of the Department's investigation into the alleged misuse of benefits.

3. Cases of Suspected Fraud

- a. The Department can delay the replacement of benefits for a period not to exceed 14 calendar days from the date of the replacement request if:
 - (1) there is reason to suspect that the request for replacement is fraudulent; and
 - (2) it is anticipated that information verifying the validity of the request will become available within the 14 day period.

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Date: 2-1-97

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6530.40 page 5

Section:

Benefit Issuance

Type:

POLICY

Chapter:

Benefit Replacement

Program: AFDC

AABD

Subject:

Cash Benefits

6530.40 D. 3. Authorizing Replacement Benefits (continued)

- b. Circumstances that may indicate the need for further verification of the validity of a replacement request include, but are not limited to, the following situations:
 - (1) A fraudulent replacement request has been filed within the previous 12 months;
 - (2) The original benefit check has been cashed prior to authorizing replacement.
- c. If documentation exists to support a fraud claim, the request for replacement benefits is denied.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 4-1-95	Transmittal: UP-97-1	6530.45
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Section: Benefit Issuance	Type: POLICY
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Chapter: Benefit Replacement	Program: MA
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Subject: Medical Benefits
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6530.45 A. Conditions of Replacement

1. The Department provides replacement benefits when the medical eligibility card is lost, stolen, destroyed or mutilated.
2. No distinction is made with regard to whether the medical eligibility card became unavailable prior to, or subsequent to receipt. Medical eligibility cards are replaced in either case.

B. Requesting Replacement

1. The request for replacement of the medical eligibility card should be made immediately.
2. Replacement requests can be made orally or in writing. A signed affidavit is not required as a condition of replacement.
3. The Department will mail the medical eligibility card to the head of household within two working days of receipt of the request for replacement.
4. The client can get access to medical services while waiting for a medical eligibility card replacement by giving the medical provider the patient's client identification number, date of birth, full name including middle initial or social security number.
5. Assistance units requiring emergency medical treatment after assistance is granted but prior to receipt of the medical eligibility card should follow the same procedures as outlined above.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 4-1-95

Transmittal: UP-97-1

6530.45 page 2

Section:

Benefit Issuance

Type:

POLICY

Chapter:

Benefit Replacement

Program:

MA

Subject:

Medical Benefits

6530.45 B. Requesting Replacement (continued)

6. Replacement of lost, stolen, destroyed or mutilated medical eligibility cards must be requested by the date of expiration of medical eligibility.
7. Medical eligibility cards are valid as long as the individual is eligible for medical benefits.
8. Replacement requests received after the expiration of the client's medical eligibility are denied.

C. Who Requests Replacement

The following individuals are eligible to request replacement of medical benefits:

1. the payee of the original benefit; or
2. the head of the assistance unit if the original benefit was issued to a protective payee accused of misusing benefits.
3. the new payee if there is a change in the individual appointed as head of the assistance unit or as protective payee.

D. Authorizing Replacement Benefits

The replacement medical eligibility card is mailed to the head of household no later than the second working day after the date of the replacement request.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 11-1-07

Transmittal: UP-07-14

6530.50

Section:

Benefit Issuance

Type:

POLICY

Chapter:

Benefit Replacement

Program:

FS

Subject:

Food Stamp Benefits

6530.50 A. Provisions

In accordance with the provisions of this chapter, the Department provides replacement benefits to Food Stamp assistance units for the following:

1. eligible foods; and
2. Food Stamp benefits deposited into an EBT account in a financial institution.

B. Period of Intended Use

Food Stamp benefits deposited into an EBT account in a financial institution can be accessed any time as long as the account has not defaulted to an inactive account.

C. Conditions of Replacement

1. Lost Benefits

- a. The Department provides replacement of Food Stamp benefits that are not accepted into an EBT account of an eligible client due to Department error or a malfunction of the electronic benefits transfer system.
- b. There are no provisions for replacing any other types of lost benefits other than EBT issued benefits as stated above.

2. Stolen Benefits

EBT issued Food Stamp benefits are treated as stolen benefits if the benefits are taken by someone other than the client or the client's authorized representative between the time the Department's designee receives notice from a household regarding the need for card replacement and the time that the Department's designee deactivates the client's stolen or lost debit card.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 11-1-07

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6530.50 page 2

Section:

Benefit Issuance

Type:

POLICY

Chapter:

Benefit Replacement

Program:

FS

Subject:

Food Stamp Benefits

6530.50 | C. Conditions of Replacement (continued)

3. Destroyed Benefits

- a. The Department provides replacement benefits for eligible foods if they are destroyed in a disaster;
- b. The amount of benefits authorized to replace destroyed eligible foods is the amount equal to the value of the destroyed items, not to exceed the amount of the original allotment.

D. Time Limits for Requesting Replacement

1. Lost or Stolen EBT Benefits

- a. The earliest date for requesting that the Department correct a lost EBT Food Stamp deposit in an EBT account in a financial institution is the same day as the benefits were scheduled to be available to the clients.
- b. A request for replacement of EBT issued Food Stamp benefits, considered to be stolen in accordance with provisions of this chapter, may be made immediately by appearing in person at the appropriate Regional Office.

2. Food Destroyed in a Disaster

Requests for replacement of eligible foods which are destroyed in a disaster must be filed within 10 calendar days of the incident.

E. Replacement Limitations

Replacement benefits for destroyed eligible foods are provided once per occurrence of a disaster.

F. Written Requests

Requests for replacement of Food Stamp benefits considered to be stolen, in accordance with Department policy, must be made in writing.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 11-1-07

Transmittal: UP-07-14

6530.50 page 3

Section:
Benefit Issuance

Type:
POLICY

Chapter:
Benefit Replacement

Program:
FS

Subject:
Food Stamp Benefits

6530.50 | G. Oral Requests

Requests for replacement of Food Stamp benefits that are not accepted into an EBT account of an eligible client due to Department error or an electronic malfunction may be made by telephone.

| H. Requests Replacement

The following individuals are eligible to request replacement benefits:

1. the payee of the original benefit;
2. an authorized representative;
3. an emergency authorized representative;
4. the new payee if there is a change in the individual appointed as head of the assistance unit.

| I. Authorizing Replacement Benefits

1. Normal Processing Standards

Replacement of EBT issued Food Stamp benefits will be deposited into the electronic benefits transfer account within five working days of the request for replacement benefits.

2. Cases of Suspected Fraud

- a. The Department can delay or deny the replacement of benefits for a period not to exceed 30 calendar days from the date of the replacement request if there is documentation indicating the likelihood of fraud.
- b. Circumstances that may indicate the likelihood of fraud include a request for replacement benefits that was filed within the past twelve months which was found to be fraudulent.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 11-1-97

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6535

Section:

Benefit Issuance

Type:

POLICY

Chapter:

Alternate Issuance Methods

Program:

AABD

Subject:

6535 The Department has available the option of issuing benefits through an alternate method rather than through general mail delivery. These alternate methods include delivery by certified mail, or pickup in person at the Regional Office. The alternate delivery method may be used voluntarily or on mandatory basis depending on the circumstances. This chapter discusses the provisions regarding the use of alternate methods of delivery.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 11-1-97

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6535.05

Section:
Benefit Issuance

Type:
POLICY

Chapter:
Alternate Issuance Methods

Program: AABD

Subject:
Basic Provisions

6535.05 A. Types of Alternate Issuance Methods

The Department may issue benefits through alternatives to general mail delivery including the following:

1. certified mail
2. in-person pickup at the Regional Office

B. When an Alternate Delivery Mechanism is Used

1. Mandatory Use

The use of an alternate issuance method is required under the following conditions:

- a. after the second request within a six month period for replacement of original or replacement benefits reported as not received; or
- b. when the Department suspects or has documentation that the assistance unit does not reside at the reported address; or
- c. when the Department discovers that a request for replacement benefits is, or is suspected of being fraudulent; or
- d. when the assistance unit resides in emergency housing, if the Department determines that a problem may exist with receipt of mail at the emergency housing site.

2. Replacement Benefits

The Department, at its own discretion, may require in-office pickup of replacement benefits.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 11-1-97

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6535.05 page 2

Section:
Benefit Issuance

Type:
POLICY

Chapter:
Alternate Issuance Methods

Program: AABD

Subject:
Basic Provisions

6535.05 B. 3. Voluntary Requests

The Department authorizes the use of an alternate issuance method for one month if an assistance unit voluntarily requests pickup of benefits in the Regional Office as a temporary measure to:

- a. assure the receipt of benefits when an assistance unit is in the process of moving or experiences a temporary mail delivery problem; or
- b. expedite the receipt of replacement benefits when in-office pickup is not otherwise required by the Department; or
- c. meet an emergency need for which the Department is giving active service; or
- d. meet an emergency need when initial benefits have been delayed.

C. Who is Eligible to Pick up Benefits

The original payee is eligible to pick benefits up in the Regional Office.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 11-1-97

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P-6535.05

Section:
Benefit Issuance

Type:
PROCEDURES

Chapter:
Alternate Issuance Methods

Program: AABD

Subject:
Application of Policy

- P-6535.05
1. Assess the need to use an alternate method of delivery:
 - when replacement benefits are requested due to non-receipt;
 - if a request for replacement benefits has been determined or is suspected of being fraudulent.
 2. Consider the following factors:
 - the previous history of replacement requests;
 - any history of fraudulent replacement requests or intentional program violation;
 - unsuccessful delivery of mailed correspondence;
 - conflicting reports from landlords, schools, public agencies, employers or other reliable sources.
 3. Consider any voluntary requests by the recipient. Allow office pickup of replacement benefits issued in check form at the recipient's request.
 4. Encourage the recipient to have benefits directly deposited through EFT or to use EBT.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 2-1-97	Transmittal: UP-97-1	6535.07
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Section: Eligibility Process	Type: POLICY
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Chapter: Alternate Issuance Methods	Program: FS
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Subject:

EBT Clients Who Move to a Non-EBT Area

6535.07 Assistance Unit Moves to a Non-EBT Area

When the head of a food stamp household notifies the Department that the household has moved or is moving to a non-EBT issuance area and requests that its EBT benefits be converted, the Department converts those benefits into a form negotiable in the area in which the household is residing.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 11-1-97

Transmittal: 98-12

P-6535.07

Section:
Benefit Issuance

Type:
PROCEDURES

Chapter:
Alternate Issuance Methods

Program: AABD

Subject:
EBT Clients Who Move to Non-EBT Area

P-6535.07 AFDC and AABD

1. Determine if the area to which the individual is moving is accessible to EBT.
 - If yes, advise the individual that the EBT card can be used in the new area.
 - If no, advise the individual to withdraw all of his/her cash benefits before moving.

Food Stamps

1. Determine if the area to which the individual is moving is accessible to EBT.
 - If yes, advise the individual that the EBT card can be used in the new area and stop here.
 - If no, continue.
2. Encourage the individual to use the balance of his/her EBT food benefits before moving.
3. If the individual cannot use the balance before moving, complete Form W-1125, "Request Form for Converting EBT Food Stamp Benefits to Cash" and send it to the Central Office Financial Management Unit.
4. Verify the individual's new address to ensure that the individual will receive the check.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 11-1-97

Transmittal: UP-98-12

6535.10

Section:
Benefit Issuance

Type:
POLICY

Chapter:
Alternate Issuance Methods

Program: AABD

Subject:
Choice of Issuance

6535.10 A. Mandatory Situations

1. The Department retains the right to choose or change the method of delivery.
2. Where an alternate issuance method is required, delivery is primarily accomplished through certified mail, EBT or EFT.
3. Pickup of benefits in the Regional Office is the method of choice when there is specific reason to require the recipient to appear at the office, such as:
 - a. when there is documentation that the home address is incorrectly reported;
 - b. when mail delivery to a reported address has been unsuccessful;
 - c. when a person to person contact is desirable in cases of suspected or adjudicated fraud.

B. Voluntary Requests

Delivery is made entirely through the office pickup method if a change is voluntarily requested.

C. Notification

1. Assistance units are notified of changes in the delivery method, and of restrictions on the eligibility of individuals that may pickup benefits at the Regional Office.
2. Notification is provided no later than the day the assistance unit would normally be scheduled to receive its benefit.

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Date: 11-1-97

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P-6535.10

Section:
Benefit Issuance

Type:
PROCEDURES

Chapter:
Alternate Issuance Methods

Program: AABD

Subject:
Determining the Method

- P-6535.10
1. In choosing the delivery method, consider what the agency is attempting to accomplish by altering the method of delivery.
 2. Generally choose the office pickup method in cases which involve fraud or suspected misrepresentation of benefit or living arrangement information, as person-to-person contact is usually a more effective means of insuring proper program administration.
 3. If mail delivery has been unsuccessful, choose the office pick-up method if the client receives benefits in check form or encourage the client to change to EFT or EBT.
 4. Do not use the office pickup method as a punitive measure or as the method of choice if unreasonable hardship would result.
 5. Require office pickup of replacement benefits unless a waiver of the office visit requirement has been granted or the benefits were issued via EBT or EFT. (P-6530.10)
 6. When the assistance unit resides in emergency housing, use the office pickup method, encourage the recipient to have benefits issued through EFT or EBT, or other alternate method if there is a problem with receipt of mail at the emergency housing site.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 11-1-97

Transmittal: UP-98-12

6535.15

Section:
Benefit Issuance

Type:
POLICY

Chapter:
Alternate Issuance Methods

Program: AABD

Subject:
Resumption of Regular Mail Delivery

6535.15 A. Mandatory Cases

1. The alternate issuance method continues for a minimum period of six months if it is determined that a request for replacement benefits reported as not received was fraudulent.
2. In cases involving residence verification or replacement requests that were not fraudulent, regular mail delivery resumes once the Department has determined that the problem has been corrected or the appropriate verification has been obtained.

B. Voluntary Cases

1. When there are mail delivery problems, the Department encourages the recipient to have benefits issued through EBT or EFT.
2. In cases where pickup of on-going benefits is voluntarily requested because of mail delivery problems, the Department approves the alternate issuance method for a period of one month. Regular mail delivery resumes after the one month period.
3. The assistance unit has the option of picking benefits up at the Regional Office each time a request for replacement benefits is made if not otherwise required by the Department.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 11-1-97

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P-6535.15

Section:
Benefit Issuance

Type:
PROCEDURES

Chapter:
Alternate Issuance Methods

Program: AABD

Subject:
Notify Assistance Units

- P-6535.15
1. Provide the assistance unit with advance notice of the change in the method of delivery if the change was not voluntarily requested or is being made under adverse conditions.
 2. Provide the notification in advance of the benefit issuance date whenever possible.
 3. Inform the unit of restrictions on the eligibility of individuals that may pick up benefits.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 11-1-97

Transmittal: UP-98-12

P-6535.20

Section:
Benefit Issuance

Type:
PROCEDURES

Chapter:
Alternate Issuance Methods

Program: AABD

Subject:
Verifying Identity and Authorization

- P-6535.20 A. Verify the identity of individuals who pick up benefits at the Regional Office prior to issuing benefits.
- B. If authorization is required, obtain the written authorization prior to issuance.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 2-1-97	Transmittal: UP-97-1	6599
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Section:	Type:
Benefit Issuance	POLICY

Chapter:	Program:
Verification	AFDC AABD MA FS

Subject:

6599 This chapter discusses the verification requirements which are associated with the manual section on Benefit Issuance. The organization of the chapter corresponds to format of the related policy.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 02-13-01	Transmittal: UP-01-04	6599.05
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Section:	Type:
Benefit Issuance	POLICY

Chapter:	Program:
Verification	AFDC AABD

Subject:
Restricted Payments

- 6599.05
- A. Verification of any questionable factors or circumstances that are conditional to the use of restricted payments must be obtained prior to making restricted payments.
 - B. All circumstances relating to the use of restricted payments must be documented in the case file.
 - C. The Department must be able to substantiate allegations of financial mismanagement, and has primary responsibility for obtaining evidence of financial mismanagement.
 - | D. Reasonable judgment is used in determining the credibility of evidence, statements or information which is provided or obtained by the Department.
 - E. The assistance unit is primarily responsible for providing evidence which refutes the Department's claims that finances have been improperly managed to the extent that the welfare of the assistance unit is jeopardized.
 - F. Action to restrict the method of payment is not taken if the requirements of the policy remain questionable or are not well documented.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 2-1-97

Transmittal: UP-97-1

P-6599.05

Section:
Benefit Issuance

Type:
PROCEDURES

Chapter:
Verification

**Program: AFDC
AABD**

Subject:
Restricted Payments

- P-6599.05 1. Obtain verification of any questionable circumstances or conditions that exist regarding the use of restricted payments, at the time the method of issuance is to be determined.

Generally, financial mismanagement cases are the only situations requiring further verification at this time. Verification requirements relating to voluntary vendor payments, boarding facility payments, special benefits, and disqualified AFDC caretaker relatives should have already been obtained prior to the issuance process.

2. In cases involving financial mismanagement, obtain verification from such sources as:
- reports from creditors or documentary evidence of unpaid expenses;
 - written statements from landlords;
 - canceled checks or other forms of receipts;
 - legal notices of eviction proceedings;
 - reports from DCF, DSS Social Workers, Public Housing Authorities, General Assistance offices or other state or local institutions;
 - police reports;
 - visual evidence of malnutrition or other physical evidence;
 - utility shutoffs.
3. Weigh all evidence, including statements made by the assistance unit that would either support or refute other gathered evidence.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 2-1-97	Transmittal: UP-97-1	6599.10
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Section: Benefit Issuance	Type:	POLICY
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Chapter: Verification	Program:	AFDC AABD MA FS
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Subject: Payee

- 6599.10 A. The following information concerning the payee is verified whenever questionable:
- 1. identity;
 - 2. relationship to the assistance unit.
- B. Qualifications of a protective payee must be reasonably substantiated prior to appointment.
- C. The Department requires verification of a protective payee's occupation or means of subsistence.
- D. An individual may not be designated as the payee if the appropriate circumstance remains questionable or unverified.

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Date: 2-1-97

Transmittal: UP-97-1

P-6599.10

Section:

Benefit Issuance

Type:

PROCEDURES

Chapter:

Verification

Program:

AFDC

AABD

MA

FS

Subject:

Payee

- P-6599.10 1. Acceptable means of verification of identity include such forms as:
- drivers license;
 - photo identification cards;
 - letters of reference;
 - birth records;
 - military service records;
 - marriage records;
 - social security verification.
2. Require more than one form of identification if any single form is not conclusive.
3. Acceptable means of verification of relationship include but are not necessarily limited to the following:
- court records of guardianship or conservatorship appointment;
 - business records or receipts of a third party provider;
 - record of power of attorney.
4. Substantiation of the qualifications of a protective payee is derived from such sources as:
- statements made by the recipient;
 - employment history;
 - level of education;
 - position in the community;
 - responses to questions, made by the protective payee candidate.

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UNIFORM POLICY MANUAL**

Date: 11-1-97	Transmittal: UP-98-12	6599.15
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Section: Benefit Issuance	Type: POLICY
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Chapter: Verification	Program: AABD
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Subject: Post Office Boxes

- 6599.15 A. Assistance units are required to verify that home mail delivery is lacking or has been refused, whenever the circumstances are questionable.
- B. Benefits are not mailed to a post office box if the verification is not provided.
- C. Verification of the home address is obtained:
1. when the use of a post office box is requested; and
2. at least once every six months; or
3. whenever the address is questionable.
- D. Whenever questionable, assistance units that do not have a fixed address are required to obtain address verification from reliable collateral sources.
- E. Assistance units may be required to pick up benefits at the Regional Office if their address is not verified or remains questionable.

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Date: 11-1-97

Transmittal: UP-98-12

P-6599.15

Section:
Benefit Issuance

Type:
PROCEDURES

Chapter:
Verification

Program: AABD

Subject:
Post Office Boxes

- P-6599.15
1. Verification of the lack of or refusal of home mail delivery is obtained from the Postal Authority in the town of residence.
 2. Address verification is obtained from such sources as:
 - postal records;
 - police records;
 - town tax records;
 - employer records;
 - records of the Department of Labor, Motor Vehicles or other state or local agencies;
 - records of home visits.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Date: 2-1-97

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6599.20

Section:

Benefit Issuance

Type:

POLICY

Chapter:

Verification

Program:

**AFDC
AABD
MA
FS**

Subject:

Replacement Benefits

6599.20 A. Replacement Conditions

1. The following factors are verified to the maximum extent possible prior to authorizing replacement benefits:
 - a. information relating to the original benefit including the amount and date of issuance, the location, correctness of the payment and verification as to whether or not benefits were directly deposited into a client's account or into an EBT account; and
 - b. verification that the client notified the Department's designee that a replacement debit card was needed and that benefits were stolen between the time the Department's designee was notified and the time the Department's designee deactivated the client's stolen or lost debit card; and
 - c. statements by the assistance unit pertinent to the replacement request.
2. Assistance units are required to provide verification that it has reported a theft to the local police authority.
3. In the absence of any contrary evidence, the Department accepts the statements of the assistance unit as being factual.
4. Financial institutions are required to provide a credit to the Department for EFT issued benefits that were not deposited into a client's personal bank account due to an electronic malfunction or Department error.
5. Replacement benefits are not authorized until all the required information and circumstances has been obtained and appropriately verified.

B. Misuse by a Protective Payee

1. Allegations of misuse of funds by a protective payee must be fully substantiated.
2. The assistance unit is required to provide documentation of any allegations made against the protective payee.
3. Replacement benefits are not authorized if allegations of misuse by the protective payee cannot be substantiated.

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Date: 2-1-97

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P-6599.20

Section:
Benefit Issuance

Type:
PROCEDURES

Chapter:
Verification

**Program: AFDC
AABD**

Subject:
Replacement

- P-6599.20
1. Check the payment record on EMS the case record for verification of the issuance date, amount and other required information about the original benefit.
 2. Review Department records for errors in the amount of the benefit, or other data elements such as the mailing address.
 3. Check records of post office returns, held payments, and pulled benefit records for in-office pickups.
 4. Review the statements of the recipient. Assume that the information is accurate unless there is evidence to the contrary.
 5. Contact the local police for verification of a report of theft, or request the assistance unit to provide verification if a report has not been filed.
 6. Obtain verification of a manmade disaster from police or fire officials.
 7. For an EFT- or EBT-issued benefit, Central Office must verify that the benefits were not deposited to the individual's EFT account or to an EBT account.
 8. For stolen EBT-issued benefits, Central Office must verify that the benefits were stolen between the time the Department's designee was notified that the EBT card was lost or stolen and the time the Department's designee deactivated the individual's lost or stolen EBT debit card.
 9. For an EFT-issued benefit that was not deposited into the individual's account, Central Office must verify that the financial institution has credited the Department for those benefits.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 11-1-97

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6599.25

Section:

Benefit Issuance

Type:

POLICY

Chapter:

Verification

Program:

AABD

Subject:

Alternate Issuance Methods

- 6599.25 A. The Department must obtain reasonable evidence of a fraudulent replacement request or incorrectly reported address.
- B. The method of delivery may not be alternated on a mandatory basis if the Department cannot provide reasonable evidence to substantiate its claim.
- C. If questionable, the following factors are verified whenever benefits are picked up in person:
1. the identity of the individual picking up the benefit; and
2. the individual's authorization.
- D. Benefits may not be issued if the identity or authorization of the person who comes in to pick up the benefits is questionable.

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UNIFORM POLICY MANUAL**

Date: 11-1-97

Transmittal: UP-98-12

P-6599.25

Section:
Benefit Issuance

Type:
PROCEDURES

Chapter:
Verification

Program: AABD

Subject:
Alternate Issuance Methods

- P-6599.25
1. Evidence which supports the allegation that a request for replacement benefits is fraudulent may include:
 - bank records of transaction;
 - handwriting on the original cashed benefit which is similar to department records of individual's signatures;
 - recent history of fraudulent replacement requests;
 - frequent reports of non-receipt of benefits;
 - evidence of severe mental, physical or emotional instability.
 2. If an item of evidence is subjective, or inconclusive in and of itself, obtain further evidence which tends to support the allegation that the appropriateness of the request is suspect.
 3. Use the same procedures for verifying identity of persons who come into the office to pick up benefits that are used when the identity of a payee is questionable. (Cross reference: P-6599.10)
 4. Verify the fact that a person is authorized to pick up benefits through a written statement from the head of the assistance unit.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 10-1-92**Transmittal: UP-92-29****7000**

Section:**Benefit Error****Type:****POLICY**

Chapter:**Program:****AFDC
AABD
MA
FS**

Subject:

7000 This section describes the process by which the Department corrects errors made in issuing benefits to an assistance unit. The process includes:

- identifying the error;
- determining the cause of the error;
- computing the amount of the error;
- determining how to correct the error;
- notifying the assistance unit of the error;
- correcting the error.

The first chapter gives a general overview of the correction process, applicable to all programs. The rest of the section describes the process in detail, program by program. The last chapter describes the Department's Administrative Disqualification Hearing process involving intentional recipient errors in the AFDC and Food Stamp programs.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88	Transmittal: UP-88-1	7000.01
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Section:	Type:	
Benefit Error		POLICY

Chapter:	Program:	AFDC
		AABD
		MA
Subject:		FS
Definitions		

7000.01 Administrative Overpayment

An administrative overpayment is an overpayment caused by the Department's incorrect action or failure to act within the appropriate time limits.

Corrective Payment

A corrective payment is assistance which the Department provides to or on behalf of an assistance unit as an adjustment for an underpayment of cash, medical, or Food Stamp benefits, or refunds owed to the assistance unit.

Grant Reduction Recoupment

Grant reduction recoupment is a method of recoupment in which the Department reduces the assistance unit's monthly assistance grant or Food Stamp allotment.

Installment Recoupment

Installment recoupment is a method of recoupment in which the assistance unit makes monthly installments to the Department in the form of cash or Food Stamps.

Intentional Recipient Error

An intentional recipient error is an intentionally incorrect oral or written statement made by the assistance unit regarding circumstances affecting eligibility or the amount of benefits. An intentional recipient error is also the intentional failure by the assistance unit to report timely the receipt of income or assets, or other changes in circumstances affecting eligibility or the amount of benefits.

Lump-sum Recoupment

Lump-sum recoupment is a method of recoupment in which the assistance unit makes a lump-sum payment to the Department in cash or Food Stamps.

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Date: 1-1-88

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7000.01 page 2

Section:

Benefit Error

Type:

POLICY

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Subject:

Definitions

7000.01 Overpayment

An overpayment is the amount of financial or medical assistance paid to or on behalf of the assistance unit, or the amount of the Food Stamp allotment issued to an assistance unit, in excess of the amount to which the unit is properly entitled.

Recoupment

Recoupment is a process by which the Department recovers an overpayment from the assistance unit.

Underpayment

An underpayment is a financial or medical assistance payment or Food Stamp issuance to which the assistance unit is entitled, but which the Department did not make to or on behalf of the unit.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88	Transmittal: UP-88-1	7005
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Section: Benefit Error	Type:	POLICY
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Chapter: Overview of Correction Process	Program:	AFDC AABD MA FS
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Subject:

7005 This chapter outlines the steps the Department takes when it discovers that an assistance unit has received benefits in an amount either less than or greater than that to which it is entitled.

 The process consists of:

- identifying the error;
- determining who caused the error;
- computing the amount of the error;
- determining how to correct the error;
- notifying the assistance unit of the error;
- actually correcting the error.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88	Transmittal: UP-88-1	7005.05
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Section: Benefit Error	Type: POLICY
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Chapter: Overview of Correction Process	Program: AFDC AABD MA
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Subject: Discovery of a Benefit Error	FS
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7005.05 The Department becomes aware of a benefit error in many different ways, including, but not limited to, the following:

- Labor Match
- Motor Vehicle Match
- Bank Match
- Social Security Match
- Other Collateral Contacts
- Assistance Unit's Statement
- Department's Internal Control
- Quality Control Report
- Fair Hearing Decision
- Court Decision

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Date: 1-1-88

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P-7005.05

Section:
Benefit Error

Type:
PROCEDURES

Chapter:
Overvoew of Correction Process

Program: **AFDC**
 AABD
 MA
 FS

Subject:
Discovering a Benefit Error

- P-7005.05 1. Before granting assistance under a particular program, check to see whether any assistance unit member has a previously documented overpayment which has not been recouped or a documented past underpayment which has not been corrected.
2. Use the policy contained in this section to determine the time period you examine for documented errors which have not been corrected.
3. If assistance is terminated, check to see whether there is an outstanding overpayment which may be collected from either:
- ° the person whose benefits are terminated; or
- ° someone still receiving benefits as a member of an active assistance unit.
4. For ongoing cases, if you become aware of a possible error, investigate the situation to determine whether either an underpayment or overpayment has occurred, as described in this section.

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Date: 2-1-97	Transmittal: UP-97-1	7005.10
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Section: Benefit Error	Type:	POLICY
<hr/>		
Chapter: Overview of Correction Process	Program:	AFDC AABD MA FS
<hr/>		
Subject: Determination of the Cause of the Error		

7005.10 A General Principles

1. The Department classifies errors as agency, recipient or provider caused.
2. If an overpayment is caused by the assistance unit, the Department makes a preliminary determination regarding whether the error was intentional or unintentional, and whether to pursue a legal action against the assistance unit on fraud charges.
3. If the Department seeks to impose a penalty against the assistance unit, a final determination regarding the nature of a recipient error is made either by a court of jurisdiction or by the Department through the Administrative Disqualification Hearing Process.
4. The Department takes action against the provider, if benefits paid to the provider on behalf of the assistance unit are overpaid due to a provider error.

B. Agency Error Overpayments

Agency errors which cause overpayments include, but are not limited to:

1. failing to take timely action on a change reported by the assistance unit;
2. incorrectly computing the assistance unit's income or need;
3. failing to insure that the assistance unit fulfilled certain technical or procedural eligibility requirements;
4. making a data entry error or other processing error;
5. failing to adjust the assistance unit's Food Stamp allotment, when appropriate, when altering the unit's Public Assistance benefit level;
6. continuing to provide the assistance unit its Food Stamp allotment after the unit's certification period expires, without conducting a redetermination of eligibility;
7. incorrectly issuing to the assistance unit duplicate food stamp benefits which the unit subsequently transacts.

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Date: 1-1-88

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7005.10 page 2

Section: Benefit Error	Type: POLICY
Chapter: Overview of Correction Process	Program: AFDC AABD MA FS
Subject: Determination of the Cause of the Error	

7005.10 C. Recipient Error Overpayments

Recipient errors which cause overpayments are either intentional or unintentional.

1. Unintentional Recipient Errors

Recipient error may be classified as unintentional if:

- a. the assistance unit has good cause for failing to make a timely report, as defined in this section. The assistance unit must prove that good cause existed and that it prevented the unit from filing the timely report. Examples of good cause include, but are not limited to, the following:
 - (1) illness;
 - (2) severe weather;
 - (3) death in the immediate family;
 - (4) other circumstances beyond the control of the assistance unit;
- b. either the Department through the Administrative Disqualification Hearing process, or a court of jurisdiction determines that the assistance unit was not aware that certain information had to be reported.

2. Intentional Recipient Error

- a. The Department preliminarily classifies a recipient error as intentional if:
 - (1) the assistance unit fails without good cause to report a change affecting eligibility in a timely manner; or
 - (2) the assistance unit knowingly misinforms the Department regarding information affecting eligibility; or

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Date: 11-1-97

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7005.10 page 3

Section:

Benefit Error

Type:

POLICY

Chapter:

Overview of Correction Process

Program:

AFDC

AABD

MA

Subject:

Determination of the Cause of the Error

FS

7005.10 C. 2. a. Intentional Recipient Error (continued)

- (3) the assistance unit commits an illegal act such as cashing a duplicate check after falsely claiming nonreceipt of the first check.
 - (4) the assistance unit or its authorized representative withdraws cash or food stamp benefits from the EBT account after they notify the Department that they need a new debit card and before the time the Department's designee deactivates the card.
- b. A final determination of intentional recipient error is made:
- (1) under all programs, if a court of jurisdiction determines that the assistance unit committed the error intentionally; and
 - (2) under the AFDC and Food Stamp programs, if the assistance unit is found guilty through the Administrative Disqualification Hearing process, or the unit waives its right to the Administrative Disqualification Hearing.
- c. If the Department does not seek a penalty against the assistance unit, either through a court procedure or through the Administrative Disqualification Hearing process, recipient error is classified as unintentional.

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UNIFORM POLICY MANUAL**

Date: 1-1-88

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P-7005.10

Section:

Benefit Error

Type:

PROCEDURES

Chapter:

Overview of Correction Process

Program:

AFDC

AABD

MA

Subject:

Determining the Cause of the Error

FS

- P-7005.10
1. Determine whether the error was caused by the Department, the assistance unit, or by a provider. If the error was caused by the Department, skip to step 4.
 2. If the error was caused by the assistance unit, make a preliminary determination regarding whether the error was intentional or unintentional. Consider such questions as:
 - Did the assistance unit fail to report a change affecting eligibility in a timely manner?
 - Did the unit report the change, but not within ten days?
 - Was the unit fully aware of its responsibilities?
 - Did the unit knowingly misinform the Department regarding information affecting eligibility?
 - Did the unit commit an illegal act, as described in policy?
 - Did the Department discover the error through its own efforts, such as by conducting a labor match, or did the assistance unit provide the information, but not within the required time period?
 - If the unit informed the department of a change later than the required ten days, did the unit have good cause for the delay in reporting, as described in policy?
 - How long did the error continue?
 - How much assistance was received erroneously?
 3. Do not regard good cause as an automatic reason to classify the error as unintentional, but consider the entire set of circumstances leading to the error.
 - Did the unit report the change to the Department immediately after the "good cause" circumstance ceased?
 - Could the unit have reported the change despite the "good cause" circumstance?

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Section:

Benefit Error

Type:

PROCEDURES

Chapter:

Overview of Correction Process

Program:

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Subject:

Determining the Cause of the Error

FS

-
- P-7005.10 4. Once you have determined the cause of the error, compute the amount of the underpayment or overpayment, whichever exists, as described in the next subject.
5. Review your findings with your supervisor regarding both the cause of the error and the computation of the underpayment or overpayment.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88	Transmittal: UP-88-1	7005.15
Section: Benefit Error	Type:	POLICY
Chapter: Overview of Correction Process	Program:	AFDC AABD MA FS
Subject: Computation of the Benefit Error		

7005.15 A. General Principle

The Department computes the amount of the error by comparing the amount of the benefits the assistance unit should have received to the amount of the benefits the assistance unit actually did receive for a particular month or series of months.

B. Rules Governing Computation of the Error

The Department uses the rules pertinent to the program in which the error occurred at the time of the error in computing the assistance unit's eligibility and amount of benefits the unit should have received.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 12-1-93

Transmittal: UP-93-36

P-7005.15

Section:
Benefit Error

Type:
PROCEDURES

Chapter:
Overview of Correction Process

Program: AFDC
AABD
MA
FS

Subject:
Computing the Amount of the Benefit Error

- P-7005.15
1. Determine the time period in which the error occurred (when the error began and when it ended).
 2. Consider errors which occurred only within those time limits described in this section, if there are limitations.
 3. Compute the amount of benefits the Department provided to or on behalf of the assistance unit for the period in question under the particular program.
 4. Compute the amount of assistance the Department should have provided to or on behalf of the assistance unit for the time period in question.
 - Use the rules pertinent to the program in which the error occurred at the time of the error in making this computation.
 - Follow the policy described in this section to determine whether the recipient is entitled to disregards. This determination is based on the cause of the error.
 5. Compare the amounts of steps 3 and 4 to determine whether an outstanding overpayment or underpayment exists.
 6. Consider any offsetting or other correction which may have already occurred to reduce the amount of the error, such as:
 - the Department's already having issued a corrective payment to correct an underpayment;
 - the Department's having already recouped all or part of the overpayment;
 - the Department's having recovered assistance, including assistance properly paid, from legally liable relatives, or by any other means described in Section 7500.
 7. Adjust the figure obtained in step 5 based on your findings in step 6.
 8. Use Form W-262CF or W-262B, "Report of Overpayment" in computing the amount of an overpayment. See step 9.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 12-1-93

Transmittal: UP-93-36

P-7005.15 page 2

Section:
Benefit Error

Type:
PROCEDURES

Chapter:
Overview of Correction Process

Program: **AFDC**
 AABD
 MA
 FS

Subject:
Computing the Amount of the Benefit Error

- P-7005.15 9. Have your supervisor review the W-262CF or W-262B for completeness and accuracy.
- Keep a copy of the W-262CF or W-262B cover sheet and supporting documentation for your records.
 - Send the W-262CF overpayment cover sheet to the Client Fraud Investigation Unit of Central Office and the W-262B overpayment cover sheet to the Resource Unit of Central Office.
 - The Client Fraud Unit in Central Office then determines whether to send the case to the State Police for prosecution. The Resource Unit uses the W-262B to prepare statistical reports regarding overpayments.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 02-13-01

Transmittal: UP-01-04

7005.20

Section: Benefit Error	Type: POLICY
Chapter: Overview of Correction Process	Program: AFDC AABD MA FS
Subject: Treatment of Intentional Recipient Error	

7005.20 A. General Statement

1. If a preliminary determination indicates that the overpayment resulted from an intentional recipient error, regardless of the dollar amount, the Department:
 - a. conducts an Administrative Disqualification Hearing, in accordance with the guidelines listed below; or
 - b. consults with the Division of Criminal Justice to determine whether to refer the case:
 - (1) to the State Police; or
 - (2) to a prosecuting authority for prosecution; or
 - (3) to the Attorney General for civil recovery.
2. The Department takes immediate action to initiate recoupment on cases which are referred to either an Administrative Disqualification Hearing or the Division of Criminal Justice.
3. Administrative action to recoup the overpayment continues if the case is determined to be an unintentional recipient error.

B. Cases Referred to an Administrative Disqualification Hearing - AFDC and Food Stamps

1. The Department conducts an Administrative Disqualification Hearing if the Department preliminarily determines that the assistance unit has committed an intentional recipient error, and:
 - a. the case is not one which the Department feels is appropriate for referral to the State Police, prosecuting authority or the Attorney General; or
 - b. the case is originally referred to the State Police, prosecuting authority or the Attorney General, but is not selected for action by them.
2. The Department does not conduct an Administrative Disqualification Hearing for the assistance unit if the case has been referred to the court system and charges were filed related to intentional misuse of program benefits, and the court has ruled the assistance unit not guilty, or if the case is dropped. Such cases are treated as unintentional recipient error.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 10-1-92

Transmittal: UP-01-04

7005.20 page 2

Section:

Benefit Error

Type:

POLICY

Chapter:

Overview of Correction Process

Program:

AFDC

AABD

MA

FS

Subject:

Treatment of Intentional Recipient Error

7005.20 C. Right to a Fair Hearing

1. The assistance unit does not have a right to a Fair Hearing with respect to the issue of whether an assistance unit member committed an intentional recipient error.
2. The assistance unit's only recourse in appealing an Administrative Hearing decision is a court of appropriate jurisdiction.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 11-1-97

Transmittal: UP-98-12

P-7005.20

Section:

Benefit Error

Type:

PROCEDURES

Chapter:

Overview of Correction Process

Program:

AFDC

AABD

MA

FS

Subject:

Treating Intentional Recipients Errors

P-7005.20 Eligibility Worker

1. If it is determined that a case may involve an intentional recipient error, prepare a packet consisting of the following:
 - a W-109CF;
 - all related documentation such as bank statements and wage tracers;
 - a brief description of the current assistance unit situation including the status of the individual or individuals alleged to have caused the overpayment;
2. Send the packet to the District Office Client Fraud Investigation Unit (CFIU) supervisor.
3. If the error is determined to be administrative, initiate recoupment action as described in Sections 7030 and 7045.
4. Follow the procedures regarding the notice of action requirements described in Section 1570 if you plan to reduce or discontinue assistance.

District Office Client Fraud Investigation Unit

1. Review the packet for completeness.
2. Review the classification of the overpayment.
3. Complete a W-262B if the classification is changed from an intentional recipient error to unintentional and initiate recoupment.
4. If it is suspected to be intentional and no additional information is needed, complete a W-262 and forward the packet to the Central Office CFIU. Initiate recoupment as an unintentional error pending a decision of whether or not it is intentional.
5. If the client is not found to have committed an intentional recipient error, recoup as an unintentional error. In the AFDC or Food Stamp program, this means there is no Administrative Disqualification Hearing.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 10-1-92

Transmittal: UP-92-29

P-7005.20 page 2

Section:
Benefit Error

Type:
PROCEDURES

Chapter:
Overview of Correction Process

Program: **AFDC**
 AABD
 MA
 FS

Subject:
Treating Intentional Recipient Errors

P-7005.20 Central Office Fraud Investigation Unit

1. Review the information in the packet.
2. Return it to the District Office CFIU if more information is needed.
3. Return it to the District Office CFIU for recoupment if the classification is changed to unintentional recipient error.
4. Consult with the Division of Criminal Justice if the overpayment is \$5,000.00 or more.
5. Refer AFDC and Food Stamp cases to the District Office CFIU for initiation of the Administrative Disqualification Hearing process on cases for which:
 - there is no consultation with the Division of Criminal Justice; or
 - action by the State Police, Attorney General or prosecuting authority is declined.
6. Refer AABD and MA cases back to the District Office CFIU for initiation of recoupment if there is no consultation with the Division of Criminal Justice, or if action is declined by the State Police, Attorney General or prosecuting authority.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 06-01-10

Transmittal: UP-10-12

7005.25

Section:

Benefit Error

Type:

POLICY

Chapter:

Overview of Correction Process

Program:

AFDC

AABD

MA

SNAP

Subject:

Determination of Correction Procedure

7005.25 A. Corrective Payments

If the error is an underpayment, subject to the conditions described in this section, the Department issues a corrective payment to or on behalf of the assistance unit.

B. Recoupment

If the error is an overpayment, the Department recoups by one or more of the following methods, after discussing the overpayment with the assistance unit and obtaining an agreement from the unit, if possible:

1. grant reduction for SNAP or cash assistance overpayments, only if the assistance unit is still receiving benefits; or
2. installment repayments by the assistance unit; or
3. lump-sum repayment by the assistance unit.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 06-01-10

Transmittal: UP-10-12

P-7005.25

Section:

Benefit Error

Type:

PROCEDURES

Chapter:

Overview of Correction Process

Program:

AFDC

AABD

MA

SNAP

Subject:

Determining the Correction Procedure

- P-7005.25
1. If the error is an underpayment and the assistance unit is eligible for a corrective payment as described in this section, authorize the corrective payment.
 2. If the error is an overpayment which is subject to recoupment, take steps to initiate recoupment by contacting the assistance unit.
 3. After notifying the assistance unit, as described in Section P-7005.30, decide upon the recoupment option to be used. Involve the assistance unit in devising the recoupment plan whenever possible.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88	Transmittal: UP-88-1	7005.30
Section: Benefit Error	Type:	POLICY
Chapter: Overview of Correction Process	Program:	AFDC AABD MA FS
Subject: Notification of Assistance Unit		

7005.30 A. Notification Prior To Action To Correct

The Department notifies the assistance unit before taking action to correct an error.

1. If there is an underpayment the Department notifies the assistance unit that it is entitled to a corrective payment, subject to the conditions described in this section.
2. If there is an overpayment the Department notifies the assistance unit of its intended action to recoup.

B. Contents of Notice

The Department's notice of intent to correct an error informs the assistance unit of:

1. the type of error which has occurred;
2. the amount of the error;
3. the specific cause of the error, as preliminarily determined by the Department;
4. the time period covered by the error;
5. the amount of any offsetting done to reduce the error;
6. the Department's proposed method to correct the error;
7. the assistance unit's right to participate in the correction process;
8. the assistance unit's right to a Fair Hearing to dispute the Department's intended action based on either the action itself or the amount of the error;
9. the availability of free legal representation, if any.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 12-1-93**Transmittal: UP-93-36****P-7005.30**

Section:
Benefit Error**Type:**
PROCEDURES

Chapter:
Overview of Correction Process**Program:** **AFDC**
 AABD
 MA
 FS

Subject:
Notifying the Assistance Unit

- P-7005.30 1. If the assistance unit is being issued a payment to correct an underpayment, create an underpayment BEG. Upon approval of the underpayment BEG, the EMS system will issue notice #1020 to the household.
2. If the Department is taking recoupment action to correct an overpayment, notify the unit in writing at least 10 days prior to taking the action.
- ° For all active cases involving overpayment errors, initiate a Benefit Error Group (BEG) on EMS and have the BEG approved by the supervisor. For all cases, except those cases involving Food Stamp administrative overpayment errors, EMS will automatically generate a demand letter (W-55) to the client when the BEG converts to "OP" status.
- ° For all discontinued cases involving overpayment errors, initiate a Benefit Error Group (BEG) on EMS and have the supervisor approve the BEG. For all cases, except those involving Food Stamp administrative overpayment errors, send the client form W-1384, L-209, L-212, W-58, or W-59 as appropriate.
- ° For active and discontinued cases involving Food Stamp administrative overpayment errors, send the client form W-1382, W-1382A, L-007, L-008, L-015, or L-016 as appropriate.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88	Transmittal: UP-88-1	7005.35
Section: Benefit Error	Type:	POLICY
Chapter: Overview of Correction Process	Program:	AFDC AABD MA
Subject: Correction of the Error		FS

7005.35 A. Promptness

The Department attempts to correct the error as quickly as possible without causing undue hardship to the assistance unit.

B. Fairness

When computing a monthly rate of recoupment, the Department, if not prohibited by law, may take into consideration several factors, such as the assistance unit's shelter costs and the amount of income the unit will have after making its monthly repayment.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-8**Transmittal: UP-88-1****P-7005.35**

Section:
Benefit Error**Type:**
PROCEDURES

Chapter:
Overview of Correction Process**Program:** **AFDC**
 AABD
 MA
Subject: **FS**
 Correcting the Error

- P-7005.35 1. Try to take corrective action as soon as you become aware that an error has occurred.
2. Document your action in the case record, including:
- ° verifying income or other factors for the months in question;
- ° contacting the assistance unit regarding your method of correcting the error.
3. Allow the assistance unit to participate in the recoupment process. Listen to the unit's claims regarding any unusual expenses the unit might have which would reduce the unit's ability to repay at the Department's intended rate.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 1-1-88	Transmittal: UP-88-1	7010
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Section:	Type:
Benefit Error	POLICY

Chapter:	Program:
AFDC Underpayments	AFDC

Subject:

7010 This chapter outlines the Department's policies and procedures regarding the correction of AFDC underpayments.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 06-01-10

Transmittal: UP-10-12

7010.05

Section:
Benefit Error

Type:
POLICY

Chapter:
AFDC Underpayments

Program: AFDC

Subject:
General Principles

7010.05 A. When Corrective Payments are Made

1. The Department issues a corrective payment to an underpaid assistance unit whether the case is active or closed.
2. If the composition of the underpaid assistance unit changes, the Department makes a corrective payment to that unit containing the majority of individuals who were members of the underpaid unit.
3. The Department issues a corrective payment to an underpaid assistance unit regardless of when the underpayment occurred.

 B. Offsetting

1. Before issuing a corrective payment, the Department investigates whether the assistance unit has received an AFDC overpayment during the time period containing the underpayment. The Department also investigates whether the unit has received any other documented AFDC overpayments which have not yet been recouped.
2. If an overpayment and an underpayment have occurred for the same assistance unit, the Department offsets the amount of the overpayment against that of the underpayment.
3. If the amount of the underpayment exceeds that of the overpayment, and the assistance unit is eligible for a corrective payment, the Department issues to the unit a corrective payment which is equal to the difference between the underpayment and the overpayment.

 C. Treatment of Corrective Payments

1. The corrective payment is excluded income in the month the assistance unit receives it, and, to the extent retained, an excluded asset in the following month. Any remaining part of the corrective payment becomes a counted asset as of the second month following the month of receipt (Cross Reference: 4000 and 5000).
2. The assistance unit receives its corrective payment in addition to its present benefit.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 6-1-88**Transmittal: UP-88-24****P-7010.05**

Section:
Benefit Error**Type:**
PROCEDURES

Chapter:
AFDC Underpayment**Program:**
AFDC

Subject:
Issuing a Corrective Payment

- P-7010.05
1. If you become aware that an assistance unit may have received an underpayment, whether the case is currently active or closed, calculate the amount of the underpayment.
 2. Before authorizing a corrective payment, check to see whether the assistance unit has any outstanding AFDC overpayments which have not been recouped.
 3. Use the amount of any outstanding AFDC overpayments to offset the amount of the AFDC underpayment.
 4. If the assistance unit is entitled to a corrective payment, send a W-52 to inform the unit regarding what the corrective payment represents. An active assistance unit will receive its corrective payment in addition to its regular monthly benefit.
 5. Treat the corrective payment as excluded income in the month received, and, to the extent retained, as an excluded asset in the following month.
 6. Treat any remaining part of the corrective payment as a counted asset as of the second month following the month of receipt.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88	Transmittal: UP-88-1	7010.10
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Section: Benefit Error	Type: POLICY
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Chapter: AFDC Underpayment	Program: AFDC
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Subject: Computation of an AFDC Underpayment

7010.10 A. General Description of the Process

The Department computes the amount of the underpayment by comparing the amount of the benefit which the assistance unit received during a month or series of months to the amount the assistance unit should have received during that period.

B. Benefits Due the Assistance Unit

1. The Department follows the policy outlined in Section 6000 to compute the amount of benefits the assistance unit should have received.
2. If retrospective budgeting was not in effect at the time the underpayment occurred, the Department uses the assistance unit's actual income and circumstances to compute the amount of the proper assistance payment for the month or series of months.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88**Transmittal: UP-88-1****P-7010.10**

Section:
Benefit Error**Type:**
PROCEDURES

Chapter:
AFDC Underpayment**Program:**
AFDC

Subject:
Computing the Amount of an AFDC Underpayment

- P-7010.10
1. Determine the amount of AFDC benefits which the assistance unit actually received from the Department during the month or months in question.
 2. Follow the procedures described in Section 6000 to calculate the amount of benefits the unit should have received.
 3. Compare the figure obtained in step 1 with that of step 2.
 - If the figure in step 1 is greater than that of step 2, the difference represents an overpayment.
 - If the figure in step 2 is greater than that of step 1, the difference represents an underpayment.
 - If the two figures are equal, there is neither an overpayment nor an underpayment for the period in question.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88	Transmittal: UP-88-1	7015
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Section:	Type:
Benefit Error	POLICY

Chapter:	Program:
State Supplement Underpayment	AABD

Subject:

7015 This chapter outlines the Department's policies and procedures regarding the correction of State Supplement underpayment.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88		Transmittal: UP-88-1		7015.05	
Section:				Type:	
Benefit Error				POLICY	
Chapter:				Program:	
State Supplement Underpayment				AABD	
Subject:					
General Provisions					

7015.05 A. When Corrective Payments are Made

The Department issues a corrective payment to an underpaid assistance unit if:

1. the unit is currently receiving AABD benefits, or would be currently receiving AABD benefits if the error causing the underpayment had not occurred; and
2. the underpayment was caused by administrative error; and
3. the underpayment occurred no earlier than 12 months preceding the month the Department discovers it.

B. Offsetting

1. Before issuing a corrective payment, the Department investigates whether the assistance unit has received an AABD overpayment during the time period containing the underpayment. The Department also investigates whether the assistance unit has received any other documented AABD overpayments which have not yet been recouped.
2. If an overpayment and an underpayment have occurred for the same assistance unit, the Department offsets the amount of the overpayment against that of the underpayment.
3. If the amount of the underpayment exceeds that of the overpayment, and the assistance unit is eligible for a corrective payment, the Department issues to the assistance unit a corrective payment which is equal to the difference between the underpayment and the overpayment.

C. Treatment of Corrective Payments

1. The corrective payment is excluded income in the month the assistance unit receives it, and, to the extent retained, an excluded asset in the following month. Any remaining part of the corrective payment becomes a counted asset as of the second month following the month of receipt (Cross reference: Section 4000 and Section 5000).
2. The assistance unit receives its corrective payment in addition to its present benefit.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88**Transmittal: UP-88-1****P-7015.05**

Section:
Benefit Error**Type:**
PROCEDURES

Chapter:
State Supplement Underpayment**Program:**
AABD

Subject:
Issuing a Corrective Payment

- P-7015.05 1. If you learn that the assistance unit may have received an AABD underpayment, do not authorize a corrective payment unless:
- the underpayment was caused by administrative error; and
 - the assistance unit is currently receiving AABD benefits; or
 - the unit would be currently receiving AABD benefits if the error causing the underpayment had not occurred.
2. Before authorizing a corrective payment, check to see whether the assistance unit has any outstanding AABD overpayments occurring within the time limits described in Section 7035 which have not been recouped.
3. Use the amount of any outstanding AABD overpayments to offset the amount of the AABD underpayment.
4. If the assistance unit is entitled to a corrective payment, send a W-52 to inform the unit regarding what the corrective payment represents. An active assistance unit will receive its corrective payment in addition to its regular monthly benefit.
5. If the assistance unit is not entitled to a corrective payment solely because it is not currently eligible for AABD, or would not currently be eligible for AABD benefits even if the error causing the underpayment had not occurred, document the case record regarding the amount of the underpayment. The assistance unit may become eligible for a corrective payment if it meets the requirements of step 1 at a later date.
6. Treat the corrective payment as excluded income in the month received, and, to the extent retained, as an excluded asset in the following month.
7. Treat any remaining part of the corrective payment as a counted asset as of the second month following the month of receipt.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88	Transmittal: UP-88-1	7015.10
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Section: Benefit Error	Type: POLICY
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Chapter: State Supplement Underpayment	Program: AABD
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Subject: Computation of the State Supplement Underpayment
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7015.10 A. General Description of the Process

The Department computes the amount of the underpayment by comparing the amount of the benefit which the assistance unit received during a month or series of months to the amount the assistance unit should have received during the period.

B. Benefits Due the Assistance Unit

1. The Department follows the policy outlined in Section 6000 to compute the amount of benefits the assistance unit should have received.
2. The Department uses the assistance unit's actual income and circumstances to compute the amount of the proper assistance payment for the month or series of months.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88**Transmittal: UP-88-1****P-7015.10**

Section:
Benefit Error**Type:**
PROCEDURES

Chapter:
State Supplement Underpayment**Program:**
AABD

Subject:
Computing the Amount of a State Supplement Underpayment

- P-7015.10
1. Determine the amount of AABD benefits which the assistance unit actually received from the Department during the month or months in question.
 2. Follow the procedures described in Section 6000 to calculate the amount of benefits the unit should have received.
 3. Compare the figure obtained in step 1 with that of step 2.
 - If the figure in step 1 is greater than that of step 2, the difference represents an overpayment.
 - If the figure in step 2 is greater than that of step 1, the difference represents an underpayment.
 - If the two figures are equal, there is neither an overpayment nor an underpayment for the period in question.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88

Transmittal: UP-88-1

7020

Section:

Benefit Error

Type:

POLICY

Chapter:

Medicaid Underpayment

Program:

MA

Subject:

7020 This chapter outlines the Department's policies and procedures regarding the correction of Medicaid underpayment.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88**Transmittal: UP-88-1****7020.05**

Section:**Benefit Error****Type:****POLICY**

Chapter:**Medicaid Underpayment****Program:****MA**

Subject:**General Provisions**

7020.05 A. When Corrective Payments are Made

The Department makes a corrective payment to a medical service provider for a medical service provided to an assistance unit member regardless of the unit member's present eligibility, if:

1. the assistance unit member is eligible for Medicaid as of the date the service is provided; and
2. there is a valid Medicaid application on file with the Department on behalf of the assistance unit member under which the unit member would be covered as of the date the service was provided; and
3. the medical service provider is an approved participant in the Medicaid program as of the date the service was provided; and
4. the service provided is covered under the Medicaid program; and
5. the medical service provider submits the unit member's correctly completed medical bill to the Department in a timely manner, as specified in the Department's Medical Services Manual.

B. No Corrective Payments Made Directly to Assistance Unit

The Department does not reimburse an assistance unit directly if the unit paid for a medical service which is covered by the Medicaid program and which could have been paid using Medicaid funds. However, if ordered by a court or if otherwise appropriate, the Department pays the medical provider if the provider reimburses the assistance unit and submits the bill to the Department.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88**Transmittal: UP-88-1****P-7020.05**

Section:
Benefit Error**Type:**
PROCEDURES

Chapter:
Medicaid Underpayment**Program:**
MA

Subject:
Issuing a Corrective Payment

- P-7020.05
1. If you receive a request for payment of a medical bill on behalf of a recipient or former recipient, note the date on which the medical service was provided.
 2. If the individual was an active MA recipient effective the date the medical service was provided, see step 10.
 3. If the individual was not an MA recipient effective the date the service was provided, see whether there was an MA application on file with the Department under which the individual would have been covered during the time the service was provided.
 4. If there is no such application on file, determine whether the individual may apply now for MA benefits which would cover the period in question (refer to Section 1500).
 - If the time period during which the individual may apply for coverage has expired, stop here.
 - If the time period has not expired, inform the individual that he or she should request assistance under the MA program to cover the period in question.
 5. If there is an application on file which would cover the individual for the period in question, see step 6.
 6. If a determination was made that the individual was ineligible for MA benefits for the period covering the medical services, stop here unless the individual still has time to request a Fair Hearing regarding the denial (see Section 1570). If there is still time to request a Fair Hearing, so advise the individual.
 7. If no determination was made regarding the individual's eligibility during the period in question, make such determination based on information contained in the case record.
 8. If you determine that the individual was eligible during the period in question, see step 12.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88**Transmittal: UP-88-1****P-7020.05 page 2**

Section:
Benefit Error**Type:**
PROCEDURES

Chapter:
Medicaid Underpayment**Program:**
MA

Subject:
Issuing a Corrective Payment

- P-7020.05 9. If you determine that the individual was ineligible during the period in question, or if you are unable to determine the individual's eligibility status during this period, stop here.
10. If the individual was an active MA recipient effective the date the service was provided, and the bill is submitted within a year of that date, send the bill to the Medical Program Manager, Central Office. Note any insurance coverage available to the individual.
11. If the individual was an active MA recipient effective the date the medical service was provided, but the bill is submitted more than a year after that date, determine what caused the delay. Obtain Supervisory/Program Supervisory approval to send the following package to the Medical Program Manager:
- the medical bill for which payment is being requested;
 - a copy of the W-52 showing that the individual is authorized to receive MA benefits during the time the medical service was provided;
 - information regarding any insurance coverage the individual had at the time;
 - brief narrative regarding the reason the package is being sent to Central Office, including why the bill was not previously submitted.
12. If the individual was eligible for MA benefits effective during the period the medical service was provided, as described in step 8:
- issue a correcting W-52 with the effective date covering the period in question; and
 - follow the procedures described in step 10 or 11, whichever is appropriate.
13. The Medical Program Manager determines whether the bill can be paid according to the policies contained in the Department's Medicaid Provider Manual.

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Section:
Benefit Error

Type:
PROCEDURES

Chapter:
Medicaid Underpayment

Program:
MA

Subject:
Issuing a Corrective Payment

- P-7020.05 14. If an individual paid for a medical service which could have been covered under the MA program, as described in steps 10 through 12, and the individual requests reimbursement for this payment:
- inform the individual that the Department does not make such reimbursements; and
 - advise the individual to contact his medical service provider to discuss the provider's reimbursing the individual and billing the Department for the service.

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UNIFORM POLICY MANUAL**

Date: 1-1-88**Transmittal: UP-88-1****7020.10**

Section:
Benefit Error**Type:**
POLICY

Chapter:
Medicaid Underpayment**Program:**
MA

Subject:
Computation of a Medicaid Underpayment

7020.10 A. General Description of the Process

The Department computes the amount of the underpayment by comparing the total Medicaid payments made by the Department on behalf of the assistance unit for services provided in a month or series of months to the amount which the Department should have paid for these services.

B. Benefits Due the Assistance Unit

1. The Department uses the policy described in Section 5500 to compute whether the assistance unit is eligible for Medicaid benefits for a month or series of months during which the medical services were provided.
2. The Department uses the policy described in Section 5500 to compute the amount of the unit's liability for payment of medical expenses, if any, during the period of eligibility covering the date the service was provided.
3. The amount of the underpayment is equal to:
 - a. that portion of the medical bills incurred by the assistance unit during the month or series of months which is payable under the Medicaid program, if the Department erroneously determined that the unit was ineligible during this period, or if the Department otherwise failed to pay such bills; or
 - b. that portion of the medical bills incurred by the assistance unit during a period of eligibility which is payable under the Medicaid program if the Department erroneously overstated the unit's liability for paying these bills, or if the Department otherwise failed to pay such bills.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 1-1-88	Transmittal: UP-88-1	7025
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Section:	Type:
Benefit Error	POLICY

Chapter:	Program:
Food Stamp Underpayment	FS

Subject:

7025 This chapter outlines the Department's policies and procedures regarding the correction of Food Stamp underpayments.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88		Transmittal: UP-88-1		7025.05	
Section:				Type:	
Benefit Error				POLICY	
Chapter:				Program:	
Food Stamp Underpayment				FS	
Subject:					
General Principles					

7025.05 A. Entitlement to a Corrective Payment

1. The Department issues a corrective payment to an underpaid assistance unit under the conditions described in this chapter.
2. Eligibility for a corrective payment is based on factors including, but not limited to:
 - a. the cause of the underpayment; and
 - b. the date the underpayment occurred; and
 - c. the existence of a past overpayment which would offset the underpayment.
3. The Department issues a corrective payment to an underpaid assistance unit regardless of whether the unit is currently eligible for Food Stamp benefits.

B. Method of Issuance

1. The Department issues a corrective payment to an underpaid assistance unit in the form of a Food Stamp allotment equal to the amount of the underpayment.
2. If the assistance unit is currently eligible for Food Stamp benefits, the Department issues the unit its regular allotment in addition to the allotment representing the corrective payment.
3. The Department issues a corrective payment in monthly Food Stamp installments if the assistance unit so requests because the unit feels the stamps may be stolen or because the amount of the corrective payment is more than the unit could use in a reasonable period of time.

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Section:

Benefit Error

Type:

POLICY

Chapter:

Food Stamp Underpayment

Program:

FS

Subject:

General Principles

7025.05 C. Offsetting

1. Before taking action to issue a corrective payment, the Department determines whether the assistance unit has received a Food Stamp overpayment during the same time period, and whether the unit has received any other documented Food Stamp overpayments which have not yet been recouped. If so, the Department offsets the amount of the overpayment against that of the underpayment.
2. If the amount of the underpayment exceeds that of the overpayment, and the assistance unit is eligible for a corrective payment, the Department issues the unit an allotment of Food Stamps equal to the difference between the underpayment and the overpayment.

D. Change in Assistance Unit Composition

1. If the assistance unit's composition has changed, the Department issues a corrective payment to the unit containing the majority of the members who were in the unit at the time the underpayment occurred.
2. If the Department cannot locate or identify such unit, the Department issues a corrective payment to the unit containing the person who was the head of the unit when the underpayment occurred.

E. Disputes Regarding Corrective Payments

1. Disputes Regarding Computation of Corrective Payments

- a. The Department notifies the assistance unit of its entitlement to a corrective payment. The notice contains the following information:
 - (1) the amount of the corrective payment; and
 - (2) any offsetting that was done; and
 - (3) the method of making the corrective payment; and
 - (4) the unit's right to a Fair Hearing if it disagrees with any aspect of the correction process.

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Section:**Benefit Error****Type:****POLICY**

Chapter:**Food Stamp Underpayment****Program:****FS**

Subject:**General Principles**

7025.05 E. 1. Disputes Regarding Corrective Payment (continued)

- b. If the assistance unit does not agree with the Department's computation of the underpayment, or with any other aspect of the correction process the unit has the right to a Fair Hearing if it makes such request within 90 days from the date the unit is notified of its entitlement to a corrective payment.
- c. If the assistance unit requests a Fair Hearing prior to or during the correction process, the Department issues a corrective payment based on its own computations. If the Fair Hearing decision upholds the assistance unit, the Department issues another corrective payment based on the Fair Hearing decision.

2. Disputes Regarding Eligibility for Corrective Payment

- a. If the assistance unit requests a corrective payment, but the Department determines that the unit is not entitled to such payment, the unit has 90 days from the date of the Department's determination to request a Fair Hearing.
- b. The Department issues a corrective payment to the assistance unit only if the Fair Hearing decision upholds the unit.
- c. The unit's eligibility for a corrective payment is subject to the limitations described in this chapter.

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Section:
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Type:
PROCEDURES

Chapter:
Food Stamp Underpayment

Program:
FS

Subject:
Determining Entitlement to a Corrective Payment

- P-7025.05
1. If the Department discovers an underpayment, determine when it occurred, and who caused the error.
 2. Take steps to issue a corrective payment, as described in this chapter, only if the error:
 - occurred 12 months or less prior to the date the Department discovered it; and
 - was the fault of the Department.
 3. If the assistance unit claims it has been underpaid, determine when the alleged underpayment occurred, and who caused the error.
 4. Take steps to issue a corrective payment only if the error:
 - occurred 12 months or less prior to the date the assistance unit is requesting a corrective payment; and
 - was the fault of the Department.
 5. If a court of jurisdiction rules that the assistance unit has been underpaid, determine when the error occurred.
 6. If the court action is the first action the assistance unit has taken to obtain a corrective payment, take steps to issue such payment if the error occurred 12 months or less prior to the date the action was filed.
 7. If the court action is an appeal of a Fair Hearing decision, and the assistance unit had requested a corrective payment prior to the Fair Hearing, take action to issue a corrective payment if the error occurred 12 months or less prior to the request for a corrective payment.
 8. If the Fair Hearing process is the first action the assistance unit has taken to obtain a corrective payment, take steps to issue such payment if the error occurred 12 months or less prior to the date the Fair Hearing is requested.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 10-1-87

Transmittal: UP-88-16

7025.10

Section:
Benefit Error

Type:
POLICY

Chapter:
Food Stamp Underpayment

Program:
FS

Subject:
When a Corrective Payment is Made

7025.10 The Department issues a corrective payment to an underpaid assistance unit under the conditions described below.

A. Discovery of Administrative Error or Reversal of Administrative Disqualification Hearing Decision

1. Subject to the conditions described below, the Department issues a corrective payment to an underpaid assistance unit if the underpayment is caused by Agency error or by an Administrative Disqualification Hearing decision which is subsequently reversed.
2. Except as provided for in No. 3 below, the Department issues a corrective payment to the assistance unit if the underpayment occurred no more than 12 months prior to the earlier of the following dates:
 - a. the date the Department receives a request for a corrective payment from the assistance unit; or
 - b. the date the Department is notified or otherwise discovers that an underpayment to the unit has occurred.
3. The 12 month limitation on corrective payments does not apply to assistance units entitled to a corrective payment because of the SCSEP income exclusion. (Cross Reference: 5015.15, A. 24)

B. State or Federal Court Ruling

1. Subject to the conditions described below, the Department issues a corrective payment to the assistance unit if a court of jurisdiction decides that the unit has been underpaid.
2. If the court action is the first action the assistance unit takes to obtain a corrective payment, and the underpayment occurred no more than 12 months prior to the date the court action is initiated, the Department issues the corrective payment.
3. If the court action is a review of a Departmental Fair Hearing decision, and if the underpayment occurred no more than 12 months prior to the earlier of the following dates, the Department issues the corrective payment:

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Type:

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Chapter:

Food Stamp Underpayment

Program:

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Subject:

When a Corrective Payment is Made

7025.10 B. 3. State or Federal Court Ruling (continued)

- a. the date the Department receives a request for a corrective payment; or
 - b. the date the Fair Hearing action is initiated (if the Department receives no request for a corrective payment).
4. The Department issues a corrective payment as described in paragraph 3 only if the underpayment occurred no more than 12 months prior to the date the Department is notified of, or discovers the underpayment.

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Date: 1-1-88**Transmittal: UP-88-1****P-7025.10**

Section:
Benefit Error**Type:**
PROCEDURES

Chapter:
Food Stamp Underpayment**Program:**
FS

Subject:
Computing the Amount of the Underpayment

- P-7025.10
1. Before computing the amount of any past underpayment, determine whether the error is affecting the assistance unit's present benefit amount, and make any adjustments to this amount as needed.
 2. Do not compute an underpayment for any month unless the assistance unit would qualify for a corrective payment for that month, as described in the previous subject.
 3. Determine the amount of Food Stamp benefits which the assistance unit actually received from the Department during the month or months in question, beginning with the first month the error occurs for which the unit is eligible for a corrective payment.
 4. Follow the procedures described in Section 6000 to calculate the amount of benefits the unit should have received.
 5. Compare the figure obtained in step 3 with that of step 4.
 - If the figure in step 3 is greater than that of step 4, the difference represents an overpayment.
 - If the figure in step 4 is greater than that of step 3, the difference represents an underpayment.
 - If the two figures are equal, there is neither an overpayment nor an underpayment for the period in question.
 6. Follow the procedures described in step 5 beginning with the first month of the error, as described in step 3, and continuing until the earlier of the following months:
 - the first month the error is corrected; or
 - the first month the assistance unit is determined ineligible.
 7. Consider the assistance unit ineligible as described in step 6, if there is insufficient information in the case record to determine eligibility and the unit is unable to provide this information.

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Section:
Benefit Error

Type:
PROCEDURES

Chapter:
Food Stamp Underpayment

Program:
FS

Subject:
Computing the Amount of the Underpayment

- P-7025.10 8. For every month in which the assistance unit received an incorrect Food Stamp allotment, make sure the unit actually participated in the program for that month.
9. Do not count the amount of an underpayment for any month in which the unit did not participate, as described in step 8, in computing the amount of any corrective payment due the assistance unit.
10. Before authorizing a corrective payment, check to see whether all or part of the corrective payment due the assistance unit can be offset by any documented overpayments which have not yet been recouped, as described in Section 7045.
11. Make adjustments to the amount due as a corrective payment, if appropriate, as described in step 10.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 1-1-88		Transmittal: UP-88-1	7025.15
Section: Benefit Error		Type: POLICY	
Chapter: Food Stamp Underpayment		Program: FS	
Subject: Computation of the Underpayment			

7025.15 A. Adjustments Prior to Computation of Underpayment

Before computing the amount of the underpayment, the Department:

1. corrects the assistance unit's present allotment amount, if necessary; and
2. excludes any underpayments occurring prior to the 12-month time period described in this chapter.

B. General Description of the Process

Subject to the conditions described below, the Department computes the amount of the underpayment by comparing the amount of benefits which the assistance unit received during a month or series of months to the amount the unit should have received during that period.

C. Benefits Due the Assistance Unit

1. The Department uses the policy outlined in Section 6000 to compute the amount of benefits the assistance unit should have received.
2. The total amount of the underpayment begins within the first month the assistance unit is underpaid within the appropriate 12 month period and continues for each subsequent month until either the unit begins receiving the correct amount or the unit is determined ineligible.
3. The Department determines the assistance unit's eligibility for each month affected by the underpayment.
4. If the Department does not have sufficient information to document the unit's eligibility for any month during which an underpayment occurred, the Department notifies the unit regarding what information is needed for each particular month, and by what date the information must be provided by the unit.
5. The assistance unit is considered ineligible for a corrective payment for any month in which it is unable to establish eligibility because of lack of information. The Department does not compute an underpayment for that month.

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Section:

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Type:

POLICY

Chapter:

Food Stamp Underpayment

Program:

FS

Subject:

Computation of the Underpayment

7025.15 C. Benefits Due the Assistance Unit (continued)

6. If the assistance unit was determined eligible but received an incorrect allotment, the Department computes the amount of the underpayment only for those months in which the unit participated in the program.
7. If an eligible unit's application was erroneously denied, the Department computes the amount of the underpayment:
 - a. from the month of initial application; or
 - b. from the month following the expiration of the certification period for an eligible unit filing a timely reapplication.
8. If an eligible unit's benefits were erroneously terminated, the Department computes the amount of the underpayment from the first month the unit did not receive benefits because of the erroneous termination.
9. If an eligible unit's benefits were erroneously delayed, the Department computes the amount of the underpayment in accordance with the policies described in Section 1505.

D. Adjustments Prior to Issuance of Corrective Payment

Prior to issuing a corrective payment, the Department offsets the amount of any existing overpayments against the total amount of the underpayment.

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Date: 1-1-88**Transmittal: UP_88-1****P-7025.15**

Section:
Benefit Error**Type:**
PROCEDURES

Chapter:
Food Stamp Underpayment**Program:**
FS

Subject:
Notifying the Assistance Unit

- P-7025.15
1. For cases involving underpayment not offset by overpayments, complete Form W-1322a in triplicate:
 - send one copy to the assistance unit;
 - file one copy in the case record.
 2. For cases involving underpayment partially offset by past overpayments, complete Form W-1433 and file in the case record. Continue to step 3.
 3. Complete the front and reverse side of Form W-1322b/W-1322sb in triplicate:
 - send one copy to the assistance unit;
 - file one copy in the case record.
 4. For cases involving an underpayment which is totally offset by an overpayment, if the overpayment is presently being recouped by grant reduction:
 - complete Form W-1301A increasing the amount of the overpayment recouped to date by the amount of the underpayment; and
 - decrease the recoupment balance by the amount of the underpayment; and
 - maintain the current grant reduction amount if there is an overpayment balance remaining; and
 - follow the procedures described in steps 2 and 3.

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Section:
Benefit Error

Type:
PROCEDURES

Chapter:
Food Stamp Underpayment

Program:
FS

Subject:
Notifying the Assistance Unit

- P-7025.15 5. The Food Stamp Control Unit, upon receiving Form W-1322, as described in steps 1, 3, and 4 above:
- provides written notification to the assistance unit of its entitlement;
 - issues a corrective payment to the unit per District Office instruction;
 - completes W-332 and forwards it with a copy of W-1322/W-1322sb to Central Collections when an overpayment has been offset;
 - maintains an accounting system for recording the reason a corrective payment is made;
 - records the balance, if any, which must be corrected;
 - documents how the underpaid amount was calculated;
 - identifies those situations where an overpayment is used to offset the underpayment.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 1-1-88	Transmittal: UP-88-1	7025.20
Section: Benefit Error		Type: POLICY
Chapter: Food Stamp Underpayment		Program: FS
Subject: Underpayment to Disqualified Individuals		

7025.20 A. Entitlement to a Corrective Payment

An assistance unit containing an individual disqualified from the Food Stamp program for intentional recipient error is entitled to a corrective payment if:

1. the decision resulting in the disqualification is subsequently reversed; and
2. the underpayment resulting from the disqualification occurred no more than 12 months prior to the date the Department is notified of the reversal of the decision.

B. Computation of the Underpayment

1. The Department computes the amount of the underpayment by comparing the allotment the assistance unit received with the allotment the unit would have received had the disqualified individual been allowed to participate.
2. The Department makes this computation for each month of the disqualification, not to exceed the time period described in paragraph A.
3. If the assistance unit participates in an Administrative Disqualification Hearing to contest the Department's allegation of intentional recipient error, the date of the hearing is the date the Department is considered notified of the unit's request for a corrective payment.

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Date: 1-1-88	Transmittal: UP_88-1	7030
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Section:	Type:
Benefit Error	POLICY

Chapter:	Program:
Overpayment	AFDC

Subject:

7030 This chapter outlines the Department's policies and procedures regarding the correction of AFDC overpayments.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 1-1-88

Transmittal: UP-88-1

7030.05

Section:
Benefit Error

Type:
POLICY

Chapter:
AFDC Overpayments

Program: AFDC

Subject:
General Principles

7030.05 A. All Overpayments Recouped Promptly

1. The Department attempts to recoup all AFDC overpayments, regardless of when the overpayment occurred, and regardless of whether the overpaid assistance unit is still intact or still receiving AFDC.
2. The Department takes one of the following actions by the end of the quarter following the quarter in which it first identifies the overpayment:
 - a. it recoups the overpayment; or
 - b. it executes a monthly recoupment agreement from an active assistance unit; or
 - c. it initiates action to locate or recoup the overpayment from an assistance unit member who is now not receiving benefits.

 B. Subject of Recoupment Actions

1. The Department recoups from the assistance unit which received the overpayment.
2. If the Department is unable to recoup from the overpaid assistance unit, it recoups from:
 - a. another assistance unit if this unit now contains an individual who was a member of the overpaid assistance unit; or
 - b. an individual member of an overpaid assistance unit, regardless of whether this individual is now receiving benefits.

 C. Offsetting

1. Before taking action to recoup an AFDC overpayment, the Department investigates whether the assistance unit has received an AFDC underpayment during the same time period. The Department also investigates whether the assistance unit has received any other documented AFDC underpayments which have not been corrected.

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Date: 06-01-10

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Section:

Benefit Error

Type:

POLICY

Chapter:

AFDC Overpayments

Program:

AFDC

Subject:

General Principles

7030.05 C. Offsetting (continued)

2. If both an AFDC overpayment and an AFDC underpayment have occurred for the same assistance unit, the Department offsets the overpayment against the underpayment.
3. If the amount of the overpayment is greater than that of the underpayment, the offset is used to reduce the amount the Department recoups from the assistance unit.
4. If the Department has recovered all or part of the AFDC benefits provided to the assistance unit for a particular month through any of the recovery actions described in Section 7500, the Department subtracts this amount from the amount of the overpayment for that month.

D. Rate of Recoupment

1. If the recoupment rate has been set by a court, the Department recoups at that rate. Otherwise, the Department must allow the assistance unit to retain, as monthly income, an amount equal to at least 90% of the amount of benefits a unit of the same size would receive if it had no income.
2. The Department adjusts the monthly recoupment rate downward if the assistance unit has relatively high shelter expenses, as described in this chapter.
3. The Department recoups an overpayment from an individual no longer receiving assistance at a rate not to exceed that at which the Department would recoup from an active assistance unit with the same financial circumstances, unless the individual voluntarily repays at a higher rate.
4. Voluntary payments from active assistance units are not accepted if this would result in the unit retaining less than 90% of the amount of benefits a unit of the same size would receive if it had no income.

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Section:

Benefit Error

Type:

POLICY

Chapter:

AFDC Overpayments

Program:

AFDC

Subject:

General Principles

7030.05 D. Rate of Recoupment (continued)

5. Recoupment by a lump sum payment is allowed as long as it would not cause the unit to suffer a hardship.

E. Awards Less Than Ten Dollars

1. The assistance unit remains eligible for AFDC, and the Department issues benefits to the assistance unit for the appropriate amount, if the unit's monthly AFDC award is reduced to less than ten dollars because of a recoupment action.
2. An assistance unit which is categorically eligible for AFDC but whose monthly deficit is less than ten dollars prior to a recoupment action, and is therefore not receiving a monthly cash award, is not credited with repaying the Department unless the unit actually makes a payment.

F. Participation of Assistance Unit in Recoupment Process

1. The Department allows the assistance unit to participate in the recoupment process by:
 - a. discussing the cause and amount of the overpayment with the Department; and
 - b. negotiating with the Department in establishing a recoupment plan.
2. The assistance unit has a right to a Fair Hearing if it contests any phase of the recoupment process.

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UNIFORM POLICY MANUAL**

Date: 1-1-88**Transmittal: UP-88-1****P-7030.05**

Section:
Benefit Error**Type:**
PROCEDURES

Chapter:
AFDC Overpayment**Program:**
AFDC

Subject:
Computing the Amount of the Overpayment

- P-7030.05
1. If you learn that the assistance unit may have received an AFDC overpayment, determine when the error first occurred and how many months it continued.
 2. Before computing the amount of the overpayment, determine whether the error is affecting the assistance unit's ongoing eligibility or amount of benefits. If so, take steps to reduce or discontinue assistance, as described in Section 1570.
 3. Determine the amount of AFDC benefits which the assistance unit actually received from the Department during the month or months in question. Make sure that the checks were actually cashed each month.
 4. Determine whether the assistance unit is prospectively eligible for the month or months in question, as described in Section 5500.
 5. If the unit is prospectively ineligible, consider the amount of the overpayment as the amount determined in step 3 for each month of prospective ineligibility.
 6. If the unit is prospectively eligible, consider the unit's actual income and needs for the month of the overpayment in computing the amount the unit should have received from the Department:
 - for cases which were part of the DO# 1 or DO# 4 caseload prior to 9/83, if the error occurred during that period;
 - for cases which were part of any other District Office caseload prior to 1/84, if the error occurred during that period.

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Section:
Benefit Error

Type:
PROCEDURES

Chapter:
AFDC Overpayment

Program:
AFDC

Subject:
Computing the Amount of the Overpayment

- P-7030.05 7. If the error occurred subsequent to the date listed in step 6 in the appropriate District Office:
- if the unit is prospectively eligible for the month, use retrospective budgeting to determine the unit's correct assistance payment for that month;
 - if the unit is prospectively ineligible for the month, use prospective budgeting for that month and for the next two months immediately following the last month of prospective ineligibility. (cross reference: Section 6000).
8. If a factor other than excess income or assets causes the error, consider the first month of the error to be the month following the month the factor occurs.
- If the factor is excess assets, consider the first month of the overpayment the first month in which assets exceed the AFDC limit, as described in Section 4005.
 - If the factor is excess income, consider the first month of the overpayment either the first month of prospective ineligibility or the first month the AFDC payment is incorrect, as described in steps 6 and 7.
9. In computing the amount of benefits the assistance unit should have received, do not allow any earned income deductions and disregards if the unit did not, without good cause, submit a timely report.
10. In computing the amount of the error, compare the figure from step 6 or 7, as appropriate, with that from step 3. Use Form W-262 to compute the amount of the overpayment.

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Section:
Benefit Error**Type:**
PROCEDURES

Chapter:
AFDC Overpayment**Program:**
AFDC

Subject:
Computing the Amount of the Overpayment

P-7030.05 10. (continued)

- If the figure in step 3 is greater than that of step 6 or 7, the difference represents an overpayment.
 - If the figure in step 6 or 7 is greater than that of step 3, the difference represents an underpayment.
 - If the two figures are equal, there is neither an overpayment nor an underpayment for the period in question.
11. Offset any overpayment from step 10 by considering any documented AFDC underpayment which has not yet been corrected, subject to the conditions described in Section 7010.
12. If the Department has recovered all or part of the AFDC payment made to the assistance unit for the period in question through any of the recovery actions described in Section 7500, deduct this amount from the amount of the overpayment to be recouped.
13. Have your supervisor review the W-262 for accuracy and completeness before sending it to the Resource Supervisor, as described in Section 7005. Keep a copy for your records.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88**Transmittal: UP-88-1****7030.10**

Section:**Benefit Error****Type:****POLICY**

Chapter:**AFDC Overpayment****Program:****AFDC**

Subject:**Computation of the Overpayment**

7030.10 A. General Description of Process

The Department computes the amount of the overpayment by comparing the amount of benefits which the assistance unit received and cashed during a month or series of months to the amount the unit should have received during that period.

B. Benefits Due the Assistance Unit

1. The Department first evaluates the assistance unit's prospective eligibility for the month, as described in Section 5500.
2. The Department next evaluates the correctness of the assistance payment received in that month by using the budgeting method in effect at the time the overpayment occurred. Cross reference: Section 6000.

C. Non-Income-Related Factors Causing the Overpayment

1. If an eligibility factor other than income causes an overpayment, the Department computes the amount of the overpayment by applying the non-income-related factor prospectively.
2. The overpayment begins in the month that the factor should have been considered in the eligibility determination.
 - a. If the factor is excess assets, the overpayment period begins the month in which the assets are in excess of the AFDC limit, as described in Section 4005.
 - b. If the factor is any other non-income related factor, the overpayment period begins the month following the month the factor occurs.
3. Overpayments caused by non-income-related factors include, but are not limited to, the following:
 - a. a member of the assistance unit leaves the home but is not removed from the award;

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AFDC Overpayment

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Computation of the Overpayment

7030.10 C. 3. Non-Income-Related Factors Causing the Overpayment (continued)

- b. the absent parent returns to the home but the case is not modified downward or discontinued;
- c. the unit's assets exceed the asset limit;
- d. the Department fails to insure that the assistance unit meets a procedural or technical eligibility requirement.

D. Income-Related Factors Causing the Overpayment

If an income-related factor causes an overpayment, the Department computes the amount of the overpayment by applying the income-related factor either prospectively or retrospectively, depending on the number of consecutive months of prospective ineligibility, and depending on the budgeting method in effect at the time the overpayment occurred.

- 1. If the overpayment occurred prior to the implementation of retrospective budgeting, the Department uses the assistance unit's actual income and needs for the month to compute the unit's correct assistance payment for that month.
- 2. If the overpayment occurred subsequent to the implementation of retrospective budgeting, the Department computes the unit's correct assistance payment as follows:
 - a. If there is prospective eligibility for a particular month, the Department uses retrospective calculation to determine the assistance unit's correct assistance payment for that month;
 - b. If prospective ineligibility occurs for any month, the Department uses prospective calculation for:
 - (1) the income of each month for which prospective ineligibility exists; and
 - (2) the income of the two months immediately following the last month of prospective ineligibility.

Cross reference: Section 6000.

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Subject:
Computation of the Overpayment

7030.10 E. Timeliness of Reporting

1. In computing the amount of the overpayment, the Department applies the appropriate disregard and deductions to the earned income of the assistance unit only if the unit would normally have received them and if the unit reports such earnings for the month in a timely manner.
2. For a report to be timely, the assistance unit must report:
 - a. receipt of income:
 - (1) within ten days from the date of receipt for initial reporting of income; and
 - (2) by the due date of the monthly reporting form for months following the initial reporting;
 - b. changes in non-income related factors within ten days from the date of occurrence.
3. If the assistance unit has good cause for failing to submit a timely report, it is allowed the appropriate earned income disregard and deduction (Cross reference: Section 1000, Rights and Responsibilities).

F. Supplementation for Loss of Earnings

1. In determining the amount of an overpayment, the Department does not allow the assistance unit a supplementation for loss of earnings if the unit caused the overpayment by failing to report in a timely manner.
2. In determining the amount of an overpayment occurring prior to the implementation of the Eligibility Management System (EMS), the Department does allow the assistance unit a supplementation for loss of earnings if the unit reported correctly in a timely manner, or had good cause for not reporting in a timely manner.
3. In determining the amount of an overpayment occurring subsequent to the implementation of EMS, the Department does not allow the assistance unit a supplementation for loss of earnings even if the unit reported correctly in a timely manner, or had good cause for not reporting in a timely manner.

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Section:

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POLICY

Chapter:

AFDC Overpayment

Program:

AFDC

Subject:

Computation of the Overpayment

7030.10 G. Intentional Recipient Error

1. The beginning date of intentional recipient error is the first day of the month in which an overpayment occurs, if the error is caused either by the assistance unit's misstatement or by the unit's failure to report a change in circumstances in a timely manner.
2. The ending date of intentional recipient error is the last day of the month in which the Department becomes aware of the error, regardless of whether the Department corrects such error.

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Date: 12-1-93

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Benefit Error

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PROCEDURES

Chapter:
AFDC Overpayments

Program: AFDC

Subject:
Determining the Recoupment Method

- P-7030.10
1. Once you have computed the amount of the overpayment, obtain supervisory approval and send the W-262CF or W-262B overpayment cover sheet to either the CFIU or the Resource Unit in Central Office, whichever is appropriate (Cross Reference: Section 7005).
 2. Notify the assistance unit regarding the overpayment as described in Section 7005. Send the unit the appropriate forms and provide notice if you plan to discontinue or reduce the present benefits.
 3. Propose to recoup from an active assistance unit by grant reduction.
 4. Propose to recoup from a discontinued unit by installment payments, unless the overpayment is an amount which can be repaid in a lump-sum while allowing the unit to retain sufficient income, as described in policy.
 5. If the assistance unit does not respond to the demand letter and does not request a Fair Hearing regarding the recoupment action, proceed with the recoupment method described in the demand letter.
 6. If the assistance unit requests an interview to discuss the recoupment plan, or requests a Fair Hearing regarding the method of recoupment, arrange an interview with the unit to discuss the recoupment plan.
 7. Discuss the situation with your supervisor. Consider the following options as alternate recoupment methods:
 - lump-sum payment or installment payments for active cases;
 - lump-sum payment for discontinued cases.
 8. If an active assistance unit would prefer to repay the Department in a lump-sum rather than grant reduction, make sure the unit feels that it can afford to pay in one lump-sum.
 - Will the unit suffer a hardship in doing this?
 - Is the unit proposing to use liquid assets to repay the overpayment?
 - Why does the unit prefer this method of repayment? See step 11.
 9. Ask the same questions listed in step 8 in cases involving a discontinued assistance unit which proposes to repay the Department in a lump-sum rather than installment payments.

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10. If an active assistance unit would prefer to use the installment method rather than grant reduction to repay the Department, question the unit's reason for this preference. See step 11.
 11. Inform the assistance unit that if the Department agrees to accept repayment in a lump-sum or installment payments, and the unit fails to honor the agreement, the Department will recoup by grant reduction, as originally proposed.
 12. Try to reach an agreement with the assistance unit regarding the recoupment method. Have the unit sign the demand letter during the interview if an agreement is reached. If an agreement is not reached, inform the unit of its right to a Fair Hearing if one has not yet been requested, and the unit disagrees with the proposed recoupment method.
 13. Discuss the recoupment method with your supervisor. If the assistance unit requests a Fair Hearing, as described in Section 1570, take no action to recoup until the Fair Hearing decision is rendered.
 14. If the assistance unit does not request a Fair Hearing, or if the Fair Hearing decision upholds the Department, proceed with the recoupment plan.
 15. If the Fair Hearing decision does not uphold the Department, revise the recoupment plan accordingly.
 16. If an active assistance unit has agreed to repay the Department either in a lump-sum or in installment payments, check the Bureau of Collection Services microfiche at the time of the next redetermination to determine whether payment has been or is being made.
 - If the lump-sum payment has not been made, propose to initiate grant reduction, following the procedures described in Section 1570.
 - If two or more of the scheduled installment payments have not been made, propose to initiate grant reduction, following the procedures described in Section 1570.
 17. Follow regular procedures regarding recoupment by grant reduction, as described in this section.

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Date: 7-1-88**Transmittal: UP-88-38****7030.15**

Section:**Benefit Error****Type:****POLICY**

Chapter:**AFDC Overpayment****Program:****AFDC**

Subject:**Determination of the Method of Recoupment**

7030.15 A. Recoupment Methods

The Department recoups by using one or more of the following methods, unless a court orders the assistance unit to repay the Department through Adult Probation:

1. Lump-sum Recoupment

The Department recoups by this method if the assistance unit has income or assets sufficient to make the lump-sum payment and the unit chooses to use this method of recoupment. This method is used for active and discontinued assistance units.

2. Installment Recoupment

- a. The Department recoups by this method if the assistance unit chooses to use this method of repayment.
- b. For an active assistance unit, the rate of the monthly installment payments cannot be greater than that at which the Department would recoup using grant reduction.
- c. For a discontinued unit, the rate of the monthly installment payment is equal to that at which the Department would recoup using grant reduction.

3. Grant Reduction Recoupment

- a. The Department recoups by this method if the assistance unit is unwilling or unable to repay by either of the other two repayment options. This method is used for active assistance units only.
- b. An assistance unit is considered unwilling to repay by either of the other two repayment options if:
 - (1) the unit specifically expresses its unwillingness to the Department;
or
 - (2) the unit agrees to repay by one of the other two methods, but does not honor its agreement; or

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Type:

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Chapter:

AFDC Overpayment

Program:

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Subject:

Determination of the Method of Recoupment

7030.15 A. 3. b. Grant Reduction Recoupment (continued)

(3) the unit refuses to discuss the overpayment with the Department, or otherwise fails to respond to the Department's notice informing the unit of the proposed recoupment plan.

c. If an active assistance unit fails to honor its agreement to repay the Department by either a lump-sum or installment payments, the Department recoups by grant reduction.

B. Consultation with Assistance Unit

The Department consults with the assistance unit in determining what the method of recoupment and the rate of recoupment will be.

C. Combination of Methods

The assistance unit may use a combination of repayment options if it so desires and the Department agrees to this arrangement.

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AFDC

Subject:
Computing the Recoupment Rate

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1. Follow the policy described in Section 7030.20 to compute the rate of recoupment which you propose on your notice to the assistance unit, as outlined in the previous subject.
 2. If the recoupment rate has been set by a court, or restitution is ordered by a court at an amount to be determined by the Department of Adult Probation, recoup at that rate.
 3. If the assistance unit has an unusual expense, as described in Section 7030.20, and wishes to repay the Department at a lower rate, discuss the situation with your supervisor. If appropriate, reduce the recoupment rate by a reasonable amount.
 4. If the assistance unit requests a Fair Hearing within the time limits described in Section 1570 regarding the proposed recoupment rate, take no further action to recoup until the Fair Hearing decision is reached.
 5. If the assistance unit does not request a Fair Hearing, or if the Fair Hearing decision upholds the Department, proceed with the recoupment.
 6. If the Fair Hearing decision does not uphold the Department, revise the recoupment rate as ordered by the Fair Hearing decision.

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7030.20

Section:

Benefit Error

Type:

POLICY

Chapter:

AFDC Overpayments

Program: AFDC

Subject:

Computation of the Recoupment

7030.20 A. Factors Affecting Recoupment Rate

1. When the Department recoups, the amount of the monthly recoupment rate depends on factors such as the size of the assistance unit, the unit's income, and the unit's shelter costs.
2. Shelter costs include the assistance unit's actual shelter costs up to the Department's maximums of:
 - a. \$400 per month for unshared housing; or
 - b. \$200 per month for shared housing. (Cross Reference: Standards of Assistance, 4520).
3. The Department's standards for utility allowances are as follows:

<u>Family Size</u>	<u>Cooking Fuel</u>	<u>Electric</u>	<u>Water Heat</u>	<u>Fuel</u>
1	\$4.37	\$7.82	\$3.71	\$15.72
2	6.60	11.48	5.70	22.86
3	9.37	13.20	9.19	34.81
4	8.23	12.61	12.61	37.25
5	8.29	12.65	12.65	37.28
6	9.15	12.91	17.25	41.47
7	10.83	15.37	20.57	49.72
8	10.50	13.37	22.26	52.53
9	10.95	13.89	23.13	54.86
10	10.42	12.50	20.78	49.51
11	10.42	12.50	20.78	49.51
12	10.42	12.50	20.78	49.51
13	10.42	12.50	20.78	49.51
14	10.42	12.50	20.78	49.51
15	10.42	12.50	20.78	49.51
16	10.42	12.50	20.78	49.51
17	10.42	12.50	20.78	49.51
18	10.42	12.50	20.78	49.51
19	10.42	12.50	20.78	49.51

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Date: 1-1-94 **Transmittal: UP-93-43** **7030.20 page 2**

Section: **Benefit Error** **Type: POLICY**

Chapter: **AFDC Overpayments** **Program: AFDC**

Subject: **Computation of the Recoupment**

7030.20 B. Maximum Monthly Rate of Recoupment

1. The Department recoups an overpayment at a monthly rate which allows the assistance unit to retain from its gross income (including the assistance payment) an amount equal to at least 90% of the unit's total income.
2. If a court orders the assistance unit to repay the Department, the Department accepts the rate set by the court.

C. Shelter Hardship

1. If the assistance unit's monthly shelter costs are less than 30% of the unit's gross monthly income (including the assistance payment) the rate of recoupment is the maximum allowed under paragraph B.
2. If the assistance unit's monthly shelter costs are equal to or greater than 30% of the unit's gross monthly income (including the assistance payment), the rate of the recoupment is reduced as follows:

% of Gross Monthly Income Used for Shelter Costs	% of Total Income (PA plus other income) the Unit is Allowed to Retain
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<u>At Least</u>	<u>Less Than</u>	
30%	35%	92%
35%	40%	93%
40%	45%	94%
45%	50%	95%
50%	55%	96%
55%	60%	97%

Over 60%	100% for 3 mos. only; 97% thereafter
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Date: 7-1-88		Transmittal: UP-88-26		7030.20 page 3	
Section:			Type:		
Benefit Error			POLICY		
Chapter:			Program:		
Overpayments			AFDC		
Subject:					
Computation of the Recoupment Rate					

The Department may further reduce the rate of recoupment if the assistance unit has an unusual expense over which it has no control, and which it has a legal obligation to pay. Such expenses include, but are not limited to:

1. support or alimony payments;
2. medical bills not covered by insurance or other third party.

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P-7030.20

Section:
Benefit Error

Type:
PROCEDURES

Chapter:
AFDC Overpayment

Program:
AFDC

Subject:
Establishing Billing Controls

P-7030.20 **Grant Reduction Recoupment**

If the assistance unit repays the Department by grant reduction, send the W-262CF or W-262B cover sheet to either the Client Fraud Unit or Resource Unit of Central Office, whichever is appropriate (Cross Reference: Section 7005).

Lump-Sum Recoupment

1. If the assistance unit repays the Department in a lump sum for assistance granted in previous years, complete Form W-735 "Asset and Document Transmittal" and send this, along with the payment, to the Bureau of Collection Services. If no previous billing has been established complete Form W-332 "Notice of Billing and Finding" and include a copy in the package going to the Bureau of Collection Services (BCS). Include a copy of the W-262CF or W-262B cover sheet in this package.
2. If the payment is for assistance granted in the current fiscal year send Form W-735 "Asset and Document Transmittal," along with the payment, to the Director of Financial Operations in Central Office.

Installment Recoupment

If the assistance unit repays the Department in installment payments, complete Form W-332 and send a copy of this form, along with a copy of the W-262CF or W-262B cover sheet, to the Bureau of Collection Services.

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Date: 10-1-92	Transmittal: UP-92-29	7030.25
Section: Benefit Error	Type: POLICY	
Chapter: AFDC Overpayments	Program: AFDC	
Subject: Disqualification		

7030.25 A. Disqualification Periods

An individual who is found to have committed an intentional recipient error is disqualified from participating in the AFDC program for the time period specified below, unless this period is contrary to a court order:

1. six months for the first offense;
2. 12 months for the second offense;
3. permanently for the third offense.

B. Beginning Date of Disqualification Period

1. The period of disqualification for an individual who is a member of an active assistance unit begins with the first month following the month the individual receives written notification of the Administrative Disqualification Hearing decision.
2. The period of disqualification for an individual who is not a member of an active assistance unit at the time of the decision is deferred until the individual applies for and is determined eligible for benefits.

(Cross Reference: 7050)

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Date: 1-1-88	Transmittal: UP_88-1	7035
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Section:	Type:
Benefit Error	POLICY

Chapter:	Program:
State Supplement Overpayment	AABD

Subject:

7035 This chapter outlines the Department's policies and procedures regarding the correction of AABD overpayments.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 1-1-88

Transmittal: UP-88-1

7035.05

Section:
Benefit Error

Type:
POLICY

Chapter:
State Supplement Overpayment

Program:
AABD

Subject:
General Principles

7035.05 A. Time Limits

1. The Department attempts to recoup all overpayments caused by intentional recipient error, regardless of when the overpayment occurred.
2. The Department attempts to recoup an overpayment caused by administrative error or by unintentional recipient error only if the overpayment occurred no earlier than 12 months preceding the month it is discovered.

B. Offsetting

1. Before taking action to recoup an AABD overpayment, the Department investigates whether the assistance unit has received an AABD underpayment during this time period. The Department also investigates whether the assistance unit has received any other documented AABD underpayments within 12 months which have not been corrected.
2. If both an AABD overpayment and an AABD underpayment have occurred for the same assistance unit, the Department offsets the overpayment against the underpayment.
3. If the amount of the overpayment is greater than that of the underpayment, the offset is used to reduce the amount the Department recoups from the assistance unit.
4. If the Department has recovered all or part of the AABD benefits provided to the assistance unit for a particular month through any of the recovery actions described in Section 7500, the Department subtracts this amount from the amount of the overpayment for that month.

C. Rate of Recoupment

1. The basic rate of recoupment depends on the cause of the overpayment. Administrative overpayments are recouped at a slower rate than are overpayments caused by the assistance unit.
2. The Department adjusts the monthly recoupment rate downward if the assistance unit has relatively high shelter expenses, as described in this chapter.

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Section:

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Type:

POLICY

Chapter:

State Supplement Overpayment

Program:

AABD

Subject:

General Principles

7035.05 C. Rate of Recoupment (continued)

3. The Department recoups an overpayment from an individual no longer receiving assistance at a rate not to exceed that at which the Department would recoup from the individual if he or she were an active recipient with the same financial circumstances, unless the individual voluntarily repays at a higher rate.
4. If a court has ordered the assistance unit to repay the Department, the Department accepts the rate ordered by the court.

D. Awards Reduced to Zero Because of Recoupment

If the unit's award is reduced to zero because of recoupment, the Department still considers the assistance unit to be actively receiving AABD, and therefore eligible for those other benefits to which such recipients are entitled (such as Medicaid and Energy Assistance).

E. Participation of Assistance Unit in Recoupment Process

1. The Department allows the assistance unit to participate in the recoupment process by:
 - a. discussing the cause and amount of the overpayment with the Department; and
 - b. negotiating with the Department in establishing a recoupment plan.
2. The assistance unit has a right to a Fair Hearing if it contests any phase of the recoupment process.

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Date: 12-1-93**Transmittal: UP-93-36****P-7035.05**

Section:
Benefit Error**Type:**
PROCEDURES

Chapter:
State Supplement Overpayment**Program:**
AABD

Subject:
Computing the Amount of the Overpayment

- P-7035.05
1. If you learn that an assistance unit may have received an AABD overpayment, determine when the error first occurred and how many months it continued.
 2. Before computing the amount of the overpayment, determine whether the error is affecting the assistance unit's ongoing eligibility or amount of benefits. If so, take steps to reduce or discontinue assistance, as described in Section 1570.
 3. Consider AABD overpayments caused by intentional recipient error regardless of when the overpayment occurred.
 4. Consider all other AABD overpayments only if they occurred 12 months or less prior to the month discovered by the Department.
 5. Determine the amount of AABD benefits which the assistance unit actually received from the Department during the month or months in question. Make sure that the checks were actually cashed each month.
 6. Follow the policy portion of this chapter to compute the amount of assistance the unit should have received.
 7. In computing the amount of the error, compare the figure from step 5 with that of step 6. Use Form W-262CF or W-262B to compute the amount of the overpayment.
 - If the figure in step 5 is greater than that of step 6, the difference represents an overpayment.
 - If the figure in step 6 is greater than that of step 5, the difference represents an underpayment.
 - If the two figures are equal, there is neither an overpayment nor an underpayment for the period in question.

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Date: 12-1-93

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Section:
Benefit Error

Type:
PROCEDURES

Chapter:
State Supplement Overpayment

Program:
AABD

Subject:
Computing the Amount of the Overpayment

- P-7035.05 8. Offset any overpayment from step 7 with any documented AABD underpayments which have not yet been corrected and which occurred within the time limits described in Section 7015, and subject to limitations described in that chapter.
9. If the Department has recovered all or part of the AABD payment made to the assistance unit for the period in question through any of the recovery actions described in Section 7500, deduct this amount from the amount of the overpayment to be recouped.
10. Have your supervisor review the W-262CF or W-262B for accuracy and completeness. Send the W-262CF or the W-262B cover sheet to either the Client Fraud Investigation Unit or the Resource Unit of Central Office, whichever is appropriate (Cross Reference: Section 7005). Keep a copy for your records.

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Date: 1-1-88	Transmittal: UP-88-5	7035.10
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Section: Benefit Error	Type: POLICY
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Chapter: State Supplement Overpayment	Program: AABD
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Subject: Computation of the Overpayment
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7035.10 A. General Description of Process

The Department computes the amount of the overpayment by comparing the amount of benefits which the assistance unit received and cashed during a month or series of months to the amount the assistance unit should have received during that period.

B. Benefits Due the Assistance Unit

1. The Department uses the income actually received by the assistance unit for a month or series of months and the assistance unit's needs during this time in computing the unit's budget for this period.
2. The Department applies the appropriate disregards and deductions to the unit's income in computing the monthly deficit, as outlined in Section 5000.

C. Intentional Recipient Error

1. The beginning date of intentional recipient error is the first day of the month in which an overpayment occurs, if the error is caused either by the assistance unit's misstatement or by the unit's failure to report a change in circumstances in a timely manner.
2. The ending date of intentional recipient error is the last day of the month in which the Department becomes aware of the error, regardless of whether the Department corrects such error.

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P-7035.10

Section:
Benefit Error

Type:
PROCEDURES

Chapter:
State Supplement Overpayments

Program: AABD

Subject:
Determining the Recoupment Method

- P-7035.10
1. Once you have computed the amount of the overpayment, obtain supervisory approval and send the W-262CF or W-262B overpayment cover sheet to either the Client Fraud Investigation Unit or the Resource Unit of Central Office, whichever is appropriate (Cross Reference: Section 7005).
 2. Notify the assistance unit regarding the overpayment as described in Section 7005. Send the unit a demand letter as appropriate, and provide notice if you plan to discontinue or reduce the present benefits.
 3. Propose to recoup from an active assistance unit by grant reduction.
 4. Propose to recoup from a discontinued unit by installment payments, unless the overpayment is an amount which can be repaid in a lump sum while allowing the unit to retain sufficient income, as described in policy.
 5. If the assistance unit does not respond to the demand letter, and does not request a Fair Hearing regarding the recoupment action, proceed with the recoupment method described in the demand letter.
 6. If the assistance unit requests an interview to discuss the recoupment plan, or requests a Fair Hearing regarding the method of recoupment, arrange an interview with the unit to discuss the recoupment plan.
 7. Discuss the situation with your supervisor. Consider the following options as alternate recoupment methods:
 - lump-sum payment or installment payments for active cases;
 - lump-sum payment for discontinued cases.
 8. If an active assistance unit would prefer to repay the Department in a lump-sum rather than grant reduction, make sure the unit feels that it can afford to pay in one lump-sum.
 - Will the unit suffer a hardship in doing this?
 - Is the unit proposing to use liquid assets to repay the overpayment?
 - Why does the unit prefer this method of repayment? See step 11.
 9. Ask the same questions listed in step 8 in cases involving a discontinued assistance unit which proposes to repay the Department in a lump-sum rather than installment payments. See step 11.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 12-1-93

Transmittal: UP-93-36

P-7035.10 page 2

Section:
Benefit Error

Type:
PROCEDURES

Chapter:
State Supplement Overpayments

Program: AABD

Subject:
Determining the Recoupment Method

- P-7035.10
10. If an active assistance unit would prefer to use the installment method than grant reduction to repay the Department, question the unit's reason for this preference. Unless the unit feels that it can afford to repay by installment payments at a greater rate than that allowed by grant reduction, try to discourage this type of repayment. See step 11.
 11. Inform the assistance unit that if the Department agrees to accept repayment in a lump-sum or installment payments, and the unit fails to honor the agreement, the Department will recoup by grant reduction, as originally proposed.
 12. Try to reach an agreement with the assistance unit regarding the recoupment method. Have the unit sign the demand letter during the interview if an agreement is reached. If an agreement is not reached, inform the unit of its right to a Fair Hearing if one has not yet been requested and the unit disagrees with the proposed recoupment method.
 13. Discuss the recoupment method with your supervisor. If the assistance unit requests a Fair Hearing, as described in Section 1570, take no action to recoup until the Fair Hearing decision is rendered.
 14. If the assistance unit does not request a Fair Hearing, or if the Fair Hearing decision upholds the Department, proceed with the recoupment plan.
 15. If the Fair Hearing decision does not uphold the Department, revise the recoupment plan accordingly.
 16. If an active assistance unit has agreed to repay the Department either in a lump-sum or in installment payments, check the Bureau of Collection Services (BCS) microfiche at the time of the next redetermination to determine whether payment has been or is being made.
 - If the lump-sum payment has not been made, propose to initiate grant reduction, following the procedures described in Section 1570.
 - If two or more of the scheduled installment payments have not been made, propose to initiate grant reduction, following the procedures described in Section 1570.
 17. Follow regular procedures regarding recoupment by grant reduction as described in this section.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88	Transmittal: UP-88-1	7035.15
Section: Benefit Error	Type: POLICY	
Chapter: State Supplement Overpayment	Program: AABD	
Subject: Determination of the Method of Recoupment		

7035.15 A. Recoupment Methods

The Department recoups by using one or more of the following methods, unless a court orders the assistance unit to repay the Department through Adult Probation:

1. Lump Sum Recoupment

The Department recoups by this method if the assistance unit has income or assets sufficient to make the lump-sum payment and it chooses to use this method of repayment. This method is used for active and discontinued assistance units.

2. Installment Recoupment

- a. The Department recoups by this method if the assistance unit chooses to use this method of repayment.
- b. For an active assistance unit, the rate of the monthly installment payment is to be greater than that at which the Department would recoup using grant reduction.
- c. For a discontinued unit, the rate of the monthly installment payment is equal to that at which the Department would recoup using grant reduction.

3. Grant Reduction Recoupment

- a. The Department recoups by this method if the assistance unit is unwilling or unable to repay by either of the other two repayment options. This method is used for active assistance units only.
- b. An assistance unit is considered unwilling to repay by either of the other two repayment options if:
 - (1) the unit specifically expresses its unwillingness to the Department; or
 - (2) the unit agrees to repay by one of the other two methods, but does not honor its agreement; or
 - (3) the unit refuses to discuss the overpayment with the Department or otherwise fails to respond to the Department's notice informing the unit of the proposed recoupment plan.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88

Transmittal: UP-88-1

7035.15 page 2

Section:

Benefit Error

Type:

POLICY

Chapter:

State Supplement Overpayment

Program:

AABD

Subject:

Determination of the Method of Recoupment

7035.15 A. 3. Grant Reduction Recoupment (continued)

- c. If an active assistance unit fails to honor its agreement to repay the Department by either a lump-sum or installment payments, the Department recoups by grant reduction.

B. Consultation with Assistance Unit

The Department consults with the assistance unit in determining what the method of recoupment and the rate of recoupment will be.

C. Combination of Methods

The assistance unit may use a combination of repayment options if it so desires and the Department agrees to this arrangement.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88**Transmittal: UP-88-1****P-7035.15**

Section:
Benefit Error**Type:**
PROCEDURES

Chapter:
State Supplement Overpayment**Program:**
AABD

Subject:
Computing the Recoupment Rate

- P-7035.15
1. Follow the policy described in Section 7035.20 to compute the rate of recoupment which you propose on your notice to the assistance unit, as outlined in the previous subject.
 2. If the assistance unit has an unusual expense, as described in Section 7035.20, and wishes to repay the Department at a lower rate, discuss the situation with your supervisor. If appropriate, reduce the recoupment rate by a reasonable amount.
 3. If the assistance unit requests a Fair Hearing within the time limits described in Section 1570 regarding the proposed recoupment rate, take no further action to recoup until the Fair Hearing decision is reached.
 4. If the assistance unit does not request a Fair Hearing, or if the Fair Hearing decision upholds the Department, proceed with the recoupment.
 5. If the Fair Hearing decision does not uphold the Department, revise the recoupment rate as ordered by the Fair Hearing decision.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88	Transmittal: UP-88-1	7035.20
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Section: Benefit Error	Type: POLICY
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Chapter: Statem Supplement Overpayment	Program: AABD
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Subject: Computation of the Rate of Recoupment

7035.20 A. Factors Affecting Recoupment Rate

1. When the Department recoups, the amount of the monthly recoupment is based on the cause of the overpayment, and, in certain situations, may depend on factors such as the assistance unit's income and shelter costs.
2. Shelter costs include the assistance unit's actual rent and the applicable utility allowances based on the Department's standards, to the extent that the Department is not paying for such costs as part of the unit's monthly benefits.

B. Maximum Monthly Rate of Recoupment

1. Overpayment Caused by Administrative Error

The Department recoups at a monthly rate not to exceed 10% of the assistance unit's disregarded income.

2. Overpayment Caused by Unintentional Recipient Error

The Department recoups at a monthly rate not to exceed 20% of the assistance unit's disregarded income.

3. Overpayment Caused by Intentional Recipient Error

- a. The Department recoups at a monthly rate not to exceed 30% of the assistance unit's disregarded income.
- b. If a court has ordered the assistance unit to repay the Department, the Department accepts the repayment rate set by the court.

C. Shelter Hardship

1. If the assistance unit's monthly shelter costs not paid by the Department are less than 30% of the assistance unit's gross monthly income (including disregarded income and assistance grant) the rate of recoupment is the maximum allowed under paragraph B.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88

Transmittal: UP-88-1

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Section:

Benefit Error

Type:

POLICY

Chapter:

Statem Supplement Overpayment

Program:

AABD

Subject:

Computation of the Rate of Recoupment

7035.20 C. Shelter Hardship (continued)

2. If the assistance unit's monthly shelter costs not paid by the Department are equal to or greater than 30% of the unit's gross monthly income, the rate of recoupment is reduced as follows:

% of Gross Monthly Income Used for Uncovered Shelter Costs		% of Disregarded Income Recouped by Department Less Than Maximum Allowed
<u>At Least</u>	<u>Less Than</u>	
30%	35%	1%
35%	40%	2%
40%	45%	3%
45%	50%	4%
50%	55%	5%
55%	60%	6%
over 60%		7%

D. Other Factors

The Department may further reduce the rate of recoupment if the assistance unit has an unusual expense over which it has no control, and which it has a legal obligation to pay. Such expenses include, but are not limited to:

1. support or alimony payments;
2. medical bills not covered by insurance or other third party.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 12-1-93**Transmittal: UP-93-36****P-7035.20**

Section:
Benefit Error**Type:**
PROCEDURES

Chapter:
State Supplement Overpayment**Program:**
AABD

Subject:
Establishing Billing Controls

P-7035.20 **Grant Reduction Recoupment**

If the assistance unit repays the Department by grant reduction, send the W-262CF or W-262B cover sheet to either the Client Fraud Investigation Unit or the Resource Unit of Central Office, whichever is appropriate (Cross Reference: Section 7005).

Lump-Sum Recoupment

1. If the assistance unit repays the Department in a lump sum for assistance granted in previous years, complete Form W-735 "Asset and Document Transmittal" and send this, along with the payment to the Bureau of Collection Services. If no previous billing has been established complete Form W-332 "Notice of Billing and Finding" and include a copy in the package going to the Bureau of Collection Services (BCS). Include a copy of the W-262CF or W-262B in this package.
2. If the payment is for assistance granted in this fiscal year send Form W-735 "Asset and Document Transmittal," along with the payment, to the Director of Financial Operations in Central Office.

Installment Recoupment

If the assistance unit repays the Department in installment payments, complete Form W-332 and send a copy of this form, along with a copy of the W-262CF or W-262B, to the Bureau of Collection Services.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88	Transmittal: UP-88-1	7040
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Section:	Type:
Benefit Error	POLICY

Chapter:	Program:
Medicaid Overpayment	MA

Subject:

7040 This chapter describes the Department's policies and procedures regarding the correction of overpayments made in the administration of the Medicaid Program.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88

Transmittal: UP-88-1

7040.05

Section:

Benefit Error

Type:

POLICY

Chapter:

Medicaid Overpayment

Program:

MA

Subject:

General Principles

7040.05 A. Occurrence of an MA Overpayment

An overpayment occurs in the Medicaid program if the Department pays for a medical service provided to an assistance unit or to a unit member and:

1. the assistance unit or unit member is ineligible for Medicaid benefits for the time period including the date the service is provided; or
2. the assistance unit or unit member is required to use excess income to pay part of the medical bill, but the Department understates the unit's or unit member's liability and pays more than the appropriate amount on behalf of the unit (Cross reference: Section 5500).

B. Limitations to Recoupment

1. The Department does not reduce an assistance unit's Public Assistance grant to recoup a Medicaid overpayment.
2. The Department recoups an amount not to exceed the amount erroneously paid on behalf of the assistance unit for medical services.
3. There is no time limit by which the Department must recoup MA overpayments.

C. Subject of Recoupment Action

The Department recoups an MA overpayment from:

1. the MA recipient whose medical bill was erroneously paid; or
2. the spouse or parent of an overpaid MA recipient if the income and assets of the spouse or parent are deemed available to the recipient for the time period including the date the medical service was provided.

D. Types of Recoupment Action

1. The Department bills the appropriate person and accepts repayment in either one lump-sum or in installment payments, whichever the person prefers.

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Date: 1-1-88

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7040.05 page 2

Section:

Benefit Error

Type:

POLICY

Chapter:

Medicaid Overpayment

Program:

MA

Subject:

General Principles

7040.05 D. Types of Recoupment Action (continued)

2. If an overpaid MA recipient cannot or will not repay and owns personal or real property, the Department places a lien against such property, but only after a court has judged that the recipient received MA benefits erroneously (Cross reference: Section 7510).

E. Rate of Recoupment

1. When the Department recoups an MA overpayment, the rate of recoupment must be low enough to allow the assistance unit to retain a monthly income at least equal to the amount retained if the unit were receiving financial assistance under the related Public Assistance program and were subject to a recoupment action under that program.
2. If the assistance unit is subject to a recoupment action under a Public Assistance money payment program, the Department does not recoup the MA overpayment until the unit has repaid the Public Assistance overpayment. However, if the unit has personal or real property, the Department places a lien against such property if a court has ruled the Department paid benefits erroneously to the assistance unit.
3. If a court orders recoupment and sets the rate, the Department recoups at the rate set by the court.

F. Participation of Assistance Unit in Recoupment Process

1. The Department allows the subject of a recoupment action to participate in the recoupment process by:
 - a. discussing the cause and amount of the overpayment with the Department; and
 - b. negotiating with the Department in establishing a recoupment plan.
2. The subject of a recoupment action has a right to a Fair Hearing if he or she contests any phase of the recoupment process.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88**Transmittal: UP-88-1****P-7040.05**

Section:
Benefit Error**Type:**
PROCEUDRES

Chapter:
Medicaid Overpayment**Program:**
MA

Subject:
Computing the Amount of the Overpayment

- P-7040.05
1. If you learn that an assistance unit may have received MA benefits erroneously, determine when the error first occurred and how many months it continued.
 2. Before computing the amount of the overpayment, determine whether the error is affecting the unit's present eligibility. Make sure the unit is not eligible for MA under any of the coverage groups described in Section 2540 before taking steps to discontinue assistance, as described in Section 1570.
 3. Request a listing from Central Office Resources of all medical services provided during the period in question to the unit and paid under the MA program. The dates to consider are the dates the services were provided, not the dates on which the Department paid the bills.
 4. Consider any recovery the Department has made against the erroneously paid MA benefits, as described in Section 7500. If the Department has recovered an erroneously paid medical bill from the relative's insurance carrier, or from the unit's own insurance carrier, or made any other type of recovery, deduct the amount recovered from the amount erroneously paid, from step 3.
 5. Consider the result in step 4 the MA overpayment still outstanding.
 6. Use Form W-262 in computing the amount of the overpayment. Have your supervisor review the form before sending it to the Resource Supervisor, as described in Section 7005. Keep a copy for your records.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88	Transmittal: UP-88-1	7040.10
Section: Benefit Error	Type: POLICY	
Chapter: Medicaid Overpayment	Program: MA	
Subject: Computation of the Overpayment		

7040.10 A. General Description of Process

The Department computes the amount of the overpayment by comparing the total payments made by the Department on behalf of the assistance unit for medical services provided in a month or series of months to the amount which the Department should have paid for these services.

1. The Department uses the policy described in Section 5500 to compute whether the assistance unit is eligible for Medicaid for the month or series of months during which the medical services are provided.
2. The Department uses the policy described in Section 5500 to compute the amount of the unit's liability for payment of medical expenses, if any, during the period of eligibility covering the date the service was provided.

B. Amount of the Overpayment

The amount of the overpayment is equal to:

1. the amount which the Department paid on behalf of the assistance unit for medical services during the month or series of months in which the unit was ineligible; plus
2. the amount which the Department paid on behalf of the assistance unit for medical services received during a period of eligibility for which the unit is actually liable.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 9-5-91

Transmittal: UP-92-3

P-7040.10

**Section:
Benefit Error**

**Type:
PROCEDURES**

**Chapter:
Medicaid Overpayments**

Program: MA

**Subject:
Determining the Recoupment Method**

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|-----------|---|
| P-7040.10 | <ol style="list-style-type: none">1. Once you have computed the amount of the MA overpayment, obtain supervisory approval and send the overpayment package to Resources for referral to C.O. Resources (cross reference: Section 7005).2. Obtain supervisory approval and notify the assistance unit regarding the overpayment, as described in Section 7005. Send the unit Form W-58 or W-59 as appropriate, and provide notice if you plan to discontinue or reduce the present benefits.3. If the assistance unit is repaying a public assistance cash overpayment, postpone recoupment action on the MA overpayment until the unit has repaid the cash assistance overpayment.4. If the assistance unit is presently receiving a public assistance cash payment, do not reduce the amount of that payment to recoup the MA overpayment.5. Propose to recoup by installment payments if the assistance unit would retain sufficient income as described in policy.6. If the overpayment is small enough to warrant recoupment by lump-sum, propose this method of recoupment.7. If the assistance unit does not have sufficient income to allow recoupment at the present time, postpone recoupment until such time that it is allowed.8. If the unit's limited income precludes recoupment, but the unit has home property or other assets, refer the case to the Chief of Resources, Central Office. The Chief of Resources determines whether a referral should be made to the Attorney General's office for legal action needed for the placement of a lien against the property.9. If the assistance unit does not respond to the W-58 or W-59, and does not request a Fair Hearing regarding the recoupment action, proceed with the recoupment method described on the W-58 or W-59.10. If the assistance unit requests an interview to discuss the recoupment plan, or requests a Fair Hearing regarding the method of recoupment, arrange an interview with the unit to discuss the recoupment plan. |
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**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 1-1-88

Transmittal: UP-92-3

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Section:
Benefit Error

Type:
PROCEDURES

Chapter:
Medicaid Overpayments

Program: MA

Subject:
Determining the Recoupment Method

- P-7040.10
11. Discuss the situation with your supervisor. Consider any options available as recoupment plans.
 12. Try to reach an agreement with the assistance unit regarding the recoupment method. Have the unit sign the W-58 or W-59 during the interview if an agreement is reached. If an agreement is not reached, inform the unit of its right to a Fair Hearing if one has not yet been requested, and the unit disagrees with the proposed recoupment method.
 13. Discuss the recoupment method with your supervisor. If the assistance unit requests a Fair Hearing, as described in Section 1570, take no action to recoup until the Fair Hearing decision is rendered.
 14. If the assistance unit does not request a Fair Hearing, or if the Fair Hearing decision upholds the Department, proceed with the recoupment plan.
 15. If the Fair Hearing decision does not uphold the Department, revise the recoupment plan accordingly.
 16. If the assistance unit does not repay, refer the case to Central Office Resources for possible legal action.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88**Transmittal: UP-88-1****P-7040.15**

Section:
Benefit Error**Type:**
PROCEDURES

Chapter:
Medicaid Overpayment**Program:**
MA

Subject:
Computing the Recoupment Rate

- P-7040.15
1. Follow the policy described in Section 7030.20 or 7030.25, as appropriate, to compute the rate of recoupment which you propose on your notice to the assistance unit, as outlined in the previous subject.
 2. If the assistance unit has an unusual expense, as described in Section 7030.20 or 7030.25, and wishes to repay the Department at a lower rate, discuss the situation with your supervisor. If appropriate, reduce the recoupment rate by a reasonable amount.
 3. If the assistance unit requests a Fair Hearing within the time limits described in Section 1570 regarding the proposed recoupment rate, take no further action to recoup until the Fair Hearing decision is reached.
 4. If the assistance unit does not request a Fair Hearing, or if the Fair Hearing decision upholds the Department, proceed with the recoupment.
 5. If the Fair Hearing decision does not uphold the Department, revise the recoupment rate as ordered by the Fair Hearing decision.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88**Transmittal: UP-88-1****P-7040.20**

Section:
Benefit Error**Type:**
PROCEDURES

Chapter:
Medicaid Overpayment**Program:**
MA

Subject:
Establishing Billing Controls

P-7040.20 **Lump-Sum Recoupment**

1. If the assistance unit repays the Department in a lump-sum, such as by using liquid assets, complete Form W-735 "Asset and Document Transmittal" and send this, along with the payment, if it has already been made, to the Chief of Resources, Central Office. Also, complete Form W-332 "Notice of Billing and Finding" and include a copy in the package going to the Chief of Resources. Send a copy of the W-58 or W-59 as well in this package.
2. Central Office Resources Unit forwards the package to the Bureau of Collection Services.

Installment Recoupment

1. If the assistance unit repays the Department in installment payments, complete Form W-332 and send a copy of this form, along with a copy of the W-58 or W-59, to the Chief of Resources.
2. Central Office Resources Unit forwards the package to the Bureau of Collection Services.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88	Transmittal: UP-88-1	7045
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Section:	Type:
Benefit Error	POLICY

Chapter:	Program:
Food Stamp Overpayment	FS

Subject:

7045 This chapter outlines the Department's policies and procedures regarding the correction of Food Stamp overpayments.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88

Transmittal: UP-88-1

7045.05

Section:

Benefit Error

Type:

POLICY

Chapter:

Food Stamp Overpayment

Program:

FS

Subject:

General Principles

7045.05 A. Subject of Recoupment Actions

1. The Department recoups from the assistance unit which received the overpayment.
2. If the assistance unit's composition changes, the Department recoups from that unit containing the majority of the members of the unit which received the overpayment. If the Department is unable to locate or identify this assistance unit, the Department recoups from the person who was considered the head of the assistance unit which received the overpayment.
3. If the overpayment was caused by intentional recipient error, the Department may recoup from the assistance unit containing the person who committed the intentional error.

 B. Offsetting

1. Before taking action to recoup an FS overpayment the Department investigates whether the assistance unit has received an FS underpayment during this same time period.
2. If both an FS overpayment and an FS underpayment have occurred for the same assistance unit, the Department offsets the overpayment against the underpayment.
3. If the amount of the overpayment is greater than that of the underpayment, the offset is used to reduce the amount the Department recoups from the assistance unit.

 C. Participation of Assistance Unit in Recoupment Process

1. The Department allows the assistance unit to participate in the recoupment process by:
 - a. discussing the cause and amount of the overpayment with the Department; and
 - b. negotiating with the Department in establishing a recoupment plan.
2. The assistance unit has a right to a Fair Hearing if it contests any phase of the recoupment process.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 11-1-97

Transmittal: UP-98-12

P-7045.05

Section:
Benefit Error

Type:
PROCEDURES

Chapter:
Food Stamp Overpayments

Program: FS

Subject:
Computation of the Overpayment

- P-7045.05
1. If you learn that an assistance unit may have received a Food Stamp overpayment, determine when the error first occurred and how many months it continued.
 2. Before computing the amount of the overpayment, determine whether the error is affecting the assistance unit's ongoing eligibility or amount of benefits. If so, take steps to reduce or discontinue assistance as described in Section 1570.
 3. Consider FS overpayments caused by intentional recipient error if the overpayment occurred no earlier than 72 months prior to the month the Department discovers it.
 4. Consider FS overpayments caused by unintentional recipient error if the overpayment occurred no earlier than 24 months prior to the month the Department discovers it.
 5. Consider FS overpayments caused by administrative error if the overpayment occurred no earlier than 12 months prior to the month the Department discovers it.
 6. Do not consider overpayments caused by the Department's failure to insure that the assistance unit:
 - signed the application form; or
 - completed a current work registration form; or
 - became certified in the correct project area.
 7. Determine the amount of FS benefits which the assistance unit actually received from the Department during the month or months in question.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 11-1-97

Transmittal: UP-98-12

P-7045.05 page 2

Section:
Benefit Error

Type:
PROCEDURES

Chapter:
Food Stamp Overpayments

Program: FS

Subject:
Computation of the Overpayment

- P-7045.05
8. Determine whether the assistance unit is prospectively eligible for the month or months in question, as described in Section 5500.
 9. If the unit is prospectively ineligible, consider the amount of the overpayment as the amount in step 7 for each month of prospective ineligibility.
 10. Use the budgeting method originally used in the overpayment month to calculate the correct benefit amount for that month.
 11. Consider the first month of the overpayment to be the month the correction should have been made, allowing for the ten day notice period requirements.
 12. In computing the amount of the error, compare the figure from step 10 as appropriate, with that from step 7.
 - If the figure in step 7 is greater than that of step 10, the difference represents an overpayment.
 - If the figure in step 7 is less than that of step 10, the difference represent an underpayment.
 - If the two figures are equal, there is neither an overpayment nor an underpayment for the period in question.
 13. Offset any overpayment from step 12 by considering any documented FS underpayment which has not yet been corrected, subject to the conditions described in Section 7025.
 14. Use Form W-262CF or W-262B to compute the amount of the overpayment. Have your supervisor review the form for accuracy and completeness. Send the W-262CF or W-262B cover sheet to either the Client Fraud Investigation Unit or Resource Unit of Central Office, whichever is appropriate (Cross Reference: Section 7005). Keep a copy for your records.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88	Transmittal: UP-88-1	7045.10
Section: Benefit Error	Type: POLICY	
Chapter: Food Stamp Overpayment	Program: FS	
Subject: Limitations to Recoupment		

7045.10 A. Time Restrictions

The Department recoups an overpayment or that part of an overpayment which occurs within the following time periods:

1. The Department recoups an overpayment caused by administrative error if the overpayment occurred no earlier than 12 months prior to the month the Department discovers it.
2. The Department recoups an overpayment caused by unintentional recipient error if the overpayment occurred no earlier than 24 months prior to the month the Department discovers it.
3. The Department recoups an overpayment caused by intentional recipient error if the overpayment occurred no earlier than 72 months prior to the month the Department discovers it.

B. Procedural Error

The Department does not recoup an overpayment caused by the Department's failure to insure that the assistance unit:

1. sign the application form; or
2. complete a current work registration form; or
3. become certified in the correct project area.

C. Transaction of Expired ATP

The Department does not recoup an overpayment which occurs when the assistance unit transacts an unaltered ATP which has expired.

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UNIFORM POLICY MANUAL**

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Determining the Reoupment Method

- P-7045.10
1. Once you have computed the amount of the overpayment, obtain supervisory approval and send the W-262CF or W-262B overpayment cover sheet to either the Client Fraud Investigation Unit or the Resource Unit of Central Office, whichever is appropriate (Cross Reference: Section 7005).
 2. Notify the assistance unit regarding the overpayment as described in Section 7005 if you plan to discontinue or reduce the unit's present benefits.

Administrative Error Overpayments

1. Set a tickler for 30 days from the date the initial "Notice of Administrative Overissuance of Food Stamps - Selection of Repayment Options," Form W-1382, L-007, or L-015 is sent to the assistance unit.
2. If the assistance unit does not respond to the notice by the 30th day send a "Second Notice of Administrative Overissuance of Food Stamps - Selection of Repayment Options," Form W-1382A, L-008 or L-016 to the assistance unit.
3. If the unit does not respond to the W-1382A, L-008, or L-016 notice within 30 days, suspend recoupment action. Note on the client narrative screen the date and reason why recoupment action was suspended. However, if the unit has a documented underpayment, use the overpayment to offset the underpayment.
4. If the unit responds to the W-1382, W-1382A, L-008, or L-016 notice, recoup the overpayment according to the choice the unit indicates on the form.
5. If the unit later requests in writing that its recoupment method be changed or withdrawn, honor the request. Suspend collection of any outstanding balance owed by the unit if it does not wish to make further payments against the overpayment caused by administrative error.
6. If the assistance unit requests a Fair Hearing regarding the overpayment, as described in Section 1570, take no further action until the Fair Hearing decision is reached.

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Determining the Reoupment Method

P-7045.10 Unintentional Recipient Error Overpayments

1. For discontinued assistance units set a tickler for 10 days from the date the "Notice of Food Stamp Overissuance Due to Intentional or Unintentional Program Violation" Form W-1384 or L-209 is mailed, as described in this subject.
2. For active assistance units that do not respond to the the EMS generated demand letter by the 10th day from the date the form is mailed, recoup the overpayment from the assistance unit's benefits.
3. If the discontinued assistance unit does not respond to the "Notice of Food Stamp Overissuance Due to Intentional or Unintentional Program Violation" (W-1384 or L-209) by the 10th day from the date the form is mailed go to step 5.
4. If the discontinued assistance unit cannot be located, suspend recoupment action.
5. If the discontinued assistance unit does not respond to the W-1384 or L-209 refer the case to the supervisor.
6. The supervisor reviews the case and recommends:
 - suspension of recoupment action; or
 - referral of the overpayment to the Bureau of Collection Services by Form W-332 "Notice of Billing and Finding" to initiate installment billing; or
 - reclassification of the overpayment as intentional recipient error and subject to the Administrative Disqualification Hearing process (see Section 7050).

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Program: FS

Subject:
Determining the Recoupment Method

P-7045.10 Unintentional Recipient Error Overpayments (continued)

7. If the discontinued assistance unit responds to the W-1384 or the L-209 recoup the overpayment according to the choice the unit indicates on the form.
8. If an active assistance unit responds to the demand letter "Notice of Collection of Overpayment" recoup the overpayment according to the choice the unit indicates on the form.
9. If an active assistance unit chooses to repay by either the lump-sum or installment method, but fails to honor the terms of the agreement, see step 11.
10. If the assistance unit requests a Fair Hearing regarding the recoupment plan, as described in Section 1570, take no further action until the Fair Hearing decision has been reached.
11. At the time of recertification, check the Bureau of Collection Services microfiche to see whether an active assistance unit is making regular installment payments if this is the method of recoupment to which the unit agreed.
12. If the assistance unit is not delinquent, complete all other phases of recertification. At least five of the last six scheduled payments must have been made for the unit to be considered not delinquent.
13. If the unit is delinquent send Form W-1386 "Notice of Allotment Reduction" to the assistance unit to inform it that:
 - it is delinquent in its payment; and
 - it may contact the Department within 10 days to arrange a new recoupment plan; and
 - if it does not respond to the notice within 10 days, the Department will automatically recoup by grant reduction.

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P-7045.10 Unintentional Recipient Error Overpayments (continued)

14. If the assistance unit responds to the W-1386 by the 10th day:
 - instruct the assistance unit to make installment payments to the Bureau of Collection Services if a new installment plan is negotiated; or
 - recommend grant reduction if an agreement is not reached.
15. If the assistance unit does not respond by the 10th day, recommend recoupment by grant reduction. See step 16.
16. Notify the assistance unit that their benefits are being reduced by grant reduction.

Intentional Recipient Error Overpayments

1. Do not initiate recoupment action in cases of suspected intentional recipient error until:
 - a determination of intentional recipient error is made by an Administrative Disqualification Hearing official, as described in Section 7050; or
 - the individual suspected of intentional recipient error waives his or her right to an Administrative Disqualification Hearing; or
2. If the case is being referred for prosecution, treat the error as unintentional as long as it remains pending with the State Police. Attempt to recoup the overpayment using the procedures for unintentional recipient errors.
3. On discontinued cases set a tickler for 10 days from the date the "Notice of Food Stamp Overissuance Due to Intentional or Unintentional Program Violation" Form W-1384 or L-209 is mailed, as described in this subject.
4. If an active assistance unit does not respond to the EMS generated demand letter by the 10th day from the date it was mailed, initiate the recoupment process on EMS.

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PROCEDURES

Chapter:
Food Stamp Overpayments

Program: FS

Subject:
Determining the Recoupment Method

P-7045.10 Intentional Recipient Error Overpayments (continued)

5. If the discontinued assistance unit cannot be located, suspend recoupment action.
6. If a discontinued assistance unit does not respond to the "Notice of Food Stamp Overissuance Due to Intentional Or Unintentional Program Violation" Form W-1384 or L-209 by the 10th day from the date the form is mailed, refer the case to the supervisor.
7. The supervisor reviews the case and:
 - recommends suspension of recoupment action if further action would not be cost effective; or
 - refers the overpayment to the Bureau of Collection Services (BCS) by Form W-332 to initiate installment billing action.
8. If an active assistance unit responds to the demand letter, recoup the overpayment according to the choice the unit indicates on the form.
9. If an active assistance unit chooses to repay by either lump-sum or installment method, but fails to honor the terms of the agreement, see step
10. If the assistance unit requests a Fair Hearing regarding the recoupment plan, as described in Section 1570, take no further action until the Fair Hearing decision has been reached.
11. At the time of recertification, check the Bureau of Collection Services microfiche to see whether an active assistance unit is making regular installment payments if this is the method of recoupment chosen by the assistance unit.
 - If the assistance unit is not delinquent, complete all other phases of recertification. At least five of the last six scheduled payments must have been made for the unit to be considered not delinquent.
 - If the unit is delinquent, complete the remainder of the recertification process and go to step 12.

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Determining the Recoupment Method

P-7045.10 Intentional Recipient Error Overpayments (continued)

12. Send the "Notice of Allotment Reduction" Form W-1386 to the assistance unit to inform it that:
 - it is delinquent in its payments; and
 - it may contact the Department within 10 days to arrange a new recoupment plan; and
 - if it does not respond to the notice within 10 days, the Department will automatically recoup by grant reduction.
13. If the assistance unit responds to the W-1386 by the 10th day:
 - instruct the assistance unit to make installment payments to the Bureau of Collection Services, if a new installment plan is negotiated; or
 - recommend grant reduction if an agreement is not reached.
14. If the assistance unit does not respond by the 10th day, recommend recoupment by grant reduction. See step 15.
15. Notify the assistance unit that their benefits are being reduced through grant reduction.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Benefit Error

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POLICY

Chapter:
Food Stamp Overpayments

Program:
FS

Subject:
Computation of the Overpayment

7045.15 A. General Description of the Process

The Department computes the amount of the overpayment by comparing the amount of the benefit which the assistance unit received and cashed during a month or series of months to the amount the assistance unit should have received during that period.

B. Benefits Due the Assistance Unit

The Department follows the policy outlined in Sections 5500 and 6000 to compute the amount of benefits the assistance unit should have received.

1. The Department first evaluates the assistance unit's prospective eligibility for the month.
2. The Department next evaluates the correctness of the Food Stamp allotment received in that month by using the budgeting method in effect at the time the overpayment occurred.

C. Non-Income-Related Factors Causing the Overpayment

1. If an eligibility factor other than income causes an overpayment, the Department computes the amount of the overpayment by applying the non-income-related factor prospectively.
2. The overpayment begins as of the date the factor should have been considered in the eligibility determination. In determining this date, the Department allows for the ten day notification period, if appropriate.
3. Overpayments caused by non-income-related factors include, but are not limited to, the following situations:
 - a. member of the assistance unit leaves the home but is not removed from the award;
 - b. the unit's assets exceed the asset limit.
 - c. an assistance unit or authorized representative withdraws Food Stamp benefits from their EBT Food Stamp account after they notify the Department that they need a new debit card and before the time the Department's designee deactivates the card.

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POLICY

Chapter:

Food Stamp Overpayments

Program:

FS

Subject:

Computation of the Overpayment

7045.15 D. Income-Related Factors Causing the Overpayment

If an income-related factor causes an overpayment, the Department computes the amount of the overpayment by applying the income-related factor either prospectively or retrospectively, depending on the budgeting method in effect at the time the overpayment occurred.

1. If the overpayment occurred prior to the implementation of retrospective budgeting, the Department uses the assistance unit's actual income and needs for the month to compute the unit's correct allotment for that month.
2. If the overpayment occurred subsequent to the implementation of retrospective budgeting, the Department computes the unit's correct allotment using the budgeting method actually used for the month in which the overpayment occurred.

(Cross reference: Section 6000.)

3. The overpayment begins as of the date the factor should have been considered in the eligibility determination. In determining this date, the Department allows for the ten day notification period, if appropriate.
4. In the computation of the overpayment, earned income that the assistance unit fails to report in a timely manner is not subject to the 20% earned income deduction (Cross Reference: 5035.15).

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Chapter:

Food Stamp Overpayments

Program:

FS

Subject:

Computation of the Overpayment

7045.15 E. Intentional Recipient Error

1. An overpayment caused by intentional recipient error begins the first date covered by an erroneously issued benefit when the overpayment is caused by the assistance unit's misstatement.
2. An overpayment caused by intentional recipient error begins in the first month the Department could have made the appropriate change or correction, allowing for the notification period, if the overpayment is caused by the assistance unit's failure to report a change in circumstances within ten days of the change.
3. The ending date of intentional recipient error is the last day of the month in which the Department becomes aware of the error, regardless of whether the Department corrects such error.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Benefit Error

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PROCEDURES

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Food Stamp Overpayment

Program:
FS

Subject:
Computing the Recoupment Rate

P-7045.15 **Administrative Error Overpayment**

1. Allow the assistance unit to select the rate of recoupment.
2. Allow the assistance unit to change the amount of the monthly grant reduction or monthly installment payment if the unit requests a change in writing.

Unintentional Recipient Error Overpayments

1. Refer to Section 7045.30 to determine the monthly amount to be recouped by the installment plan or by grant reduction.
2. If you recoup by installment payments, make sure that the monthly payments are at least equal to those which would be made under the grant reduction method.
3. Revise the recoupment rate, if appropriate, if the assistance unit's circumstances change or if the unit shows that the original rate is causing an undue hardship, and the unit requests a reduction in writing. Make sure the revised rate is at least that required by policy.
4. Use Form W-1386 to inform the assistance unit of a change in the recoupment rate occurring because of:
 - undue hardship based on the original recoupment rate.
5. Use Form W-1386 if the assistance unit's Food Stamp payment is reduced to zero because of grant reduction. The notice states that the unit must be recertified when appropriate in order to receive credit for monthly recoupment.
6. If the assistance unit requests a Fair Hearing within the time limits described in Section 1570 regarding the proposed recoupment rate, take no further action to recoup until the Fair Hearing decision is reached. Otherwise, continue to recoup at the rate you originally propose.

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Date: 1-1-88

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Subject:
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P-7045.15 Unintentional Recipient Error Overpayment (continued)

7. If the assistance unit does not request a Fair Hearing, or if the Fair Hearing decision upholds the Department, proceed with the recoupment.
8. If the Fair Hearing decision does not uphold the Department, revise the recoupment rate as ordered in the Fair Hearing decision.

Intentional Recipient Error Overpayments

1. Determine whether the assistance unit is living with an individual disqualified for intentional recipient error, as described in Section 7050.
2. If no, follow the procedures listed under "Unintentional Recipient Error Overpayments" to compute the monthly recoupment rate. Note that Section 7045.30 calls for recoupment at a greater rate for intentional recipient error overpayments.
3. If yes, proceed as follows:
 - compute the benefit level of the assistance unit including the disqualified individual (using his or her needs, plus income and assets);
 - compute 20% of this figure;
 - if this amount exceeds \$10, use this as the monthly recoupment amount.
4. Note that when computing the assistance unit's present benefit level, the needs of the disqualified individual are not considered although his or her income and assets are deemed to the unit (cross reference: Sections 5020 and 4025).

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Chapter:

Food Stamp Overpayments

Program:

FS

Subject:

Initiation of Recoupment Action

7045.20 A. Demand Letter

Subject to the limitations described in paragraph C, the Department initiates recoupment action by providing the assistance unit a written demand letter which informs the unit of:

1. the amount of the overpayment;
2. the cause of the overpayment;
3. the time period covered by the overpayment;
4. the amount of any offsetting done to reduce the overpayment;
5. the methods of repayment available to the assistance unit;
6. the assistance unit's right to a Fair Hearing to dispute the amount of the claim;
7. the availability of free legal representation, if any;
8. the time limit the assistance unit has to respond to the Department's demand letter and to indicate its choice of repayment method;
9. the fact that the Department will reduce an active assistance unit's allotment if it fails to agree to repayment, or fails to respond to the Department's demand letter;
10. the fact that the Department will initiate other recoupment action against a discontinued assistance unit which fails to agree to repayment, or fails to respond to the Department's demand letter;
11. the assistance unit's right to renegotiate the repayment schedule if the unit's financial circumstances change.

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Program: FS

Subject:
Initiation of Recoupment Action

7045.20 B. Failure to Respond to Demand Letter

1. Active Recipients

If the overpayment was received by an assistance unit presently receiving Food Stamp benefits, and the assistance unit has not responded to the Department's demand letter within 10 days of the date it is mailed, the Department reduces the assistance unit's allotment by grant reduction (Cross Reference: Section 7045.30).

2. Discontinued Recipients

If the overpayment was received by an assistance unit not presently receiving benefits, and the assistance unit has not responded to the Department's demand letter within 10 days of the date it is mailed, the Department makes the appropriate referral for collection action or suspends recoupment action (Cross Reference: Section 7045.35).

C. Recoupment Action Not Initiated

The Department does not initiate recoupment action under the following conditions:

1. when the Department determines that such action is not cost-effective; or
2. when the assistance unit cannot be located.

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PROCEDURES

Chapter:
Food Stamp Overpayment

Program:
FS

Subject:
Establishing Billing Controls

P-7045.20 Grant Reduction Recoupment

If the assistance unit repays the Department by grant reduction, send the W-262CF or W-262B cover sheet to either the Client Fraud Investigation Unit or the Resource Unit of Central Office, whichever is appropriate (cross reference Section 7005).

Lump-Sum Recoupment

1. If the assistance unit repays the Department in a lump sum for assistance granted in previous years, complete Form W-735 "Asset and Document Transmittal" and send this, along with the payment, to the Bureau of Collection Services. If no billing has been established complete Form W-332 "Notice of Billing and Finding" and include a copy in the package going to the Bureau of Collection Services (BCS). Include a copy of the W-262CF or W-262B cover sheet in this package.
2. If the payment is for assistance granted in the current fiscal year send a W-735 "Asset and Document Transmittal," along with the payment, to the Director of Financial Operations in Central Office.

Installment Recoupment

1. If the assistance unit repays the Department in installment payments, complete Form W-332 and send a copy of this form, along with a copy of the adverse action notice, the W-262CF or W-262B to the Bureau of Collection Services.
2. Keep a copy of the W-332, the adverse action notice and the W-262CF or W-262B in the case record.

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Food Stamp Overpayment

Program:
FS

Subject:
Establishing Billing Controls

P-7045.20 Conversion from Installment Payments to Grant Reduction

If the recoupment method changes from installment payments to grant reduction because of the assistance unit's failure to keep its repayment agreement:

1. prepare a W-332 and send it to the Bureau of Collection Services terminating the installment account to coincide with the beginning of grant reduction. Keep a copy for the case record.
2. initiate the grant reduction process on EMS by changing the BEG code to the code appropriate for commencing recoupment from the client's monthly award.

Conversion from Grant Reduction to Installment Payments

If the recoupment method changes from grant reduction to installment payments because the unit is discontinued from assistance:

1. prepare a W-332 to establish a billing through the Bureau of Collection Services. Include a copy of the W-262CF or W-262B along with a copy of the adverse action notice.
2. change the BEG code on EMS to discontinue the grant reduction and indicate that the overpayment is being referred to the Bureau of Collection Services for installment billing;
3. use the monthly grant reduction amount as the installment amount;
4. keep a copy of the W-332 in the case record.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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POLICY

Chapter:

Food Stamp Overpayment

Program:

FS

Subject:

Determination of the Method of Recoupment

7045.25 A. Recoupment Methods

The Department uses any or all of the following methods in recouping an overpayment:

1. Lump-sum Recoupment

- a. The Department recoups by this method if the assistance unit has income or assets sufficient to make the lump-sum payment and the unit chooses this method of repayment. This method is used for active and discontinued assistance units.
- b. The Department may recoup by this method for discontinued assistance units that fail to respond to the Department's demand letter as described at 7045.20, if the Department finds this method to be cost-effective.
- c. An active assistance unit may make the lump-sum repayment either in cash or in Food Stamp benefits by giving written permission for the Department to debit the EBT food stamp account, or a combination of both.

2. Installment Recoupment

- a. The Department recoups by this method if the assistance unit chooses to use this method of repayment. This method is used for active and discontinued assistance units.
- b. The Department may recoup by this method for discontinued assistance units that fail to respond to the Department's demand letter as described at 7045.20, if the Department finds this method to be cost-effective.
- c. An active assistance unit may make installments either in cash or in Food Stamp benefits by giving the Department written permission to debit the EBT food stamp account, or a combination of both.

3. Grant Reduction Recoupment

- a. The Department recoups by this method if an active assistance unit chooses this method of repayment.

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Section:

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Type:

POLICY

Chapter:

Food Stamp Overpayment

Program:

FS

Subject:

Determination of the Method of Recoupment

7045.25 A. 3. Grant Reduction Recoupment (continued)

- b. Grant reduction is used if an active assistance unit is unable or unwilling to repay by either of the other two repayment options, or does not respond to Department notices involving establishing a recoupment plan.
- c. Grant reduction is used if an active assistance unit agrees to repay by one of the other two methods, but does not honor its agreement. In such a case, the Department is not required to send timely notice to the unit when using grant reduction to recoup.

4. Intercept of Unemployment Compensation Benefits

- a. The Department recoups by this method if the Department determines that it is cost-effective. This method is used for active and discontinued assistance units.
- b. The Department may recoup by this method for discontinued assistance units if this method is cost-effective, and the assistance unit has not responded to the Department's demand letter as described at 7045.20.

5. Recovery from Federal Pay, Tax Refunds or Other Sources

- a. The Department recoups by this method if the Department determines that it is cost-effective. This method is used for active and discontinued assistance units.
- b. The Department may recoup by this method for discontinued assistance units if this method is cost-effective, and the assistance unit has not responded to the Department's demand letter as described at 7045.20.
- c. The Department recoups by any other method it determines to be cost-effective.

B. Consultation with Assistance Unit

The Department consults with the assistance unit in determining the method of recoupment when initially establishing a recoupment plan.

C. Combination of Methods

The assistance unit may use a combination of repayment options if it so desires and the Department agrees to the arrangement.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Section:
Benefit Error

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Chapter:
Supplemental Nutrition Assistance Program

Program:
SNAP

Subject:
Computation of the Recoupment Rate

7045.30 A. Grant Reduction Recoupment

The amount of the monthly reduction depends upon the assistance unit's current entitlement and upon the cause of the overpayment.

1. If the overpayment was caused by administrative error or unintentional recipient error, the recoupment rate is computed as follows:
 - a. If the grant prior to reduction is \$10 or more the grant reduction is the largest of the following:
 - (1) the amount of the reduction requested by the assistance unit;
 - (2) \$10
 - (3) 10% of the allotment rounded down to the nearest dollar
 - b. If the amount of the assistance unit's allotment is less than \$10 prior to the calculation of grant reduction, the reduction is the full allotment and the issuance reduced to \$0.
2. If the overpayment was caused by intentional recipient error, the recoupment rate is computed as follows:
 - a. If the allotment prior to reduction is \$10 or more, the allotment reduction is the largest of the following:
 - (1) the amount of the reduction requested by the assistance unit.
 - (2) \$20
 - (3) 20% of the household's monthly allotment rounded down to the nearest dollar

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SNAP

Subject:
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- b. If the amount of the original allotment is less than \$10 the amount to be recouped is the amount of the issuance which would reduce the allotment to \$0.
- c. In calculating the amount of the original allotment, the Department uses the figure representing what the allotment would be if the disqualified individual were part of the assistance unit.

B. Installment Recoupment and Other Methods

The monthly recoupment rate is at least the same amount which the Department could recoup through grant reduction.

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Date: 9-21-96	Transmittal: UP-96-17	7045.35
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Section: Benefit Error	Type: POLICY
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Chapter: Food Stamp Overpayment	Program: FS
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Subject: Suspension of Recoupment Action
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7045.35 A. When Recoupment Action is Suspended

Recoupment action is suspended when:

1. the Department never initiated recoupment action pursuant to 7045.20 C; or
2. the Department initiated recoupment action by sending at least one demand letter and :
 - a. cannot now locate the assistance unit; or
 - b. determines that further action is not cost-effective.

B. Recoupment Action Suspended for Three Years

1. The Department terminates recoupment action against an assistance unit if such recoupment action has been suspended for three years.
2. The Department uses the amount of the remaining overpayment for which it has terminated recoupment action to offset any underpayment received by the assistance unit.

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7045.40

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Benefit Error

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Chapter:

Food Stamp Overpayment

Program:

FS

Subject:

Disqualification

7045.40 A. Disqualification Periods

An individual who is found to have committed an intentional recipient error is disqualified from participating in the Food Stamp Program for the time period specified below, unless this period is contrary to a court order:

1. one year for the first violation;
2. two years for the second violation;
3. permanently for the third violation.

B. Beginning Date of Disqualification Period

1. The period of disqualification for an individual who is a member of an active assistance unit begins with the first month following the month the individual receives written notification of the Administrative Disqualification Hearing decision.
2. The period of disqualification for an individual who is not a member of an active assistance unit at the time of the decision is deferred until the individual applies for and is determined eligible for benefits.

(Cross reference: Section 7050.)

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 10-1-92

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7050

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Benefit Error

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Chapter:

Administrative Disqualification Hearings

Program:

**AFDC
FS**

Subject:

7050 In the AFDC and Food Stamp programs the Department conducts Administrative Disqualification Hearings in certain instances of alleged intentional recipient error as an alternative to referrals to the court system for prosecution. Individuals who are determined to have committed an intentional recipient error are subjected to recoupment requirements and, in some cases, are disqualified from the AFDC and/or Food Stamp programs for a specified amount of time.

This chapter describes the Department's policies and procedures concerning the Administrative Disqualification Hearing process.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

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Chapter:

Administrative Disqualification Hearings

Program:

**AFDC
FS**

Subject:

General Principles

7050.05 A. The Administrative Disqualification Hearing Process

1. The Department considers an overpayment to be the result of an intentional recipient error if:
 - a. a court of competent jurisdiction decrees that the assistance unit member has committed an intentional recipient error or grants the individual accelerated rehabilitation; or
 - b. the Department, through the Administrative Disqualification Hearing process, determines that the assistance unit member has committed an intentional recipient error; or
 - c. the assistance unit member waives his or her right to an Administrative Disqualification Hearing.
2. An Administrative Disqualification Hearing is a hearing conducted by the Department in which the Department determines whether an AFDC or Food Stamp assistance unit member has caused an overpayment by committing an intentional recipient error.
3. If the Department determines at the Administrative Disqualification Hearing that the overpayment was not caused by intentional recipient error, or if the Department is unable to prove that the recipient error was intentional:
 - a. the Department considers the error as either an unintentional recipient error or as an administrative error; and
 - b. the Department recoups the overpayment as described in Sections 7030 and 7045.
4. If the assistance unit member is found to have committed an intentional recipient error:
 - a. he or she is subject to disqualification penalties as described in this chapter; and
 - b. the assistance unit with whom the disqualified individual is living is subject to recoupment action, as described in Sections 7030 and 7045.

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Chapter:

Administrative Disqualification Hearings

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**AFDC
FS**

Subject:

General Principles

7050.05 B. Cases Referred to the Hearing Process

The following situations involving alleged intentional recipient errors are referred to the Administrative Disqualification Hearing process at the option of the Department:

1. those cases involving active and previously active assistance unit members alleged to have committed acts of intentional recipient errors which are not referred to the State Police, to a prosecuting authority or to the Attorney General;
2. those cases involving active and previously active assistance unit members alleged to have committed acts of intentional recipient errors which are referred to the State Police, to a prosecuting authority, or to the Attorney General and subsequently rejected for prosecution, dismissed, dropped or nolle by the court system.

C. Cases Not Referred to the Hearing Process

The following situations involving alleged intentional recipient errors are not referred to the Administrative Disqualification Hearing process:

1. Food Stamp cases associated with Public Assistance cases which are under consideration for referral or have been referred to the State Police, to a prosecuting authority, or to the Attorney General for an overpayment caused by intentional recipient error;
2. Public Assistance cases associated with Food Stamp cases which are under consideration for referral or have been referred to the State Police, to a prosecuting authority, or to the Attorney General for an overpayment caused by intentional recipient error;
3. cases referred to the court system whereby the individual(s) are determined not guilty by a judge;
4. instances of alleged Food Stamp intentional recipient error discovered prior to January 1, 1984;
5. instances of alleged AFDC intentional recipient error which occurred prior to October 1, 1992.

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Chapter:

Administrative Disqualification Hearings

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**AFDC
FS**

Subject:

General Principles

7050.05 D. Format of the Hearing

The policies and procedures governing the Administrative Disqualification Hearing process are the same as those of the Fair Hearing process in respect to:

1. the designation of and duties and powers of the hearing official; and
2. attendance at the hearing; and
3. the assistance unit's rights at the hearing; and
4. the hearing decision. (Cross reference: Section 1570.)

E. Consolidation of Food Stamp and AFDC Administrative Disqualification Hearings

The Department may combine a Food Stamp and AFDC Administrative Disqualification Hearing into a single hearing if:

1. the factual issues arise out of the same, or related circumstances; and
2. the assistance unit receives prior notice that hearings will be combined.

F. Consolidation of Administrative Disqualification Hearing with Fair Hearing

1. The Department may combine an Administrative Disqualification Hearing and a Fair Hearing into a single hearing if:
 - a. the factual issues arise out of the same, or related circumstances; and
 - b. the assistance unit receives prior notice that hearings will be combined.
2. If the hearings are combined, the Department follows the timeframes for conducting Administrative Disqualification Hearings, as described in this chapter, except when the assistance unit waives the 30-day notice period required in the Administrative Disqualification Hearing process.

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POLICY

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Administrative Disqualification Hearings

Program:

**AFDC
FS**

Subject:

General Principles

7050.05 F. Consolidation of Administrative Disqualification Hearing with Fair Hearing
(continued)

3. If the single hearing is held for the purpose of settling the amount of the overpayment as well as determining whether intentional recipient error occurred, the assistance unit loses its right to a separate Fair Hearing to contest the amount of the overpayment.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

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P-7050.05

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Benefit Error

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PROCEDURES

Chapter:
Administrative Disqualification Hearings

Program: **AFDC**
 FS

Subject:
Preparing the Evidence

P-7050.05 Eligibility Worker

1. If it is determined that a case may involve an intentional recipient error, prepare a packet consisting of the following:
 - a W-109CF;
 - all related documentation such as bank statements and wage tracers;
 - a brief description of the current assistance unit situation including the status of the individual or individuals alleged to have caused the overpayment;
2. Send the packet to the District Office Client Fraud Investigation Unit (CFIU) supervisor.

District Office Client Fraud Investigation Unit

1. Review the packet for completeness.
2. Review the classification of the overpayment.
3. If it is suspected to be intentional, complete a W-262 and forward the packet to the Central Office CFIU if no additional information is needed.

Central Office Client Fraud Investigation Unit

1. Review the information in the packet.
2. Return it to the District Office CFIU if more information is needed.
3. Refer it to the District Office CFIU for the Administrative Disqualification Hearing.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 10-1-92**Transmittal: UP-92-29****7050.10**

Section:**Benefit Error****Type:****POLICY**

Chapter:**Administrative Disqualification Hearings****Program:****AFDC
FS**

Subject:**Pre-Hearing Interview**

7050.10 A. Pre-Hearing Interview

1. An individual suspected of having committed an intentional recipient error and who is referred to the Administrative Disqualification Hearing process is sent a notice of a pre-hearing interview and a waiver of hearing form.
2. A pre-hearing interview is conducted to provide the individual who is alleged to have committed an intentional recipient error with:
 - a. a discussion and review of the evidence supporting the Department's allegations;
 - b. an explanation of the hearing process;
 - c. a more detailed explanation of the waiver process, as described in the next subject;
 - d. a discussion of repayment arrangements for those who agree to signing a waiver of the hearing.

 B. Failure to Appear

1. Failure of the individual to appear at the interview is not a basis for delaying the referral for an Administrative Disqualification Hearing.
2. An individual who fails to appear at the interview is sent a formal notice of the scheduled hearing, as described in this chapter, unless the individual waives his or her right to the hearing.

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Date: 10-1-92**Transmittal: UP-92-29****P-7050.10**

Section:
Benefit Error**Type:**
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Chapter:
Administrative Disqualification Hearing**Program:** **AFDC**
 FS

Subject:
Conducting the Pre-Hearing Interview

- P-7050.10 1. When it has been determined that a case is appropriate for the Administrative Disqualification Hearing process, send Form W-1448AF and/or W-1448FS to the individual to set up the pre-hearing interview. Include a W-1449AF or W-1449FS "Waiver of Disqualification Hearing."
2. If the individual attends the interview:
- review the evidence and discuss it with the individual and/or representative;
 - explain the hearing process and rights of the individual;
 - explain the waiver process including:
 - that the individual can waive his or her right to a hearing by signing the waiver Form W-1449AF and/or W-1449FS;
 - that the individual will have 10 days to change his or her decision to waive the hearing;
 - the fact that signing the waiver is not an admission of guilt;
 - the fact that the individual will be disqualified, the length of time of the disqualification and that the assistance unit's benefits will be reduced;
 - the requirement for recoupment of the overpayment.
3. If the individual signs the W-1449AF and/or W-1449FS, wait 10 days to allow the individual the opportunity to change his or her decision to waive a hearing. If the individual does not withdraw the waiver:
- disqualify the individual; and
 - recompute and modify the award in accordance with the procedures outlined in Section 1570; and
 - secure a repayment plan from the assistance unit through established recoupment procedures if a plan had not been secured at the pre-hearing interview.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Administrative Disqualification Hearings

Program: **AFDC**
 FS

Subject:
Conducting the Pre-Hearing Interview

- P-7050.10 4. If the individual does not appear at the pre-hearing interview, does not waive the hearing, or withdraws the waiver:
- prepare a summary in the Fair Hearing format of the circumstances of the overpayment;
 - include a copy of the W-262 and all related information;
 - forward the completed packages, through your supervisor, to the Chief of Fair Hearings with a request for the scheduling of the Administrative Disqualification Hearing.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 10-1-92	Transmittal: UP-92-29	7050.15
Section: Benefit Error	Type:	POLICY
Chapter: Administrative Disqualification Hearings	Program:	AFDC FS
Subject: Waiver Process		

7050.15 A. General Statement

An individual has the option to waive his or her right to an Administrative Disqualification Hearing.

B. Content of Waiver Form

The Department provides the individual with a waiver form to waive his or her right to the Administrative Disqualification Hearing. The form includes the following:

1. the date by which the waiver must be signed by the individual and received by the Department to avoid holding the hearing;
2. a statement that the head of the assistance unit must also sign the waiver if this person is not the individual being investigated;
3. a statement of the right of the individual to remain silent and avoid self-incrimination;
4. an option to select admission or denial of guilt;
5. a place for the signature of the individual;
6. a place for the signature of the head of the assistance unit, if this person is not the individual being investigated for intentional recipient error;
7. the fact that the waiver will result in disqualification of the individual and in reduced benefits for the remaining assistance unit, even if the individual does not admit guilt;
8. the fact that the remaining assistance unit members are subject to recoupment action;
9. the fact that the individual may withdraw the waiver within 10 days of the date signed;
10. telephone numbers for additional information and for free legal services, if available.

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POLICY

Chapter:

Administrative Disqualification Hearings

Program:

**AFDC
FS**

Subject:

Waiver Process

7050.15 C. Result of Waiver

Waiving of the right to an Administrative Disqualification Hearing by the individual, regardless of whether or not the waiver form indicates an admission of guilt, results in the same penalties as would be imposed in the event of a determination of guilt by an Administrative Disqualification Hearing or a court of law.

D. Withdrawal of Waiver

1. The individual may withdraw the waiver if he or she does so in writing within ten days of signing the form.
2. If the individual withdraws the waiver in a timely manner, the Department proceeds with scheduling the hearing.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

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PROCEDURES

Chapter:
Administrative Disqualification Hearings

Program: **AFDC**
 FS

Subject:
Holding the Hearing

P-7050.15 Fair Hearing Official

1. Examine the overpayment package to assure that it contains the hearing summary, the W-262 and all related verification.
2. Return incomplete packages to the District Office for missing documentation, and proceed with the remaining hearing procedures once you receive the necessary information.
3. Schedule the hearing.
4. Provide proper notice of the hearing date to the household member suspected of the IPV, by certified mail, return receipt requested, or any other method, as long as proof of receipt is obtained. As a general rule this mailing should be specifically processed as a "deliver only to addressee" procedure.
 - ° Follow-up a certified letter that has been returned by the U.S. Post Office marked "not received" or "unclaimed" by the addressee, with a first class letter to the household requesting that the specified individual contact the Fair Hearing Unit within 10 days of the date of the first class letter. If no contact is made proceed with the ADH hearing.
 - ° Accept a certified letter that has been returned by the U.S. Post Office and marked "refused" as a legal substitute for proof of receipt of the ADH notice.
5. Send Form W-1450, "Administrative Disqualification Procedures," with the notice of the hearing date.
6. Immediately notify the District Office of the date, place and time of the hearing.

CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE UNIFORM POLICY MANUAL

Date: 10-1-92

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Type:
PROCEDURES

Chapter: Administrative Disqualification Hearings

Program: AFDC
FS

Subject:
Holding the Hearing

P-7050.15

District Office CFIU

1. Attend the hearing and bring all evidence and related material.
2. Present the evidence and the Department's allegation even if the individual fails to appear.

Fair Hearing Official

1. Evaluate the evidence submitted by the Department.
2. Evaluate the statement and evidence of the individual, his or her representative and witnesses.
3. Base the decision on the clear and convincing evidence of the testimony and evidence submitted.
4. Issue the decision within the 90 day time frame, as described in this chapter.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 10-1-92**Transmittal: UP-92-29****7050.20**

Section:
Benefit Error**Type:**
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Chapter:
Administrative Disqualification Hearings**Program: AFDC
FS**

Subject:
Eligibility During Pending Hearing or Decision

7050.20 A. Effect of Suspected Intentional Recipient Error on Present Eligibility

1. If the suspected intentional recipient error does not affect the assistance unit's present eligibility or benefit level, eligibility and benefit amount are determined the same as for any other assistance unit.
2. If the suspected intentional recipient error is affecting the unit's present eligibility or benefit level, the Department takes steps to reduce or discontinue benefits in accordance with the policies and procedures described in Section 1570.

 B. Interim Change Versus Recoupment

1. The action to reduce or discontinue benefits described above is considered an interim change, not a recoupment method, because there has been no final determination made concerning the cause of the error, or the amount of the overpayment.
2. No disqualification penalty is imposed until the error is officially classified as intentional recipient error, as described in this chapter.

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P-7050.20

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Benefit Error

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PROCEDURES

Chapter:
Administrative Disqualification Hearings

Program: **AFDC**
 FS

Subject:
Implementing the Decision

P-7050.20 Decisions Upholding the Department

1. Disqualify the individual as described below.
2. Modify and recompute AFDC or Food Stamp benefits to the balance of the assistance unit.
3. Proceed with the recoupment process, as described in Sections 7030 and 7045.

Establishing a Disqualification Period

1. If the disqualification period is per a court order, use the period set by the court.
2. If the disqualification period is not court-ordered, review the case record to determine:
 - the date the intentional recipient error occurred; and
 - any record of past offenses.
3. In the Food Stamp program only, disqualify the assistance unit member for six months regardless of the number of prior offenses if the error occurred before August 1, 1984.
4. Remove the disqualified member for errors in the Food Stamp program which occurred after August 1, 1984:
 - for one year if there was no previous offense;
 - for two years, if there were one or more offenses prior to August 1, 1984 or one after August 1, 1984;
 - permanently, if there is a second previous offense after August 1, 1984. One or more offenses prior to August 1, 1984 plus one after August 1, 1984 are also assigned permanent disqualification.

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PROCEDURES

Chapter:
Administrative Disqualification Hearings

Program: **AFDC**
 FS

Subject:
Implementing the Decision

P-7050.20 Establishing a Disqualification Period (continued)

5. In the Food Stamp Program disqualify an individual for two years the first time the person is found by a court to have purchased illegal drugs with food stamps. Disqualify the individual permanently for the second such finding.
6. In the Food Stamp Program disqualify an individual permanently the first time the person is found by a court to have purchased firearms, ammunition, or explosives with food stamps.
7. In the Food Stamp Program disqualify an individual permanently upon the first finding if the individual is found guilty of trafficking in food stamp benefits of \$500 or more.
8. In the Food Stamp Program disqualify the individual for a period of ten years if the individual is found to have made a fraudulent statement or representation with respect to identity or residence in order to receive multiple benefits simultaneously.
9. In the Food Stamp Program, if the individual is found to be fleeing to avoid prosecution, or custody or confinement after conviction, under the law of the place from which the individual is fleeing, for a crime, or attempt to commit a crime, that is a felony under the law of the place from which the individual is fleeing or that, in the case of New Jersey, is a high misdemeanor under the law of New Jersey, disqualify the individual for as long as he continues to flee.
10. In the Food Stamp Program, disqualify an individual found to be in violation of the terms of probation or parole imposed under a federal or state law, for as long as the individual remains in violation of the terms of the probation or parole.
11. Disqualify the AFDC assistance unit member:
 - ° for six months if there is no previous offense on or after October 1, 1992;
 - ° for twelve months if this is the second offense on or after October 1, 1992;
 - ° permanently if there are more than two offenses on or after October 1, 1992.

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PROCEDURES

Chapter:
Administrative Disqualification Hearings

Program: **AFDC**
 FS

Subject:
Implementing the Decision

Procedures for Cases in which Disqualified Member is Active

1. Begin the disqualification no later than 45 days after:
 - the date of the court or Administrative Disqualification Hearing decision in which the individual is found to have committed an intentional recipient error; or
 - the ten day waiting period after a waiver is signed.
2. Do not include the disqualified member in any regular AFDC or Food Stamp benefits issued within the disqualification period.
3. Remove the disqualified member on the date of the first benefit issuance after the starting date of disqualification, if possible.
4. If the disqualified member is not removed by the first benefit issuance following the starting date of disqualification, do not change the period of disqualification.
5. Consider an administrative overpayment to exist for any benefit issuances within the disqualification period before the disqualified member has been removed. Follow administrative overpayment procedures in this case, as described in Sections 7030 and 7045.
6. On Food Stamp cases send an FNS-524 to the Client Fraud Investigation Unit (CFIU), Central Office to enter the disqualified member into the nationwide Federal Registry.
 - List the date of the first issuance following the 45th day after the court decision as the "Effective Date of Disqualification" (#8), unless the court has set another starting date. List the full "Length of Disqualification Period" in slot (#9) even if the disqualified member is removed for only part of the period, or not at all.
 - If the disqualified member is removed after the first issuance in the disqualification period, note the decision date, the removal date and the dates for which the administrative overpayment is being processed, in the Remarks section.

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Type:

PROCEDURES

Chapter:

Administrative Disqualification Hearings

Program:

**AFDC
FS**

Subject:

Implementing the Decision

P-7050.20 Procedures for Cases In Which Disqualified Members Are Active (continued)

- If the disqualified member is not removed within the disqualification period, note the decision date, the fact that the individual was not removed, the reason for non-removal, and the dates for which an administrative overpayment exists, in the Remarks section.
- Reinstatement the disqualified member to the Food Stamp assistance unit, if otherwise eligible, the first issuance following the completion of the disqualification period.
- Do not issue the assistance unit a corrective payment for the part of a month between the close of the disqualification period and the first issuance following. Do not consider the disqualified member eligible for benefits for any part of the last calendar month of the disqualification period.

Procedures for Cases in which Disqualified Member is Inactive

1. On Food Stamp cases send an FNS-524 to the CFIU, Central Office to enter the disqualified member into the nationwide Federal Registry.
2. Reinstatement only the disqualified member for the ongoing month. Do not reinstate all household members.
3. Begin the disqualification no later than 45 days after:
 - the date of the court or Administrative Disqualification Hearing decision in which the individual is found to have committed an intentional recipient error; or
 - the ten day waiting period after a waiver is signed.

Computing Eligibility for the Remaining Assistance Unit

Redetermine eligibility for the remaining assistance unit members following the policy and procedures for deeming income and assets from disqualified individuals and benefit calculation. (Cross References: 4025, 5020 and 6000)

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Chapter: Administrative Disqualification Hearings	Program:	AFDC FS
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Subject: Implementing the Decision

Notifying the Assistance Unit

1. Send Form W-1363AF and/or W-1363FS to the assistance unit if:
 - the Department is notified of a court or Administrative Disqualification Hearing decision on a case in which the disqualified member is active. List the dates of ineligibility and the new amount of benefits;
 - the Department is notified of a court or Administrative Disqualification Hearing decision on a case in which the disqualified member is inactive. Do not list a benefit amount or dates of ineligibility;
 - an otherwise eligible disqualified member requests AFDC or FS. List only dates of ineligibility.
2. File a copy of the completed Form W-1363AF and/or W-1363FS in the case record. Mark the case record cover "Disqualified Member."

Decisions Upholding the Assistance Unit

1. Issue a corrective payment, if appropriate, in accordance with this section if the assistance unit had been discontinued.
2. Take no additional disqualification action on non-waiver cases.
3. Reclassify the overpayment as either unintentional or administrative and pursue recoupment.

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Subject: Implementing the Decision					

When the District receives a copy of a court decision reversing a previous conviction for an intentional recipient error, or overturning an Administrative Disqualification Hearing official's decision of an intentional recipient error, if the case is active:

1. review the AFDC or Food Stamp case record to determine if there are any documented overpayments;
2. reinstate the disqualified member;
3. recompute eligibility;
4. compute the amount of the underpayment during the period of disqualification;
5. authorize a corrective payment:
 - in the AFDC program, for each month the individual was disqualified; (Cross Reference: 7010)
 - in the Food Stamp program, for each month the individual was disqualified, not to exceed twelve months prior to the date the Department is notified of the court decision; (Cross Reference: 7025)
6. send an FNS-524 to the CFIU, Central Office to purge the Federal Registry.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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7050.25

Section:

Benefit Error

Type:

POLICY

Chapter:

Administrative Disqualification Hearings

Program:

**AFDC
FS**

Subject:

The Hearing Process

7050.25 A. Notification

1. The Department notifies the individual in writing that an Administrative Disqualification Hearing is being scheduled.
2. The notice is sent to the individual by certified mail at least thirty (30) days prior to the scheduled date of the hearing. This notice contains the following information:
 - a. the time, date, and place of the hearing;
 - b. a statement of the reasons for the hearing;
 - c. a summary of the evidence upon which the hearing is being held and how and where the evidence can be examined;
 - d. a warning that the decision will be based solely on the information provided by the Department if the assistance unit member fails to appear at the hearing;
 - e. a statement of the individual's rights;
 - f. a statement that the hearing does not preclude additional civil or criminal action;
 - g. a statement of the availability of free legal representation;
 - h. a statement of the availability of a new hearing in the event there is good cause for the individual not to attend the scheduled hearing;
 - i. an invitation to contact the Department if additional information is needed.

B. Time Limits

The hearing is held, a decision is rendered, and the individual is informed of the decision no later than 90 days from the date the notice of the hearing is mailed to the individual, unless a postponement has been requested, as described below.

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Section:
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Type:
POLICY

Chapter:
Administrative Disqualification Hearings

Program: AFDC
FS

Subject:
The Hearing Process

7050.25 C. Postponement of the Hearing

The assistance unit member or representative may request and receive a postponement of the scheduled hearing, subject to the conditions described below.

1. The request for a postponement must be made at least 10 days prior to the hearing date.
2. The hearing may not be postponed for more than 30 days.
3. Assistance units are entitled to one postponement.
4. The time limit for a decision is extended by the length of the postponement.

D. Hearing Format

1. The hearing is conducted by the hearing official in accordance with the Department's Fair Hearings procedures, as described in Section 1570.
2. The hearing official advises the individual or the individual's representative of his or her right to remain silent during the hearing.
3. If the assistance unit member or his or her representative cannot be located or fails to appear at a hearing without good cause, the hearing is conducted without the assistance unit member being represented.
4. If the individual does not appear at the hearing, and is not represented by another person, the hearing official bases his or her decision regarding the cause of the error on clear and convincing evidence.

E. Good Cause for Failure to Appear at Hearing

1. A new hearing is scheduled if the individual presents good cause for failure to appear.

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UNIFORM POLICY MANUAL**

Date: 10-1-92

Transmittal: UP-92-29

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Section:

Benefit Error

Type:

POLICY

Chapter:

Administrative Disqualification Hearings

Program:

**AFDC
FS**

Subject:

The Hearing Process

7050.25 E. Good Cause for Failure to Appear at Hearing (continued)

2. The individual must submit a good cause request to the Department no later than 10 days after the date of the original hearing.
3. The hearing official decides if good cause exists.
4. The hearing official enters the good cause decision into the record.
5. The hearing official who originally held the hearing may conduct the new hearing.
6. The decision rendered as the result of the original hearing is rendered null and void when a second hearing is scheduled as the result of a good cause finding.
7. Good cause includes, but is not limited to the following:
 - a. illness of the individual or immediate family member; or
 - b. incarceration of the individual; or
 - c. death of an immediate family member; or
 - d. catastrophe caused by fire, flood, or natural disaster; or
 - e. unavoidable loss of transportation with no immediately available alternative.

F. Decision Format

1. The hearing official's decision is issued in writing to the individual no later than ninety (90) days from the date notice of the hearing was mailed to the individual.
2. The notice of the hearing official's decision:
 - a. specifies the reasons for the decision;
 - b. identifies the evidence which was used to make the decision;
 - c. cites the policy which is pertinent to the decision;

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**AFDC
FS**

Subject:

The Hearing Process

7050.25 F. 2. Decision Format (continued)

- d. responds to the reasoned arguments made by the individual or the individual's representative;
- e. specifies the effective date and length of the disqualification period of the individual under the AFDC and/or Food Stamp program, if the individual is found to have committed an intentional recipient error.

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Date: 9-21-96

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7050.30

Section:

Benefit Error

Type:

POLICY

Chapter:

Administrative Disqualification Hearings

Program:

**AFDC
FS**

Subject:

Disqualification Penalties

7050.30 A. Disqualification

1. An individual is disqualified from participating in the AFDC or Food Stamp program if:
 - a. a court determines that he or she is guilty of intentional recipient error or grants the individual accelerated rehabilitation; or
 - b. a determination of an intentional recipient error is made by an Administrative Disqualification Hearing official; or
 - c. the individual signs a waiver of rights to an Administrative Disqualification Hearing.
2. An individual is also disqualified from participating in the food stamp program if:
 - a. the individual is found by a court to have purchased illegal drugs with food stamps.
 - b. the individual is found by a court to have purchased firearms, ammunition, or explosives with food stamps.
 - c. the individual is convicted of trafficking in food stamp benefits of \$500 or more.
 - d. the individual is found to have made a fraudulent statement or representation with respect to identity and residence in order to receive multiple benefits simultaneously.

B. Length of Disqualification

1. AFDC

The length of the disqualification period is determined as follows:

- a. The Department uses the length specified by the court order if a court specifies a period of disqualification;
- b. When the court does not specify a period of disqualification, the Department determines the length of the disqualification based upon the individual's previous history of offenses for intentional recipient error as follows:

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POLICY

Chapter:
Administrative Disqualification Hearings

Program: AFDC
FS

Subject:
Disqualification Penalties

7050.30 B. 1. b. Length of Disqualification (continued)

- (1) for the first offense on or after October 1, 1992, the length of disqualification is six months;
- (2) for the second offense on or after October 1, 1992, twelve months; and
- (3) for the third offense on or after October 1, 1992, the disqualification is permanent.

2. Food Stamps

a. If the intentional recipient error occurred prior to August 1, 1984:

- (1) the length of the disqualification period is governed by the policy in effect at the time the error occurred;
- (2) regardless of the number of intentional recipient errors that occurred, for the purpose of determining the length of disqualification for errors occurring after August 1, 1984, only one intentional recipient error is considered to have occurred prior to that date.

b. If the intentional recipient error occurred on or after August 1, 1984, the length of the disqualification period is determined as follows:

- (1) The length of disqualification is the length specified by the court order if a court specifies a period of disqualification.
- (2) When the court order does not specify a period of disqualification, the Department determines the length of the disqualification based upon the individual's previous history of intentional recipient error as follows:
 - (a) for the first offense, the length of disqualification is one year;
 - (b) for the second offense, two years; and
 - (c) for the third offense, the disqualification is permanent.

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Section:
Benefit Error

Type:
POLICY

Chapter:
Administrative Disqualification Hearings

**Program: AFDC
FS**

Subject:
Disqualification Penalties

7550.30 B. 2. Length of Disqualification (continued)

- c. If the individual is found by a court to have purchased illegal drugs with food stamps the disqualification period is determined as follows:
 - (1) for the first such finding, two years.
 - (2) for the second such finding, the disqualification is permanent.
- d. If the individual is found by a court to have purchased firearms, ammunition, or explosives with food stamps, the disqualification is permanent upon the first such finding.
- e. If an individual is found guilty of trafficking in food stamp benefits of \$500 or more, the disqualification is permanent upon the first such finding.
- f. If the individual is found to have made a fraudulent statement or representation with respect to identity and residence in order to receive multiple benefits simultaneously, the disqualification is for a period of ten years.

C. Effective Date of Disqualification

- 1. An individual participating in the AFDC and/or Food Stamp program at the time of the finding of intentional recipient error is disqualified from participation effective:
 - a. the date specified by the court order; or
 - b. no later than 45 days from the court order if the court does not specify the date; or
 - c. the month following the month the written notification of the Administrative Disqualification Hearing decision is mailed to the individual.
- 2. If the individual who is disqualified is not otherwise eligible for the program at the time the disqualification period is to begin, the penalty is imposed as if the individual were eligible.
- 3. The period of disqualification, once it becomes effective, runs continuously without interruption for the length of the disqualification period regardless of other eligibility factors.

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Section:

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Type:

POLICY

Chapter:

Administrative Disqualification Hearings

Program:

**AFDC
FS**

Subject:

Disqualification Penalties

7550.30 D. Effect of Disqualified Individual on Assistance Unit

1. The assistance unit affected by the disqualified individual is the unit which the disqualified individual was in when disqualified, unless the individual applies for benefits in another assistance unit, in which case the current unit is affected.
2. The assistance unit so affected is subject to recoupment action by the Department, as described in Section 7030 or 7045, regardless of the unit's present eligibility for benefits.
3. The treatment of income and assets of a disqualified individual with respect to the eligibility determination of the affected assistance unit is described in Sections 5020 and 4025 respectively.

E. Federal Registry of Disqualified Individuals - Food Stamps Only

1. An individual disqualified for intentional recipient error is disqualified from participating in the Food Stamp program regardless of where convicted.
2. In order to ensure that disqualified individuals do not participate, a federal registry of disqualified individuals is maintained.
3. The Department notifies the federal registry of any individual disqualified from the Food Stamp program in Connecticut.
4. The Department does not allow any disqualified individual listed in the federal registry to participate in the Connecticut Food Stamp program during the disqualification period.

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Date: 10-1-92	Transmittal: UP-92-29	7050.35
Section: Benefit Error	Type:	POLICY
Chapter: Administrative Disqualification Hearings	Program:	AFDC FS
Subject: Appeals		

7050.35 A. Fair Hearings

1. The disqualified individual is not entitled to a Fair Hearing to dispute either:
 - a. the hearing official's finding of his or her guilt; or
 - b. the imposition of a disqualification penalty.
2. The affected assistance unit is entitled to a Fair Hearing to dispute:
 - a. the Department's intended action to reduce or terminate its benefits; and
 - b. the recoupment plan.

B. Appeal to Superior Court

1. The disqualified individual may contest the hearing official's decision by appealing to the Superior Court within 45 days of the date the hearing official issues the hearing decision.
2. The disqualified individual must follow the appeal procedures described in Section 1570 concerning appeals of Fair Hearing decisions.

C. Reversal of a Conviction

If a court reverses the finding of guilt of an intentional recipient error, the Department issues the individual or affected assistance unit a corrective payment, as described in Section 7010 or 7025, and reinstates the individual as an eligible assistance unit member if he or she is otherwise eligible.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 7-1-87	Transmittal: UP-87-2	7500
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Section: Recovery	Type:	POLICY
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Chapter:	Program:	AFDC AABD MA
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Subject:

7500 This section describes the situations under which the Department recovers benefits paid to or on behalf of an assistance unit, and the methods the Department uses to make such recoveries. The section also describes how the amount of the recovery is computed.

Among the topics covered in this section are:

- Assignments
- Security Mortgages
- Liens
- Recovery from Acquired Property
- Recovery from Third Parties
- Recovery from Estates
- Recovery by Legal Action.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 10-1-89

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7500.01

Section:

Recovery

Type:

POLICY

Chapter:

Program:

**AFDC
AABD
MA**

Subject:

Definitions

7500.01 Amortization

Amortization is the process of paying off a loan by installment payments.

Assignment

An assignment is the act of transferring one's equitable interest in an asset or a claim to another person or to an organization.

Cause of Action

A cause of action is a claim against an estate, a pending lawsuit, a personal injury action, or a wrongful death action.

Community Spouse

A community spouse is an individual who resides in the community, who does not receive home and community based services under a Medicaid waiver, who is married to an individual who resides in a medical facility or long term care facility or who receives home and community based services (CBS) under a Medicaid waiver.

Community Spouse Protected Amount (CSPA)

A community spouse protected amount is the amount of the total available non-excluded assets owned by both MCCA spouses which is protected for the community spouse and is not counted in determining the institutionalized spouse's eligibility for Medicaid.

Decedent Estate

A decedent estate is the assets and liabilities which a deceased person has at the time of his or her death.

Institutionalized Spouse

An institutionalized spouse is a spouse who resides in a medical facility or long term care facility, or who receives home and community based services (CBS) under a Medicaid waiver, and who is legally married to someone who does not reside in such facilities or who does not receive such services.

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7500.01 page 2

Section:

Recovery

Type:

POLICY

Chapter:

Program:

**AFDC
AABD
MA**

Subject:

Definitions

7500.01 Lawfully Residing

Lawfully residing is actually residing at a certain address and publicly affirming this address as one's residence to local Post Office, Voters' Registration Office, Immigration Office, or other governmental agencies.

Lien

A lien is a legal claim against property as security for a debt.

Long-term Care Facility

A long term care facility is a skilled nursing facility, intermediate care facility, or other medical institution, where the applicant is required, as a condition of receiving services in such institution under the state medical assistance plan, to spend for costs of medical care all but a minimal amount of any existing income for personal needs.

Mortgage

A mortgage is a temporary and conditional pledge of property to a creditor as security against a debt.

Principal

Principal is the amount of money owed as a debt, upon which interest is calculated.

Recovery

Recovery is the process by which the Department collects certain income or assets of an individual who either received benefits from the Department, or who was legally liable for the support of a person when that person was receiving benefits from the Department.

Security Mortgage

A security mortgage is a mortgage in which property is used as security against a debt which has not yet been incurred.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 7-1-87	Transmittal: UP-87-2	7505
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Section: Recovery	Type:		POLICY
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Chapter: Recovery by Assignment or Security Mortgage	Program:		AFDC AABD MA
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Subject:

7505 This chapter describes when and how the Department uses assignments and security mortgages to recover benefits paid to or on behalf of assistance units. The chapter also describes how the amount of the Department's claim is computed.

The procedural requirements which the assistance unit must meet concerning assignments and security mortgages are described in sections 3520 and 3530.

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Transmittal: UP-87-2

7505.05

Section:

Recovery

Type:

POLICY

Chapter:

Recovery by Assignment or Security Mortgage

Program:

**AFDC
AABD
MA**

Subject:

Assignments in the Money Payment Programs

7505.05 A. Interest in a Cause of Action

If the assistance unit, or the parent of a dependent child who is a member of an assistance unit, has an interest in a cause of action, the Department's claim is equal to the lesser of the following amounts:

1. the total amount of financial assistance paid by the Department to or on behalf of the unit; or
2. fifty percent of the net proceeds received by the assistance unit after the unit has paid all expenses connected with the cause of action.

B. Interest in a Decedent Estate

If the assistance unit has an interest in a decedent estate, the Department's claim is equal to the lesser of the following amounts:

1. the total amount of financial assistance paid by the Department to or on behalf of the unit; or
2. fifty percent of the distribution of the estate received by the assistance unit.

C. Limitation to Recovery

1. If an individual under age 18 has an interest in a claim, the Department does not require the individual to assign his or her interest in the claim as a condition of AFDC eligibility.
2. When computing the amount of the Department's claim against an individual, the Department does not consider any cash payments made to the individual under the AFDC program while the individual was less than 18 years of age.
3. The Department does not recover a payment made to an AABD recipient for attorney's fees incurred during the successful appeal of a Social Security Administration decision to terminate SSI benefits (cross reference: Section 9000, Special Benefits).

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Section:

Recovery

Type:

POLICY

Chapter:

Recovery by Assignment or Security Mortgage

Program:

**AFDC
AABD**

Subject:

Assignments in the Money Payment Programs

7505.05 C. Limitation To Recovery (continued)

4. The Department makes no claim and applies no lien against payments received by an AFDC or AABD assistance unit from the following:
 - a. Condominium Conversion Moving and Relocation Assistance Payment; or
 - b. Court Ordered Retroactive Rent Abatement; or
 - c. Security Deposit Refund; or
 - d. AABD benefits paid to residents of long term care facilities, but only when the assistance unit requests discontinuance of benefits within 10 days after receipt of their initial issuance.

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Date: 7-1-87

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P-7505.05

Section:
Recovery

Type:
PROCEDURES

Chapter:
Recovery by Assignment or Security Mortgage

Program: **AFDC**
 AABD
 MA

Subject:
Taking an Assignment of Interest

- P-7505.05 1. If an assignment is required by policy, obtain information from the assistance unit concerning:
- the type of claim in which the unit has an interest (estate or cause of action);
 - the name and address of the unit's attorney, if any;
 - any other details regarding the circumstances leading to the unit's having an interest in the claim.
2. Inform the unit of the Department's policy concerning assignments of interest.
3. Document the case record showing that you have followed steps 1 and 2.
4. Refer the assistance unit to the Resource Unit for execution of the assignment, if needed.
5. Do not grant assistance until the Resource Unit verifies that the assistance unit has complied with the procedural requirements described in policy.
6. If the unit refuses to comply with the assignment procedure, deny assistance to the adult member of the unit who has refused to comply.
7. Reevaluate eligibility when the claim is settled and the Department has recovered the appropriate amount.

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Date: 7-1-89	Transmittal: UP-89-30	7505.10
Section: Recovery	Type: POLICY	
Chapter: Recovery by Assignment or Security Mortgage	Program: MA	
Subject: Assignments in the Medical Assistance Program		

7505.10 A. Assignment Requirement

1. Under state law, an assistance unit, by the act of applying for Medicaid benefits, automatically assigns to the Department any rights or claims it may have to medical support or third party reimbursement.
2. These claims include the following:
 - a. claims against a medical insurance provider; and
 - b. claims to which the unit is entitled under a contract; and
 - c. claims made under a state or federal program; and
 - d. claims or actions against any responsible third party.

B. Amount of the Department's Claim

The Department's claim is equal to the lesser of the following amounts:

1. the amount of Medicaid benefits paid on behalf of the assistance unit; or
2. the amount owed to the unit pursuant to any such right or claim.

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Date: 7-1-87**Transmittal: UP-87-2****P-7505.10**

Section:
Recovery**Type:**
PROCEDURES

Chapter:
Recovery by Assignment or Security Mortgage**Program:** **AFDC**
 AABD
 MA

Subject:
Obtaining a Security Mortgage

- P-7505.10 1. If a security mortgage is required by policy, inform the assistance unit of its responsibility.
2. If the unit does not wish to comply with the procedural requirements concerning a security mortgage, consider the property a counted asset.
3. Refer the matter to the Resources Unit for a determination of the unit's equity in the property.
4. If the unit is agreeable to granting the Department a security mortgage, refer the matter to the Resource Unit.
5. Do not grant assistance until the Resource Unit reports that it has obtained the security mortgage.
6. Make sure, before granting assistance, that the unit has not exhausted its nine-month period of exclusion for non-home property.
7. Inform the assistance unit regarding the date the nine-month exclusion expires.
8. If the nine-month exclusion will expire prior to the next redetermination of eligibility, set a tickler for one month prior to that date.
9. If the non-home property is sold while the assistance unit is still receiving benefits, reevaluate the assistance unit's eligibility for assistance. The reevaluation will include the Resource Unit's report concerning the amount of funds available to the assistance unit after the Department has recovered the appropriate amount of assistance.

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Date: 01-01-07

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7505.15

Section:

Recovery

Type:

POLICY

Chapter:

Recovery by Assignment or Security Mortgage

Program:

**AFDC
AABD**

Subject:

Security Mortgages

7505.15 A. Sole Ownerships

1. If the assistance unit owns non-home property out-of-state which is being temporarily excluded for up to nine months, the unit must grant the Department a security mortgage against such property while continuing to make a good faith effort to sell (Cross reference: Section 4020, Excluded Assets).
2. If the unit sells the property within nine months subsequent to the effective date of assistance, the amount of the Department's claim is equal to the least of the following amounts:
 - a. the amount of assistance rendered to or on behalf of the assistance unit during this time period; or
 - b. the net proceeds from the sale; or
 - c. zero, if the net proceeds from the sale, combined with the unit's other counted assets, are less than the program asset limit.
3. If the assistance unit does not sell the property by the end of the nine month period, the unit is ineligible for additional benefits for as long as it continues to own the property. The amount of the Department's claim is equal to the amount of assistance rendered to or on behalf of the unit during the nine months.
4. If the assistance unit becomes ineligible for assistance for any other reason during the nine month disposal period, all payments made to the unit by the Department covering this period are considered overpayments, and subject to recovery.

B. Joint Ownership

1. If the assistance unit is a co-owner of out-of-state non-home property, the unit must grant the Department a security mortgage against its share of the property.

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Section:

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Type:

POLICY

Chapter:

Recovery by Assignment or Security Mortgage

Program:

**AFDC
AABD**

Subject:

Security Mortgages

7505.15 B. 1. Joint Ownership (continued)

- a. There is no time limit by which the unit must sell such property if the sale is contingent upon the cooperation of the co-owner.
- b. The amount of the Department's claim against the property is equal to the least of the following amounts:
 - (1) the amount of financial assistance rendered to the assistance unit while it was a holder of the property; or
 - (2) the net proceeds from the unit's share of the property upon its sale; or
 - (3) zero, if the unit's net proceeds from the sale, combined with the unit's other counted assets, are less than the program asset limit.
2. As described in Section 4015, equity in jointly-owned non-home property is inaccessible if the co-owner is either unwilling or unable to buy the unit's share, and the property cannot otherwise be subdivided.
3. Equity in the property is not considered inaccessible to the assistance unit if the co-owners consist only of:
 - a. assistance unit members; or
 - b. assistance unit members and their spouses who live with the unit.
4. If appropriate, the Department requires the assistance unit to cooperate in forcing a partition sale of non-home property, so that the unit can gain access to its share of equity in the property.

C. Home Property Repairs-AFDC

If the Department pays for any property repairs on the assistance unit's home property, the Department's claim, which is equal to the amount paid for the repairs, is secured by a lien.

(Cross reference: Section 9000, Special Benefits).

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-97	Transmittal: UP-99-9	7510
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Section: Recovery	Type:	POLICY
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Chapter: Recovery from Real Property: Liens	Program:	AFDC AABD MA
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Subject:

7510 In certain circumstances, the Department places a lien against the real property of an assistance unit and the real property of a legally liable relative in the AFDC, State Supplement, and Medical Assistance programs.

 This chapter describes the circumstances under which the Department places a lien against real property and also describes how the amount of the Department's lien is computed.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 01-01-07

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7510.05

Section:

Recovery

Type:

POLICY

Chapter:

Recovery from Real Property: Liens

Program:

AFDC

Subject:

Liens in the AFDC Program

7510.05 A. General Policy

1. The Department places a lien against the assistance unit's home property beginning with the first day of the fifth month in which the unit receives financial assistance.
2. If the unit has no mortgage while it is receiving benefits, the Department places no lien against the home property.
3. The Department places a lien against any real property owned by a legally liable relative, whether or not he or she lives with the assistance unit.

 B. Amount of Lien

1. The Department's lien against the assistance unit's home property is for an amount equal to the amortization of principal paid while the assistance unit receives benefits, beginning with the fifth month.
2. The amount of the Department's lien against the property of a legally liable relative is the total amount of cash assistance paid to or on behalf of all members for whom the relative is legally responsible.

 C. Property Repair

 If the Department pays for any property repairs on the assistance unit's home property, the Department's claim, which is equal to the amount paid for the repairs, is secured by a lien. (Cross-reference: Section 9000, Special Benefits).

 D. Loss of Home Property Status

1. If the assistance unit vacates its home property without the intent to return but maintains ownership of the property:
 - a. the property's status changes to non-home property; and
 - b. the amount to be recovered by the Department's lien changes to the total amount of financial assistance paid to the unit; and
 - c. if the unit wishes to continue receiving benefits, it becomes subject to the procedural requirements concerning ownership of non-home property (cross reference: 4030).

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Section:

Recovery

Type:

POLICY

Chapter:

Recovery from Real Property: Liens

Program:

AFDC

Subject:

Liens in the AFDC Program

7510.05 D. Loss of Home Property Status (continued)

2. If the assistance unit sells property which serves as the unit's principal residence and does not use the proceeds to purchase another principal residence, the Department:
 - a. recovers an amount equal to that described in paragraph B based on the placement of its lien; and
 - b. determines whether the assistance unit is still eligible for benefits, if the unit is receiving benefits at the time of the sale:
 - (1) if the remaining proceeds, combined with the unit's other counted assets, exceed the asset limit, the unit is ineligible for assistance;
 - (2) if the remaining proceeds, combined with the unit's other counted assets, are within the asset limit, the unit is eligible for assistance if it meets all the other eligibility requirements; and
 - c. recovers the remaining proceeds from the sale, if appropriate, as described in Section 7515.
3. If the assistance unit wishes to sell its home property and purchase another, the Department:
 - a. releases its lien upon collecting the amount owed, per paragraph B, if the unit is no longer eligible for assistance; or
 - b. releases its lien while postponing collection of the amount owed, if the unit remains eligible for assistance. In such a case, the Department immediately places a lien against the new home property. The amount of the Department's lien against the new home property includes that which the assistance unit owed upon selling its old home property.

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Section:
Recovery

Type:
POLICY

Chapter:
Recovery from Real Property: Liens

Program:
AFDC

Subject:
Liens in the AFDC Program

7510.05 E. Joint Ownership

If home property is owned jointly by a member of the assistance unit and another person, the Department places a lien against the home property as follows:

1. The Department places a lien against only the assistance unit member's share if the co-owner is not the absent parent of the assistance unit child;
2. The Department places liens against both the assistance unit member's share and the co-owner's share if the co-owner is the absent parent of the assistance unit child.

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P-7510.05

Section:
Recovery

Type:
PROCEDURES

Chapter:
Recovery from Real Property: Liens
AABD

Program: AFDC

Subject:
Placing a Lien Against Real Property

- P-7510.05
1. Determine if the assistance unit owns home property or in-state non-home property or if a legally liable relative of an assistance unit member owns in-state real property.
 2. If the answer is yes, inform the unit at the time of application of the Department's lien policy.
 3. Upon granting assistance, refer the case to the Resource Unit if a lien is required.
 4. Inform Resources of the address of the property to be liened and the effective date of grant.
 5. If the property belongs to a legally liable relative, give Resources the name and address of the LLR and his or her relationship to the assistance unit member or members.
 6. If the assistance unit sells its home property while it is still receiving benefits, reevaluate the unit's eligibility. The reevaluation is based in part on the Resource Unit's report concerning the funds remaining to the unit after the Department has recovered the appropriate amount.
 7. If an active assistance unit wishes to sell its home property and purchase another home, refer the case to Resources, which will release the lien and place a lien on the new home property, as described in policy.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-97	Transmittal: UP-99-9	7510.10
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Section:	Type:
Recovery	POLICY

Chapter:	Program:
Recovery from Real Property: Liens	AABD

Subject:
Liens in the State Supplement Program

7510.10 A. General Policy

1. The Department places a lien against the assistance unit's home property effective the date of the initial award.
2. The Department places a lien against any real property owned by a legally liable relative, whether or not he or she lives with the assistance unit.
3. The Department's claim for any property repairs made to the assistance unit's home property is secured by the Department's lien.

B. Amount of Lien

1. The amount of the Department's lien against the property of the assistance unit member is the total amount of cash assistance paid to or on behalf of the assistance unit.
2. The amount of the Department's lien against the property of a legally liable relative is the total amount of cash assistance paid to or on behalf of the member for whom the relative is legally liable.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-91

Transmittal: UP-92-17

P-7510.10

Section:
Recovery

Type:
PROCEDURES

Chapter:
Recovery from Real Property: Liens

Program:
MA

Subject:
Taking a Lien in the MA Program

- P-7510.10
1. Refer a case to the Resource Unit for placement of a lien against the assistance unit's real property if the unit either cannot or will not repay the Department.
 2. If an MA recipient enters a long term care facility, determine if the individual is reasonably expected to return to the community. If yes, see step 4. If no, see step 5.
 3. In making a decision regarding the expectation of the recipient's returning to the home, consider:
 - opinion of the recipient's physician; and
 - availability of private care which the individual could receive at home as an alternative to institutionalization; and
 - financial ability of the recipient to maintain the home.
 4. Do not refer the case to Resources for the placement of a lien as long as the recipient can reasonably be expected to return to the home.
 5. Determine if the property was used as the individual's primary residence prior to entering the facility. If yes, proceed to step 6. If no, see step 8.
 6. If an MA recipient leaves his or her primary residence and enters a long-term care facility, determine whether the recipient's spouse, child, or sibling is lawfully residing in the home, as described in policy. If yes, see step 7. If no, see step 8.
 7. Do not refer the case to Resources for the placement of a lien as long as an individual listed in step 6 is lawfully residing in the recipient's home.
 8. Send letter #046 in EMS to the recipient or conservator to inform him or her that the Department is placing a lien against the property.

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Date: 7-1-91

Transmittal: UP-92-17

P-7510.10 page 2

Section:
Recovery

Type:
PROCEDURES

Chapter:
Recovery from Real Property: Liens

Program:
MA

Subject:
Taking a Lien in the MA Program

- P-7510.10 9. Follow the procedures outlined in Section 1570 if the recipient requests a Fair Hearing regarding the placement of the lien.
10. Refer the case to Resources for the placement of a lien if no Fair Hearing is requested or if the Fair Hearing decision upholds the Department.
11. Send a referral to Resources for the removal of a lien if the recipient is discharged from the long-term care facility and returns home.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-91	Transmittal: UP-92-17	7510.15
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Section: Recovery	Type: POLICY
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Chapter: Recovery from Real Property: Liens	Program: MA
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Subject: Liens in the Medicaid Program
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7510.15 A. Assistance Incorrectly Obtained

The Department places a lien against the individual's property, both personal and real, if a court has judged that the individual received Medicaid benefits incorrectly from the Department.

B. Assistance Properly Obtained

1. The Department places a lien against all of the individual's real property, except as noted below, because of Medicaid claims paid or to be paid if the individual is an inpatient of a long-term care facility and cannot reasonably be expected to be discharged and return home.
2. The Department does not place a lien on real property that was used as the individual's primary residence prior to entering the LTCF if any of the following persons is lawfully residing in the home:
 - a. the individual's spouse;
 - b. the individual's child who is under age 21 or blind or disabled;
 - c. the individual's sibling if the sibling:
 - (1) is joint owner of the home; and
 - (2) was residing in the home for at least one year immediately before the individual entered the long-term care facility.

C. Expectation of Discharge from Facility

The Department determines whether the individual can be expected to be discharged from the long-term care facility to return home based on the following:

1. diagnosis of the individual's medical condition as documented by the long-term care facility's authorizing physician; and

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Date: 7-20-08

Transmittal: UP-08-26

7510.15 page 2

Section:

Recovery

Type:

POLICY

Chapter:

Recovery from Real Property: Liens

Program:

MA

Subject:

Liens in the Medicaid Program

7510.15 C. Expectation of Discharge from Facility (continued)

2. the physician's prognosis for the individual's recovery; and
3. availability of private care which the individual could receive at home as an alternative to institutionalization; and
4. statement from the individual, if he or she is competent, regarding the intent to return home; and
5. financial ability of the individual to maintain the home.

D. Removal of Lien

1. The Department removes a lien placed against real property described in 7510.15 B. if the individual is discharged from the long-term care facility and returns home, regardless of the length of the institutionalization.
2. The removal of the lien does not preclude the Department from making a claim against the decedent's estate (Cross-Reference: 7525).

E. Amount of Lien

The amount of the Department's lien is equal to:

1. the amount of Medicaid benefits incorrectly paid on behalf of the individual; plus
2. the amount of any Medicaid benefits the Department paid on behalf of an institutionalized individual, as described in 7510.15 B.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 701087	Transmittal: UP-87-2	7515
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Section:	Type:		
Recovery			POLICY

Chapter:	Program:		
Recovery from Acquired Property			AFDC AABD

Subject:

7515 This chapter describes how the assistance unit may acquire property and how the Department may recover in such situations.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 7-1-87

Transmittal: UP-87-7

7515.05

Section:
Recovery

Type:
POLICY

Chapter:
Recovery from Acquired Property

Program: **AFDC**
 AABD

Subject:
Methods of Acquiring Property

7515.05 A. Experiencing a Windfall

1. Windfalls include, but are not limited to, lottery winnings, receipt of an inheritance, and a favorable settlement of a lawsuit.
2. The Department's claim is equal to the entire amount of financial assistance received by the assistance unit from the Department, except in the case of lawsuits and inheritances, in which the Department's claim is subject to the limitations described in Section 7505.
3. In the AFDC program, if the assistance unit receives a windfall, the Department may establish a period of ineligibility for the unit, rather than initiate recovery action.

B. Converting an Asset to Cash

1. The Department may recover when the assistance unit converts a previously excluded asset to cash or to some other type of counted asset.
2. Such conversions include the sale of home property.
3. The amount of the Department's claim is the entire amount of financial assistance received by the assistance unit from the Department, except in the case of the sale of home property, in which the Department's claim is subject to the limitations described in Section 7510.

C. Gaining Access to an Asset

1. The Department may recover when the assistance unit gains access to a previously inaccessible asset.
2. Such situations include, but are not limited to the following:
 - a. a trustee releases money in a bank account to the assistance unit; or
 - b. a co-owner of property agrees to sell the property which is jointly owned with the assistance unit.

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Date: 7-1-87

Transmittal: UP-87-7

7515.05 page 2

Section:

Recovery

Type:

POLICY

Chapter:

Recovery from Acquired Property

Program:

**AFDC
AABD**

Subject:

Methods of Acquiring Property

7515.05 C. Gaining Access to an Asset (continued)

3. The amount of the Department's claim is equal to the lesser of the following amounts:
 - a. the amount of financial assistance received by the unit from the Department; or
 - b. the unit's equity in the asset.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-87**Transmittal: UP-87-2****P-7515.05**

Section:
Recovery**Type:**
PROCEDURES

Chapter:
Recovery from Acquired Property**Program:** **AFDC**
 AABD

Subject:
Initiating Recovery Action

- P-7515.05 1. If an active assistance unit acquires property, re-evaluate the unit's eligibility. If the unit remains eligible, adjust the amount of benefits, if necessary, after following the advance notice requirements described in Section 1570.
2. If the unit is ineligible, and the Resources Unit had not taken an assignment or lien, or obtained a security mortgage, refer the case to Resources for recovery action. The referral should contain as much information as possible regarding the type, amount and date the assistance unit acquired the property.
3. In the AFDC program, set up a period of ineligibility, as described in policy, in lieu of initiating recovery action, if the assistance unit receives a windfall. See step 4.
4. Compute a possible overpayment for the month the windfall was received. Initiate recovery action for this amount, as described in Section 7000.

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Date: 01-01-07	Transmittal: UP-07-07	7515.10
Section: Recovery	Type: 	POLICY
Chapter: Recovery from Acquired Property	Program:	AFDC AABD
Subject: Initiating Recovery Action		

7515.10 A. Assignment

1. The Department recovers by assignment, if the acquired property is money obtained from the settlement of a claim, if the Department was aware of the claim (Cross reference: Section 7505).
2. Assignments in the MA program are limited, as described in this section.

B. Security Mortgage

In the AFDC and AABD program, the Department recovers by security mortgage, if the acquired property is money obtained from the sale of temporarily excluded out-of-state real property and the Department was aware of the property's existence (Cross reference: Section 7505.15).

C. Lien

1. The Department recovers by lien, if the acquired property is money obtained from the sale of in-state real property and the Department was aware of the property's existence (Cross reference: Section 7510).
2. Liens in the MA program are limited, as described in this section.

D. Voluntary Repayment

The Department recovers by voluntary repayment by the assistance unit, if the Department took no assignment, security mortgage or lien while the unit was receiving benefits.

E. Legal Action

The Department recovers by legal action, in conjunction with the Attorney General's Office, if the Department took no assignment, security mortgage or lien while the unit was receiving benefits and the unit does not voluntarily repay the Department.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 4-1-88	Transmittal: UP-88-14	7520
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Section:	Type:
Recovery	POLICY

Chapter:	Program:	AFDC
Recovery from Third Parties		AABD
		MA

Subject:

7520 This chapter describes how the Department recovers from third parties, and also describes how the amount of the claim is computed.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Date: 7-1-98

Transmittal: UP-98-21

7520.05

Section:

Recovery

Type:

POLICY

Chapter:

Recovery from Third Parties

Program:

**AFDC
AABD
MA**

Subject:

Legally Liable Relatives - Income

7520.05 A. Assignment of Support Rights - Income

1. By the act of applying for AFDC, AABD, or Medicaid benefits, the assistance unit automatically assigns to the Department the unit's right to receive payments made by:
 - a. an absent parent to support a needy caretaker relative or a child who is a member of the unit; and
 - b. the unit's separated spouse to support the unit.

B. Claims Against Absent Parents

1. The Department's claim against an absent parent, other than parents of children who are institutionalized or receiving home and community based services, is equal to the amount for which the parent is liable, as determined by the Department's Bureau of Child Support Enforcement pursuant to subsection (b) of section 17b-179 of the General Statutes.
2. The amount of the Department's claim against a parent of either an institutionalized child, or a child receiving home or community-based services, is calculated using the method used with spouses, as described in paragraph C.

C. Claim Against Spouses and Against Parents of Children who are Institutionalized or Receiving Community-Based Services

1. Subject to the limitations listed in paragraphs 2 and 3 below, the Department's claim against a parent or spouse of an institutionalized recipient, or against an otherwise separated spouse of a recipient, or against the parent of a child receiving community-based services is equal to twelve percent of the difference between the following:
 - a. the previous year's federal taxable income of the spouse or parent; and
 - b. Connecticut's median income for the size of a family which would consist of the legally liable relative and the number of dependents reported on his or her federal income tax return.
2. This amount cannot exceed the amount of assistance paid to or on

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Date: 1-1-96

Transmittal:UP-96-24

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Section: Recovery	Type:	POLICY
Chapter: Recovery from Third Parties	Program:	AFDC AABD MA
Subject: Legally Liable Relatives - Income		

7520.05 C. Claim Against Spouses and Against Parents of Children who are Institutionalized or Receiving Community-Based Services (Continued)

behalf of the other spouse by the Department.

3. When the legally liable relative is the community spouse of an individual who is institutionalized or receiving community-based services, the Department's monthly recovery amount is limited so as to allow the legally liable relative to retain a monthly income equal to the higher of the following:
 - a. his or her minimum monthly needs allowance; or
 - b. his or her monthly needs allowance as determined pursuant to an Administrative Hearing or court order.

(Cross Reference: 5035)
4. The Department will not impose a claim against a legally liable relative if it is determined by the Department that such claim would significantly impair the benefit of the assistance or service provided.
5. The Department determines the financial liability of a legally liable relative in the absence of insurance coverage, or determines the amount of a contribution which is the difference between the insurance coverage and the actual cost of care or assistance.
6. The Department determines the liability of a relative who is divorced or legally separated and under a court order for support in the following manner:
 - a. the amount ordered determines the relative's liability;
 - b. whenever a financial determination discloses a greater ability to contribute than the court ordered amount, a modification of the order is pursued;

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Date: 7-1-98

Transmittal: UP-98-21

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Section:

Recovery

Type:

POLICY

Chapter:

Recovery from Third Parties

Program:

**AFDC
AABD
MA**

Subject:

Legally Liable Relatives - Income

7520.05 C. Claim Against Spouses and Against Parents of Children who are Institutionalized or Receiving Community-Based Services (Continued)

7. When a parent is divorced and has remarried, and is not under a court order to pay support, the parent's contribution is his or her prorated share of 12% of the difference between the combined taxable income and Connecticut's median income for the total number of countable members from the families of each parent. To calculate the contribution, use the following rules:
 - a. each parent's share of the total contribution for both is in the same proportion to the total contribution as his or her net taxable income is to the total net taxable income for both;
 - b. if a remarried parent has filed a separate tax return from his or her current spouse, his or her net taxable income shown on his or her tax return is used;
 - c. if a remarried parent has filed a joint return the remarried parent's portion of his or her new family's income is calculated by prorating the net taxable income shown on the family's joint federal tax return, in the same proportion as the remarried parent's total gross income is to the total family gross income;
 - d. Connecticut's median income is used for a family size determined by adding together the number of countable family members from each family, including each parent of the assistance unit member, each dependent claimed on the federal tax return of each parent and each spouse of the parent if the spouse's taxable income is less than Connecticut's median income for one person.
8. The Department reviews its determination at redetermination and upon the request of the relative if prompted by significant changes affecting his or her ability to pay the assessed amount.
9. The Department may modify the amount charged under the following circumstances:
 - a. loss of gainful employment by the liable relative;
 - b. an increase from the number of family dependents who were included in the previous year's tax return;

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Date: 7-1-98

Transmittal: UP-98-21

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Section:

Recovery

Type:

POLICY

Chapter:

Recovery from Third Parties

Program:

**AFDC
AABD
MA**

Subject:

Legally Liable Relatives - Income

7520.05 C. 9. Claim Against Spouses and Against Parents of Children who are Institutionalized or Receiving Community-Based Services(Continued)

c. a catastrophic event which imposes an immediate financial hardship on the liable relative.

10. If the relative lives with the assistance unit and provides substantial in-kind support, the Department may accept that support as fulfillment of the relative's legal liability, provided that the support is at least reasonably equivalent to the calculated obligation. Substantial in-kind support is that support which is over and above that which would normally be provided to a healthy relative who does not require community-based services.

11. In the absence of a federal tax return, the Department may calculate the equivalent amount of federal taxable income from other available sources.

D. Collection of Claim

1. The Department's Bureau of Child Support Enforcement collects the claim against an absent parent, other than parents of children who are institutionalized or receiving community based services.

2. The Department's claims against the parents of institutionalized children or children who receive community based services, and against spouses separated by institutionalization, or those living together but receiving community based services, are collected by the Collection Services Business Center.

E. Months For Which Claims are Made

A claim against a legally liable relative is made for each month in which assistance is given.

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Date: 4-1-88**Transmittal: UP-88-14****P-7520.05**

Section:
Recovery**Type:**
PROCEDURES

Chapter:
Recovery from Third Party**Program:** **AFDC**
 AABD
 MA

Subject:
Referring Information Concerning Legally Liable Relatives

- P-7520.05
1. Inform the assistance unit that by applying for assistance, the unit automatically assigns to the Department the unit's support rights against legally liable relatives.
 2. At the time of application, redetermination, and interim activity, if appropriate, use Form W-348A to obtain from the assistance unit as much pertinent information as possible concerning relatives who are legally liable for the support of assistance unit members. Pertinent information regarding such relatives includes, but is not limited to:
 - name
 - address
 - date of birth
 - Social Security number
 - employer
 - medical insurance provider
 3. Post case identifying information to a central listing if there is a potential legally liable relative who is:
 - the spouse of an assistance unit member, and not a parent of a dependent child; or
 - the spouse of an institutionalized individual; or
 - the parent of an institutionalized child; or
 - the parent of a child receiving home or community-based services.
 4. File the W348A for case situations listed in step 3 until issuance of the new contribution material.
 5. Refer the information obtained in step 2 to the Department of Human Resources if the legally liable relative is an absent parent of a dependent child in the assistance unit.

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Date: 1-7-09

Transmittal: UP-09-04

7520.07

Section:

Recovery

Type:

POLICY

Chapter:

Recovery from Third Parties

Program:

MAABD

Subject:

MCCA Spouses – Assets

7520.07 A. Assignment of Support Rights

1. A person applying for Medicaid benefits as an institutionalized spouse (IS) may assign to the Department rights of support available from the assets of the community spouse (CS) only if:
 - a. the IS's assets do not exceed the Medicaid asset limit; and
 - b. the IS cannot locate the CS, or the CS is unable to provide information regarding his or her own assets.
2. If the assignment is made, or if the applicant is unable to execute the assignment because of a physical or mental impairment, the Department may seek recovery of any medical assistance paid on his or her behalf.
3. The assignment described in section 7520.07 A. 1. is a separate assignment and is not the general automatic assignment that accompanies a Medicaid application, as described in this chapter. This assignment is required only under the circumstances described in section 7520.07 A. 1.

B. Limit of Claim

The Department's claim against the community spouse is equal to the lesser of the following amounts:

1. the total amount of Medicaid payments made on behalf of the IS; or
2. the amount of the CS's assets, as of the first month of the IS's eligibility for Medicaid, which exceeds the CSPA and which would have made the IS ineligible for Medicaid.

C. Collection of Claim

The Department's claims against community spouses of those who are institutionalized or receiving Home and Community Based Services (CBS) under a Medicaid waiver are collected by the Department of Administrative Services.

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Date: 10-1-89**Transmittal: UP-92-20****P-7520.07**

Section:
Recovery**Type:**
POLICY

Chapter:
Recovery from Third Parties**Program:**
MAABD

Subject:
Claim Against Community Spouse - Assets

- P-7520.07
1. Determine the community spouse's total countable assets which existed at the beginning of the institutionalized spouse's initial period of institutionalization.
 2. Determine the institutionalized spouse's total countable assets which existed at the beginning of the institutionalized spouse's initial period of institutionalization.
 3. Calculate a spousal share following the Assessment of Spousal Assets policy at 1507.05.
 4. Determine a CSPA by following the Deemed Assets - MCCA Spouses policy at 4025.67.
 5. Determine the community spouse's obligated amount by subtracting the CSPA from the counted assets determined in step 1.
 6. Notify the community spouse of his or her obligated amount and of his or her right to request a fair hearing.
 7. Request that the community spouse personally appear to sign an agreement to support form. If the community spouse signs the agreement form, proceed to step 8. If the community spouse does not sign the form, proceed to step 10.
 8. File the agreement with the clerk of the superior court for the judicial district where the community spouse resides.
 9. Establish a billing with the Bureau of Collection Services.
 10. When a community spouse does not sign the agreement to support form, obtain a court order for the support liability.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 7-1-92	Transmittal: UP-92-22	7520.10
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Section: Recovery	Type: POLICY
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Chapter: Recovery from Third Parties	Program: MA
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Subject: Private Insurance Carriers	
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7520.10 A. Assignment of Recovery Right

1. By the act of applying for Medicaid benefits, the assistance unit automatically assigns to the Department, and the Department is subrogated to, any right the unit has to receive payment from a medical insurance provider for the cost of medical services when the services are paid under Medicaid.
2. The Department's claim is equal to the amount of the provider's liability for payment of medical services, not to exceed the amount expended by the Department for such services.

B. Liability of Long-Term Care Insurance Providers

The Department recovers from an individual's long-term care insurance provider in cases where the provider furnished erroneous information regarding the amount of the individual's assets to be disregarded as described in Chapter 4022.

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Date: 7-1-98

Transmittal: UP-98-21

P-7520.10

Section:

Recovery

Type:

PROCEDURES

Chapter:

Recovery from Third Parties

Program:

AFDC

AABD

MA

Subject:

Claim Against Spouses and Against Parents of Children who are Institutionalized or Receiving Community-Based Services

P-7520.10 General Procedures

1. Use the net adjusted income reported on the legally liable relative's Federal Income Tax Return for the past year.
2. Deduct from this amount the state median income figure appropriate to the legally liable relative's family size.
3. Multiply the difference by 12% to determine the amount of legal liability.
4. If the LLR is living with the individual, determine whether the LLR is providing significant in-kind support, as described below. If so, allow the appropriate deduction.
5. Notify the legally liable relative of his or her obligated amount and of his or her right to request a fair hearing.
6. Request that the legally liable relative personally appear to sign an agreement to support form. If the relative signs the agreement form, proceed to step seven (7). If the relative does not sign the form, proceed to step ten (10).
7. File the agreement with the clerk of the superior court for the judicial district where the relative resides.
8. Establish a billing with the Collection Services Business Center.
9. Review the amount of the contribution annually.
10. When a legally liable relative does not sign the agreement to support forms, proceed as follows:
 - gather as much income information as possible;
 - if enough information is available, use the formula to determine the amount of liability;
 - contact the Attorney General's office and request a subpoena to summon the relative to appear in court;
 - obtain a court order for the support liability.

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Date: 10-1-89

Transmittal: UP-89-34

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Section:
Recovery

Type:
PROCEDURES

Chapter:
Recovery from Third Parties

Program: **AFDC**
 AABD
 MA

Subject:
**Claim Against Spouses and Against Parents of Children who are Institutionalized or
Receiving Community-Based Services**

P-7520.10 Determining Income if the Tax Return is Not Available

1. If the legally liable relative refuses to provide the federal tax return for appropriate year, or if no tax return was filed, proceed as follows:
 - obtain the gross income information for the last quarter of the previous tax year;
 - annualize the income;
 - use the annualized income to calculate federal taxable income;
 - when the legally liable relative provides the appropriate tax return, use the net taxable income reported to Internal Revenue Services to recalculate the amount of the contribution.
2. If the legally liable relative fails to respond to the request for the federal tax return, or if the place of employment is not known, subpoena the relative to personally appear in the district office with the tax return.
3. If the relative fails to respond to the subpoena, gather as much financial information as is available for the relative.
4. Ask the Attorney General to represent the agency and summon the relative and tax records to court.

Modifications Permitted

If the legally liable relative reports a change, obtain current income information and recalculate the contribution in the following circumstances:

- if the number of dependents have changed, adjust the figure found on the tax return by allowing the standard deduction for the current dependents;
- if income changes because of a loss of employment or a catastrophic event, adjust income or expenses to reflect the current financial status of the relative.

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Date: 7-1-98

Transmittal: UP-98-21

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Section:
Recovery

Type:
PROCEDURES

Chapter:
Recovery from Third Parties

Program: AFDC
AABD
MA

Subject:
Claim Against Spouses and Against Parents of Children who are Institutionalized or Receiving Community-Based Services

P-7520.10 **Evaluating In –Kind Support**

1. Determine if the legally liable relative is providing significant in-kind support by providing goods or services over and above those which would normally be provided to a healthy child.
2. If the LLR is providing such support, allow as a standard deduction from the LLR's liability an amount equal to the cost of home health care services projected over one year based on two hours of such services per day. The yearly amount effective July 1, 1998 is \$14,746.
3. If the LLR claims to be providing support in excess of that described in step 2 above, evaluate this claim. The following are examples of things which could be considered in such an evaluation:
 - cost of medical supplies which are not covered by insurance or Medicaid;
 - cost of special diet;
 - cost of special transportation;
 - cost of adaptations to a home to accommodate the special need of the child;
 - value of services normally provided by trained professionals including doctors, nurses and therapists, such as changing dressings; operating oxygen or other medical equipment; providing remedial instruction, speech therapy, physical exercise, mental or visual stimulation or other therapeutic services.
4. Consider what the cost would be for these services if they were not provided by the legally liable relative. Compare the total cost for the services provided by the legally liable relative to the amount of the contribution. Use the published rates for the items covered in the Medical Care Administration Manual to make the comparison. If the result is equal or within a close range, do not bill the relative. Do not prorate the amount of liability due to the provision of in-kind services which are not close to the amount of liability.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-98

Transmittal: UP-98-21

P-7520.10 page 4

Section:

Recovery

Type:

PROCEDURES

Chapter:

Recovery from Third Parties

Program: AFDC

AABD

MA

Subject:

**Claim Against Spouses and Against Parents of Children who are Institutionalized or
Receiving Community-Based Services**

P-7520.10 Legally Liable Relatives under Court Orders To Pay Support

1. Determine whether the legally liable relative is under a court order to pay support.
If so apply the formulas to determine whether the court ordered amount reflects
the relative's ability to pay.
2. If not, appeal to have the court ordered amount changed to the amount calculated
by the Department by the requesting the Attorney General to represent the
Department in court.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-14

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P-7520.10 page 5

Section:
Recovery

Type:
PROCEDURES

Chapter:
Recovery from Third Parties

Program: **AFDC**
 AABD
 MA

Subject:
Claim Against Spouses and Against Parents of Children who are Institutionalized or Receiving Community-Based Services

- P-7520.10 1. Use this table when computing the legal liability of relatives based on their 2014 federal taxable income:

<u>Family Size</u>	<u>2014 Connecticut Median Income</u>
1	\$ 54,191.28
2	\$ 70,865.52
3	\$ 87,539.76
4	\$104,214.00
5	\$120,888.24
6	\$137,562.48
7	\$140,688.90
8	\$143,815.32

2. Use this table when computing the legal liability of relatives based on their 2013 federal taxable income:

<u>Family Size</u>	<u>2013 Connecticut Median Income</u>
1	\$ 53,649.96
2	\$ 70,157.64
3	\$ 86,665.32
4	\$103,173.00
5	\$119,680.68
6	\$136,188.36
7	\$139,283.55
8	\$142,378.74

3. Use this table when computing the legal liability of relatives based on their 2012 federal taxable income:

<u>Family Size</u>	<u>2012 Connecticut Median Income</u>
1	\$ 53,025.96
2	\$ 69,341.64
3	\$ 85,657.32
4	\$101,973.00
5	\$118,288.68
6	\$134,604.36
7	\$137,663.55
8	\$140,722.74

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-87**Transmittal: UP-87-2****7525**

Section:**Recovery****Type:****POLICY**

Chapter:**Recovery from Estates****Program:****AFDC
AABD
MA**

Subject:

7525 This chapter describes the situations in which the Department recovers from estates, and also describes how to compute the amount which the Department recovers.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 1-1-88	Transmittal: UP-88-5	7525.05
Section: Recovery	Type: 	POLICY
Chapter: Recovery from Estates	Program:	AFDC AABD
Subject: Recovery of Financial Assistance from Estates		

7525.05 A. Estates Subject to Recovery Action

Subject to the restrictions described in this section, the Department recovers against the estate of the following individuals upon their death:

1. the parent of a child who has, at any time, received AFDC benefits from the Department; and
2. any person who has been a recipient of any benefits from the Department.

B. Priority of Department's Claim

The Department's claim against the estate of individuals described in paragraph A has priority against all other claims against such estate, except for the following:

1. expenses of last sickness not to exceed an amount specified by state law; and
2. funeral and burial expenses, up to the amount specified by state law. This amount is reduced by the amount of any revocable or irrevocable burial fund owned by the individual; and
3. administrative expenses, including probate fees and taxes, and fiduciary fees, in accordance with state law.

C. Amount of Claim

The amount of the Department's claim, subject to the restrictions described in this section, is equal to:

1. the amount of AFDC benefits which the Department paid on behalf of each child or for the support of the parent of such child of the deceased person; and
2. the amount of benefits which the Department paid for the support of the deceased person.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-02

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7525.05 page 2

Section:

Recovery

Type:

POLICY

Chapter:

Recovery from Estates

Program:

**AFDC
AABD**

Subject:

Recovery of Financial Assistance from Estates

7525.05 D. Restrictions to Recovery

1. The Department does not recover benefits from an estate if these same benefits have already been recovered by the Department during the deceased person's lifetime.
2. The Department does not recover a payment made to an AABD recipient for attorney's fees incurred during a successful appeal of a Social Security Administration decision to deny SSI benefits (cross reference: Section 9000, Special Benefits).
3. The Department does not recover certain benefits from an estate if the probate court rules that any of the following persons need these benefits for their support:
 - a. the surviving spouse of the deceased;
 - b. the parent of the deceased;
 - c. the dependent child of the deceased if this child is under age 21.
4. The Department does not recover AFDC benefits properly paid to an individual who was less than eighteen years of age when receiving such benefits.
5. The Department does not recover AABD benefits from that part of the individual's estate consisting of a payment received pursuant to the Ricky Ray Act excluded under UPM 4020.10.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 6-1-02

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7525.10

Section:

Recovery

Type:

POLICY

Chapter:

Recovery from Estates

Program:

MA

Subject:

Recovery of Medicaid from Estates

7525.10 A. Provisions for a Non-Institutionalized Individual

1. The Department recovers funds for Medicaid benefits correctly paid on behalf of a non-institutionalized individual, subject to the following conditions:
 - a. for benefits received prior to 10/1/93, the Department recovers from the estate of an individual who was 65 years of age or older when he or she received such benefits; and
 - b. for benefits received on 10/1/93 or later, the Department recovers from the estate of an individual who was 55 years of age or older when he or she received such benefits; and
2. The Department recovers Medicaid benefits from any real or personal property comprising the estate of a non-institutionalized individual only:
 - a. after the death of the individual's surviving spouse; and
 - b. when the individual has no surviving child who is under age 21 or who is either blind or disabled.

B. Provisions for an Institutionalized Individual

The Department recovers funds for Medicaid benefits correctly paid from the estate of an institutionalized individual regardless of the individual's age. Institutionalized individuals include persons who receive home and community-based services under a Medicaid waiver (cross-reference: 3028). Recovery is only:

1. after the death of the individual's surviving spouse; and
2. if the individual has no surviving child who is under age 21 or who is either blind or disabled.

C. Recovery of Benefits Incorrectly Paid

1. The Department may recover Medicaid benefits from an individual during the individual's lifetime if he or she improperly obtained benefits only if a court has decided that such benefits were improperly obtained.
2. If the Department does not recover Medicaid benefits during the individuals' lifetime, it recovers from the individual's estate, as described in this chapter.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-02

Transmittal: UP-03-33

7525.10 page 2

Section:
Recovery

Type:
POLICY

Chapter:
Recovery from Estates

Program: MA

Subject:
Recovery of Medicaid from Estates

7525.10 D. Priority of Department's Claim

The Department's claim against the estate of individuals described in paragraph B and C has priority against all other claims against such estate, except for the following:

1. expenses of last sickness not to exceed an amount specified by state law; and
2. funeral and burial expenses, up to the amount specified by state law. This amount is reduced by the amount of any revocable or irrevocable burial fund owned by the individual; and
3. administrative expenses, including probate fees and taxes, and fiduciary fees, in accordance with state law.

E. Amount of Claim

The amount of the Department's claim, subject to the restrictions described in this chapter, is equal to:

1. the amount of Medicaid benefits which the individual received from the Department for medical services incurred prior to 10/1/93 when the individual was 65 years of age or older; and
2. the amount of Medicaid benefits which the individual received from the Department for medical services incurred on 10/1/93 or later when the individual was 55 years of age or older; and
3. the amount of Medicaid benefits which an institutionalized individual received from the Department, as described in this section; and
4. the amount of Medicaid benefits which the individual obtained improperly if the Department has not already recovered such benefits.

F. Restriction to Recovery

1. The Department does not recover from an individual's assets which have been disregarded because of payments made by the individual's precertified long-term care insurance policy for certain medical services covered under the Medicaid program (Cross Reference: 4022).
2. The Department does not recover from that part of the individual's estate consisting of a payment received pursuant to the Ricky Ray Act excluded under UPM 4020.05 or 4020.10.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 12-1-03

Transmittal: UP-03-33

7525.10 page 3

Section:
Recovery

Type:
POLICY

Chapter:
Recovery from Estates

Program: MA

Subject:
Recovery of Medicaid from Estates

7525.10 G. Applicants for Undue Hardship Relief

An heir under the terms of a testamentary will of a deceased Medicaid recipient, or a survivor entitled under Connecticut statutes to a share of the estate of a deceased Medicaid recipient who died intestate, may apply to the Department of Social Services for undue hardship relief in the form of a full or partial waiver or deferral of the State's claim for recovery against the decedent estate. Applications for undue hardship relief are determined in accordance with the criteria under paragraphs H, I, J and K of this section.

H. Criteria for Granting an Application for Undue Hardship Relief

1. An application for undue hardship relief from the State's claim for recovery against a decedent estate may be granted, in whole or in part, if the applicant for relief demonstrates that he or she would otherwise experience undue hardship, as defined herein, if the state's claim of a recovery against the decedent estate is not waived or deferred in whole or in part.
2. Undue hardship exists if the applicant for relief demonstrates that he or she meets either one of the following criteria:
 - a. Undue Hardship Based on Impoverishment of the Applicant Caused by the Death of the Medicaid Recipient
 - (1) An applicant for undue hardship relief is eligible for relief if such applicant demonstrates to the satisfaction of the Department that he or she was dependent upon the deceased recipient for his or her support at the time of the recipient's death, and if the applicant demonstrates that the death of the recipient impoverishes him or her.
 - (2) An example of meeting the requirement that the applicant has been dependent on the recipient for necessary support includes, but is not limited to, demonstrating that such applicant lived with the recipient and did not work, but was supported by the recipient at the time of the recipient's death.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 12-1-03

Transmittal: UP-03-33

7525.10 page 4

Section:
Recovery

Type:
POLICY

Chapter:
Recovery from Estates

Program: MA

Subject:
Recovery of Medicaid from Estates

7525.10 H. 2. a. Criteria for Granting an Application for Undue Hardship Relief (continued)

- (3) An applicant for undue hardship meets the requirement that he or she is impoverished as a result of the Medicaid recipient's death if such applicant's income and assets are below the following:
 - (a) An applicant who is not lawfully married or who is not residing with a spouse if such applicant's income is less than two times the medically needy income limit (MNIL) (Cross reference: 4530.15), and if such applicant has less than \$2,000.00 in assets, provided that the applicant has met all other applicable eligibility requirements under paragraphs G, I, J and K of this section.
 - (b) An applicant who is lawfully married and who resides with a spouse if the combined income of the applicant and his or her spouse is less than two times the MNIL for an assistance unit of two persons, and if the combined assets of the applicant and spouse is less than \$3,000.00, provided that all other applicable eligibility requirements under paragraphs G, I, J and K of this section are met.
- (4) A demonstration of impoverishment of the applicant for relief can not be as a result of the applicant's liability for excess funeral costs of the decedent. Allowable funeral expenses are defined under sections 17b-84 and 42-207 of the Connecticut General Statutes. Excess funeral expenses are those over and above the allowable funeral expenses as set forth in the referenced statutes.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 12-1-03

Transmittal: UP-03-33

7525.10 page 5

Section:

Recovery

Type:

POLICY

Chapter:

Recovery from Estates

Program: MA

Subject:

Recovery of Medicaid from Estates

7525.10 H. 2. Criteria for Granting an Application for Undue Hardship Relief(continued)

b. Undue Hardship Based on Continuous Residency in the Home of the Deceased Recipient and Practical Inability to Afford Alternative Housing

- (1) An applicant may obtain undue hardship relief from the claim of the State against a decedent estate if such applicant demonstrates that:
 - (a) the decedent estate includes real estate that was formerly used by the decedent as his or her personal residence for at least two years prior to the decedent's application for Medicaid or admission to a nursing facility, whichever is earliest;
 - (b) the applicant for undue hardship relief was residing in the home at the time of the decedent's death, had been continuously residing in the home for a period of at least twelve months prior to the decedent's death, and is living in the home as his or her sole place of residence at the time of the application for undue hardship relief;
 - (c) the applicant for undue hardship relief would otherwise, but for the state's claim for recovery from the decedent estate, inherit the home either under the terms of the decedent's will or under the laws of intestacy;
 - (d) the applicant for undue hardship relief demonstrates to the Department's satisfaction that he or she intends to reside continuously in the home for the foreseeable future as his or her sole place of residency;
 - (e) the applicant demonstrates to the Department's satisfaction that, as a practical matter, he or she cannot afford to pay for alternative comparable housing or due to the exigent circumstances of the case, the Department exercises its discretion to grant such relief necessary to allow the applicant to live in the house.
- (2) The Department presumes that an applicant for undue hardship relief, based on the practical inability to afford alternative housing, is not eligible for such relief if such applicant's income exceeds three times the MNIL for a single individual or married couple,

whichever applies.
CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL

Date: 12-1-03

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7525.10 page 6

Section:

Recovery

Type:

POLICY

Chapter:

Recovery from Estates

Program:

MA

Subject:

Recovery of Medicaid from Estates

7525.10 I. Additional Requirements for Undue Hardship Waiver Relief

In addition to the requirements in paragraphs G and H of this section, the following requirements for undue hardship relief must also be met before the Department will waive, in whole or in part, or defer a claim for recovery against a decedent estate:

1. The applicant for undue hardship relief must demonstrate that any relief, if granted, will incur solely and exclusively to the benefit of the applicant, and that the granting of undue hardship relief will not benefit another creditor of the decedent estate or another heir or survivor who is not entitled to undue hardship waiver relief under the terms of these regulations, and that the relief granted will not be used for the purposes of paying any part of the expenses of the administration of the decedent estate.
2. Any waiver or deferral of the State's claim for recovery shall be conditional until the submission of an approved final accounting or until the execution of such deeds or other instruments as are necessary in the opinion of the Department to demonstrate compliance with the requirements of this section.
3. The applicant for such relief must demonstrate that the decedent did not engage in estate planning techniques during the decedent's lifetime in order to establish eligibility for Medicaid or in order to avoid the State's claim for recovery upon his or her death and that the applicant for undue hardship relief did not create his or her economic hardship.
4. The applicant for such relief must demonstrate that neither the applicant, such applicant's spouse or children, received property of any substantial value that was formerly owned in whole or in part by the decedent or the decedent's spouse during their lifetime or on either of their deaths, and that neither the applicant, the applicant's spouse or children are the beneficiary of a trust, annuity or similar device that was funded in whole or in part by the decedent or the decedent's spouse during their lifetime or at the time of their death. Routine, normal gifts from the decedent, such as ordinary holiday or birthday gifts, do not constitute property of substantial value.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 12-1-03

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7525.10 page 7

Section:

Recovery

Type:

POLICY

Chapter:

Recovery from Estates

Program:

MA

Subject:

Recovery of Medicaid from Estates

7525.10 J. Waiver or Deferral of Claim for Recovery

1. Applications for undue hardship relief, when granted by the Department may result in the waiver, partial waiver, or the deferral of the Department's claim for recovery against the decedent estate. If an application for undue hardship relief is granted in whole or part, it is the Department's decision whether to waive, partially waive, or to defer a claim for recovery against the decedent estate.
2. Applications for undue hardship relief may result in a deferral in the time of collection of the State's claim for recovery under terms that allow the applicant to continue his or her beneficial use of the home or to otherwise obtain and have access to the interest provided to the applicant in the decedent estate, but secures the State's claim for eventual recovery.
3. The State may defer the present satisfaction of its claim for recovery against the decedent estate, in whole or in part, only if satisfactory arrangements are made by the applicant to secure the State's claim for eventual full recovery and payment.
4. Satisfactory arrangements by the applicant means a properly executed personal undertaking by the applicant, in a form and under terms satisfactory to the Department, to pay the State the full amount of its claim against the decedent estate, including mortgage notes and deed when requested by the Department.

K. Application Process for Undue Hardship Relief

1. The Department of Social Services utilizes the Financial Services Center (FSC) of the Department of Administrative Services (DAS) to act on its behalf in submitting claims for recovery against decedent estates and in making decisions on applications for undue hardship relief under these regulations.
2. FSC shall not pursue recovery of a claim against a decedent estate if it determines that the estate lacks sufficient resources to make recovery efforts cost-effective. If FSC determines that there are sufficient assets in the estate to allow a recovery on behalf of the State of \$100.00 or more, the FSC shall pursue recovery.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 12-1-03

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7525.10 page 8

Section:

Recovery

Type:

POLICY

Chapter:

Recovery from Estates

Program:

MA

Subject:

Recovery of Medicaid from Estates

7525.10 K. Application Process for Undue Hardship Relief (cont.)

3. At the time that FSC makes a claim against a decedent estate, FSC shall notify the estate fiduciary of the claim and include with the claim, a notice of availability of a hardship waiver, an application for a hardship waiver, and a copy of these regulations. The estate fiduciary shall inform the heirs and survivors of the availability of a hardship waiver. The estate fiduciary is the executor or administrator appointed by the probate court as defined under section 45a-199 of the Connecticut General Statutes.
4. Any heir or survivor of the decedent shall request undue hardship relief by writing to the Estate Administrator of DAS, or his or her designee. Any written application for undue hardship relief must be received by the Estate Administrator not later than 45 days after the date on which FSC informed the estate fiduciary of the potential availability of undue hardship relief. The application for relief must set forth sufficient facts to demonstrate eligibility for undue hardship relief.
5. The Estate Administrator or his or her designee shall act upon the request for undue hardship relief, as submitted, on behalf of the Department of Social Services, or shall request additional verification of any factor of eligibility for undue hardship relief deemed necessary, including but not limited to, copies of income tax returns, bank statements, property records, proof of residency, proof of expenses and written explanation of why the applicant is seeking consideration of relief. The Estate Administrator may request a financial affidavit and may require information to be presented under oath. The applicant shall obtain information from any appropriate third party the Estate Administrator determines is necessary to make a decision. The applicant shall comply with the request of the Estate Administrator not later than 15 days after the date of the request. Any failure of the applicant to comply shall be grounds for denying the application.
6. Failure of the estate fiduciary to inform heirs or survivors of the potential availability for undue hardship relief shall not confer any rights upon such heirs or survivors or excuse the failure to comply with the procedural requirement of applying for undue hardship relief, including the 45 day time limit.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Date: 12-1-03

Transmittal: UP-03-33

7525.10 page 9

Section:

Recovery

Type:

POLICY

Chapter:

Recovery from Estates

Program:

MA

Subject:

Recovery of Medicaid from Estates

7525.10 K. Application Process for Undue Hardship Relief (cont.)

7. The Estate Administrator of DAS shall notify the applicant in writing of his or her determination on the undue hardship relief application. This notice shall inform the applicant of the right to seek administrative review of the determination. Administrative review must be requested in writing to the Department of Social Service, Office of Legal Counsel, Regulations and Administrative Hearings not later than 60 days after the date on which the Estate Administrator issued the determination.
8. The administrative review shall be a desk review of the application and any supporting documentation that was reviewed by the Estate Administrator in making the determination, unless the Director of the Office of Legal Counsel, Regulations and Administrative Hearings, or his or her designee, allows the applicant to submit additional oral or written statements or documentation. A determination of the Estate Administrator denying an application for undue hardship relief shall be upheld unless the Office of Legal Counsel, Regulations and Administrative Hearings finds the determination to be clearly erroneous.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-87**Transmittal: UP-87-2****7530**

Section:**Recovery****Type:****POLICY**

Chapter:**Recovery by Legal Action****Program:****AFDC
AABD
MA**

Subject:

7530 In certain situations, the Department, in conjunction with the Attorney General's Office, recovers benefits from active or former assistance units by means of a legal action. This is usually a method of last resort, when there is no other way in which the Department can recover such benefits.

This chapter describes the situations in which the Department recovers by legal action, and also describes what some of these actions include.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 06-01-10

Transmittal: UP-10-12

7530.05

Section:

Recovery

Type:

POLICY

Chapter:

Recovery by Legal Action

Program:

**AFDC
AABD
MA**

Subject:

Recovery of Financial Assistance

7530.05 A. Situations Requiring Legal Action

Situations in which the Department may initiate legal action to recover benefits include but are not limited to the following:

1. upon the death of an assistance unit member or parent of an assistance unit child when the deceased leaves an estate. In such a case, the Department files a claim in Probate Court to recover the appropriate amount of benefits;
2. when a legally liable relative refuses to support the assistance unit member. The Department is involved in such actions, which may include the garnishment of the relative's wages;
3. when the assistance unit has or acquires property against which the Department has a claim, but the Department's claim has not been secured by a mortgage, lien, or assignment, and the assistance unit refuses to repay the Department. This includes situations in which the Department discovers that the assistance unit has a bank account with assets in excess of the program asset limit. In such situations, the Department may act to freeze the assets in the account;
4. when the assistance unit fraudulently obtains benefits and the Office of the Chief State's Attorney is involved in the prosecution of the case;
5. When someone has induced the assistance unit to transfer an asset in order to establish eligibility for assistance, and the transferee refuses to return the asset to the unit. In such a case, the Department, in conjunction with the Attorney General's Office, either files a claim against the transferee or attempts to void the transfer and return the asset to the assistance unit. This is also true in cases involving a person who, acting on behalf of an incompetent individual, transfers an asset in order to establish eligibility.

B. Amount of Claim

The amount of benefits the Department recovers by legal action is limited by state and federal law as described in the previous chapters in this section.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88

Transmittal: UP-88-5

P-7530.05

Section:
Recovery

Type:
PROCEDURES

Chapter:
Recovery by Legal Action

Program: **AFDC**
 AABD
 MA

Subject:
Referring for Recovery of Assistance by Legal Action

P-7530.05 If any situation occurs as described in this policy chapter, inform the Resource Unit, which refers to the Attorney General or takes other appropriate action for recovery.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88	Transmittal: UP-88-5	7530.10
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Section: Recovery	Type: POLICY
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Chapter: Recovery by Legal Action	Program: MA
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Subject: Recovery of Medicaid	
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7530.10 A. General Statement

The Department recovers Medicaid benefits by legal action in situations described in this Section.

B. Benefits Incorrectly Paid

To recover Medicaid benefits incorrectly paid from an assistance unit member, the Department must initiate legal action against such unit member. Unless the court rules that such benefits were, in fact, obtained incorrectly, the Department is severely limited in its right to recovery (Cross Reference: Section 7510 and 7525).

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 06-01-10

Transmittal: UP-10-12

8000

Section:
Special Programs

Type:
POLICY

Chapter:

Program:

**RCA-RMA
CHC CIAPAP
CADAP IFG
SAGA SMANC
AFDC-WSP
State-funded SNAP
ConnTRANS
ConnPACE**

Subject:

8000 This section includes the policy and procedure for special programs. Special programs are intended to meet the particular needs of a defined group of individuals for a relatively limited period of time.

Although similar in some respects to other Public Assistance programs, particularly AFDC, special programs differ substantially in terms of the groups covered, what is considered to be a need item or service, and the degree of participation by the Department in the administration of the program.

This section includes the following special programs:

- Refugee Assistance Program (RCA-RMA);
- Cuban and Haitian Entrant Program (EP);
- State Medical Assistance for Non-Citizens;
- Individual and Family Grant Program (IFG);
- Repatriation Program (RP);
- Connecticut AIDS Drug Assistance Program (CADAP);
- Connecticut Insurance Assistance Program for AIDS Patients (CIAPAP)
- Connecticut Home Care Program for Elders (CHC);
- Work Supplementation Program (AFDC-WSP);
- Connecticut Organ Transplant Program (ConnTRANS);
- State-Administered General Assistance (SAGA);
- State-Funded Supplemental Nutrition Assistance Program (SFSNAP)
- Connecticut Pharmaceutical Assistance Contract to the Elderly and Disabled (ConnPACE).

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 5-1-96

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8000.01

Section:
Special Programs

Type:
POLICY

Chapter:

Program: RP EP TCC
RCA-RMA
CHC
CADAP IFG
AFDC-WSP
ConnTRANS

Subject:
Definitions

8000.01 Access Agency

An access agency, (term effective 7/1/96), is an agency which assists individuals in receiving home and community-based services by conducting assessments and developing plans of care tailored to the needs of the individuals, and making arrangements with service providers.

Applicant

Applicant means the individual or individuals for whom assistance is requested.

Available Funds

Available funds are funds that exist in the Department's ConnTRANS account that have not been committed to other ConnTRANS recipients.

Case Management Agency

A case management agency is the resettlement agency which has the exclusive responsibility for administering an employment and training program for a refugee.

Case Management Plan

A case management plan provides an individualized program of training for a refugee preliminary to employment, with the goal of developing economic and social self-sufficiency in the refugee.

Cash Assistance Group

A cash assistance group is the group of people who receive cash assistance from the Department under a single case number.

Community Based Services

Community based services are social services which are prescribed in a plan of care for the purpose of allowing an otherwise institutionalized individual the alternative of remaining in the community.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 5-1-96

Transmittal: UP-98-11

8000.01 page 2

Section:

Special Programs

Type:

POLICY

Chapter:

Program:

**RP EP TCC
RCA-RMA
CHC
CADAP IFG
AFDC-WSP
ConnTRANS**

Subject:

Definitions

8000.01 Coordination, Assessment and Monitoring (CAM) Agency

The CAM agency, (term effective from 7/1/94 through 6/30/96), is the agency licensed and regulated by the Department of Public Health which is responsible for the client assessment, development of a plan of care, and coordinating and monitoring of services provided to individuals participating in the Connecticut Home Care Program for Elders.

Department

Department is the Department of Social Services.

Entrant

An entrant is:

1. any individual granted parole status as a Cuban or Haitian entrant or granted any other special status for nationals of Cuba or Haiti, regardless of the status of the individual at the time assistance or services are provided; and
2. any other national of Cuba or Haiti who:
 - a. was paroled into the United States and has not acquired any other status; and
 - b. is the subject of exclusion or deportation proceedings under INS regulations; or
 - c. has an application for asylum pending with INS; and
3. any other national of Cuba or Haiti who with respect to whom a final, nonappealable and legally enforceable order of deportation or exclusion has not been entered.

Family

For the purposes of the ConnTRANS program, a family is the applicant or recipient and the following persons if living with him/her: spouse, parents if the applicant or recipient is under age 18, children of the applicant or recipient if they are under age 18 and do not receive SSI.

Flowage Easement

Flowage easement means an area where the landowner has given the right to overflow, flood or submerge the land to the government or other entity for a public

purpose.

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Date: 5-1-96

Transmittal: UP-98-11

8000.01 page 3

Section:
Special Programs

Type:
POLICY

Chapter:

Program: **RP EP TCC**
 RCA-RMA
 CHC
 CADAP IFG
 AFDC-WSP
 ConnTRANS

Subject:
Definitions

8000.01 Grant for Acquisition or Construction Purposes

Grant for acquisition or construction purposes is a grant to an individual or family for flood related damage for the purpose of repairing, replacing, or rebuilding the insurable portions of a home, and/or to purchase or repair insurable contents.

Health Screen

A health screen is a profile of the applicant's health and daily needs, compiled by a health professional, used to assess the need for a long term care placement.

Plan of Care

A plan of care is a written individualized plan of home and community based services which specifies the type and frequency of all services required to maintain the individual in the community, the name of service providers, and the cost of services, regardless of whether or not there is an actual charge for the service.

Port of Entry

The port of entry is the place where the individual first arrives in Connecticut.

Refugee

A refugee is any person designated as a refugee by the Immigration and Naturalization Service (INS), who, because of persecution or a well-founded fear of persecution, is unable or unwilling to return to his or her country of nationality.

Repatriation

Repatriation is the process by which United States citizens or their dependents are returned to the United States from a foreign country.

Resettlement Agency

A resettlement agency is a public or private nonprofit agency which has developed a comprehensive program to assist refugees with social, educational and employment services.

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Date: 5-1-98

Transmittal: UP-98-11

8000.01 page 4

Section:
Special Programs

Type:
POLICY

Chapter:

Program: RP EP TCC
RCA-RMA
CHC
CADAP IFG
AFDC-WSP
ConnTRANS

Subject:
Definitions

8000.01 Secondary School

A secondary school is:

1. grades seven through twelve in a public or private school which has been approved by the state board of education, and/or accredited by a national or regional accrediting agency so recognized by the United States Department of Education; or
2. regular instruction at home, in a grade equivalent to any of the customary grades seven through twelve, by a teacher or parent whose qualifications have been approved by the state board of education where incapacity of the child to attend a secondary school has been established on the basis of a physician's report;
3. customary grades seven through twelve or their equivalent in a special school in Connecticut provided for the blind, deaf, or handicapped; or
4. customary grades seven through twelve or their equivalent in a special school or institution recommended by responsible individuals or agencies because the child is emotionally disturbed to such an extent that his progress in the customary school setting is seriously retarded.

Short Term Placement

A short term placement means a maximum stay of ninety (90) days for rehabilitative and/or recuperative care, in a long term care facility, which is expected to result in the individual's return to the community.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 4-1-87	Transmittal: UP-87-1	8010
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Section:	Type:
Special Programs	POLICY

Chapter:	Program:
Refugee Assistance Program	RCA

Subject:

8010 This chapter describes the eligibility requirements for the Refugee Assistance program which includes Refugee Cash Assistance (RCA) and Refugee Medical Assistance (RMA). Procedures implementing the policy immediately follow the last page of this chapter.

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Date: 4-1-87	Transmittal: UP-87-1	8010.05
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Section: Special Programs	Type: POLICY
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Chapter: Refugee Assistance Program	Program: RCA
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Subject: Refugee Cash Assistance Based on AFDC

8010.05 Except as provided in this chapter, the eligibility requirements of the RCA program are identical to those of the AFDC program, including:

- A. the assistance unit's rights and responsibilities;
- B. the eligibility process;
- C. procedural eligibility requirements;
- D. treatment of income and assets;
- E. income eligibility;
- F. issuance of benefits;
- G. correction of payment error.

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Date: 4-1-02

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P-8010.05

Section:
Special Programs

Type:
PROCEDURES

Chapter:
Refugee Assistance Program

**Program: RCA
RMA**

Subject:
Basic Steps for Determining Eligibility for RCA

- P-8010.05
1. Determine if the individual meets the definition of a refugee, if not stop here.
 2. Remember, Amerasians from Vietnam who are admitted to the U.S. as immigrants as well as individuals granted asylum under section 208 of the Immigration and Nationality Act meet the definition of a refugee.
 3. Determine if the individual has been in the United States less than eight (8) months. (Note that on January 10, 1992 the Administration for Children and Families, Department of Health and Human Services, Director of the Office of Refugee Resettlement, pursuant to the provisions of 45C.F.R.400.221 set the durational limit for RCA and RMA to eight (8) months.) If not, deny the application.
 4. Determine the refugee's place of departure.
 5. If the place of departure is other than the Soviet Union, go to step 13. Otherwise, go on.
 6. If the place of departure is the Soviet Union, determine if the individual is a Soviet Jewish Refugee. If not, go to step 13. Otherwise, go on.
 7. If the individual is a Soviet Jewish refugee, find out the amount of income, if any, being received from the sponsoring agency.
 8. Contact the sponsoring organization to advise them that the Soviet Jewish refugee has applied for assistance.
 9. If it is established that the sponsor's contribution is equal to, or in excess of, the AFDC standard of need for the size of the refugee assistance unit, deny the application.
 10. Keep in mind that a Memorandum of Understanding (MOU) between the Department of State and two private agencies, the Council of Jewish Federations and the Hebrew Immigrant Aid Society, has provided for the admission into the United States of Soviet Jewish refugees. The MOU includes the following
 -) the sponsoring organization is responsible for ensuring that these refugees do not require or financially qualify for any Public Assistance program for two years following their admission to the United States, or until they attain lawful permanent resident status, whichever comes first;
 -) the sponsoring agency is required to counsel any refugee it discovers has applied for public assistance;
 -) the sponsoring agency must reimburse the federal, state, and local governments for any assistance the refugee may receive.

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Date: 3-1-92

Transmittal: UP-92-5

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Section:
Special Programs

Type:
PROCEDURES

Chapter:
Refugee Assistance Program

**Program: RCA
RMA**

Subject:
Basic Steps for Determining Eligibility for RCA

P-8010.05 11. Refer the Soviet Jewish refugee to the sponsoring agency for counseling.

12. If the sponsor is not contributing, or the amount is less than the appropriate standard of need, go on to step 14 to complete the application process.
13. Obtain the name of the resettlement agency. If the refugee refuses to cooperate, deny the application. Otherwise, go on.
14. Determine if the refugee would qualify for AFDC or AABD. If so, refer to the procedures for authorizing AFDC/AABD to refugees. If the refugee is not eligible for AFDC or AABD, go on.
15. Determine who should be included in the refugee assistance unit. Refer to the procedures for forming an RCA/RMA assistance unit.
16. Determine financial eligibility following AFDC procedures.
17. Determine whether or not the refugee voluntarily quit or refused employment within thirty (30) days from the date of application. If so, stop here. Otherwise, go on.
18. Determine who in the assistance unit is a mandatory referral to the Case Management Agency.
19. Refer the appropriate refugee to the local Case Management Agency.
20. Authorize assistance to the refugee.
21. For Soviet Jewish Refugees, complete a referral to the Resource unit for possible recovery from the sponsor in the following situations:
 -) the sponsoring organization is not meeting the financial needs of the refugee in accordance with the terms of the MOU; or
 -) the recipient has received a contribution from the sponsor which was not considered in the eligibility determination.
22. If possible, include a copy of the MOU with you referral to the Resource unit which may be available from the refugee or resettlement agency. If the MOU is unavailable, include as much information as possible regarding the provisions of that agreement.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 4-1-87	Transmittal: UP-87-1	8010.10
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Section:	Type:
Special Programs	POLICY

Chapter:	Program:
Refugee Assistance Program	RMA

Subject:
Refugee Medical Assistance Based on Family Medicaid

8010.10 Except as provided in this chapter, the eligibility requirements of the RMA program are identical to those of the Family Medicaid program, including:

- A. the assistance unit's rights and responsibilities;
- B. the eligibility process;
- C. procedural eligibility requirements;
- D. treatment of income and assets;
- E. income eligibility and calculation of benefits;
- F. issuance of benefits;
- G. correction of payment error.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 3-1-92**Transmittal: UP-92-5****P-8010.10**

Section:
Special Programs**Type:**
PROCEDURES

Chapter:
Refugee Assistance Program**Program: RCA
RMA**

Subject:
Basic Steps for Determining Eligibility for RMA

- P-8010.10
1. If the individual does not qualify for RCA because income or assets exceed the AFDC standards or because of failure to meet the Refugee work-related requirements, determine eligibility for MA.
 2. Remember, for Soviet Jewish refugees, the sponsoring organization is financially responsible for a period of two (2) years from the month the refugee entered the United States, or until the refugee attains lawful permanent resident status, whichever comes first. If the sponsoring agency is not meeting this obligation in full, or in part, process the application in the usual manner. Otherwise, deny the application and refer the case to Resources as you would if determining eligibility for RCA.
 3. If the entire Refugee assistance unit is eligible for MA, authorize assistance.
 4. If the entire Refugee assistance unit is not eligible for MA, and ineligibility for RCA is not due to failure to meet the RCA work requirements, determine financial eligibility for RMA using MA procedures, including spend-down.
 5. If determined eligible for RMA, authorize assistance.

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Date: 5-1-89	Transmittal: UP-89-17	8010.15
Section: Special Programs	Type: POLICY	
Chapter: Refugee Assistance Program	Program: RCA RMA	
Subject: Assistance Unit Composition		

8010.15 A. Who Must Be Included in the Assistance Unit

The following individuals who are in the home must be included in the assistance unit:

1. the individual for whom assistance is requested; and
2. if such individual is under age twenty-one (21), such individual's:
 - a. siblings and half-siblings who are also under age 21; and
 - b. parents; and
3. the spouse of any individual included in the unit; and
4. the children under age twenty-one (21) of any parent included in the unit.

B. Who Must Be Treated as Separate Assistance Units

The following individuals who are in the home must be treated as separate assistance units, unless they request to be in the same unit:

1. the child's siblings or half-siblings over age twenty-one (21);
2. the child's relatives who are not parents, spouses, siblings or half-siblings, regardless of age;
3. persons who are not related to one another.

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Date: 4-1-87

Transmittal: UP-87-1

P-8010.15

Section:
Special Programs

Type:
PROCEDURES

Chapter:
Refugee Assistance Program

Program:
RCA

Subject:
Determining Eligibility for Other PA Programs

- P-8010.15
1. If eligible for AFDC or AABD, authorize assistance via the authorization form.
 2. Insert the necessary Refugee notations in the appropriate block on the authorization form as described in Appendix H-2 under the heading "Granting Assistance to Refugees."

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Date: 3-1-92**Transmittal: UP-92-5****P-8010.17**

Section:**Special Programs****Type:****PROCEDURES**

Chapter:**Refugee Assistance Program****Program:****RCA****RMA**

Subject:**Providing Adequate Notice**

- P-8010.17
1. Remember to advise applicants of RCA/RMA of the other Public Assistance programs for which eligibility has been determined.
 2. When discontinuing RCA or RMA, be sure to inform recipients about the availability of GA assistance.
 3. Add the above information to the appropriate eligibility notice.

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Date: 4-1-02	Transmittal: UP-04-29	8010.20
Section: Special Programs	Type: POLICY	
Chapter: Refugee Assistance Program	Program: RCA RMA	
Subject: Categorical Eligibility Requirements		

8010.20 A. Categorical Eligibility Requirements

1. The categorical eligibility requirements for Refugee Assistance are met if the individual is designated a refugee under Immigration and Naturalization Service (INS) regulations.
2. To qualify for Refugee Assistance, the individual does not have to meet the categorical eligibility requirements of the AFDC program.
3. A nonrefugee child, including one who is a United States citizen, is a categorically eligible member of his or her parent's Refugee assistance unit, provided the child does not also have a nonrefugee parent living in the household.

B. RMA Coverage Groups

1. Recipients of the RCA Program

Assistance units receiving cash assistance under the RCA program are eligible for RMA.

2. Assistance Units Eligible for Less Than \$10.00

Assistance units ineligible for an RCA cash payment solely because the amount of payment is less than \$10.00 are automatically eligible for medical benefits under the RMA program.

3. Assistance Units Whose Income or Assets Exceed RCA Limits

Assistance units not eligible for RCA because of income or assets, may qualify for RMA if income and assets are within RMA limits.

4. Newborn Children

A newborn child whose mother is qualified for and receiving RCA or RMA at time of the child's birth is automatically eligible for RMA for a period of one (1) year from the date of birth provided:

- a. the child's mother remains eligible for RMA throughout the period; and

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Section:

Special Programs

Type:

POLICY

Chapter:

Refugee Assistance Program

Program:

**RCA
RMA**

Subject:

Categorical Eligibility Requirements

8010.20 B. 4. Newborn Children (continued)

- b. the child continues to live with the mother during such period; and
- c. the child's mother continues to meet the durational requirement.

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P-8010.20

Section:
Special Programs

Type:
PROCEDURE

Chapter:
Refugee Assistance Program

Program:
RCA

Subject:
Forming an RCA/RMA Assistance Unit

- P-8010.20
1. Start with the individual for whom assistance is requested.
 2. If the individual is under twenty-one (21) add to the assistance unit:
 - ° siblings and half-siblings under twenty-one (21) living with the individual;
and
 - ° parents living with the individual.
 3. Add to the unit the spouse of any individual in the unit if they are living together.
 4. Include the children under age twenty-one (21) of any parent in the unit providing they are living with the parent.
 5. Remove from the unit any ineligible students.

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8010.25

Section:
Special Programs

Type:
POLICY

Chapter:
Refugee Assistance Program

Program:
RCA

Subject:
Treatment of Income

8010.25 A. Refugee and AFDC Program Similarities

Except as stated below, income received by a Refugee assistance unit is treated in the same manner as income received by an AFDC assistance unit.

B. Refugee and AFDC Program Differences

1. Income from Sponsors or Spouses of Sponsors

- a. Income from sponsors or the spouses of sponsors is not deemed to a Refugee assistance unit as it is in the AFDC program.
- b. Income from sponsors or the spouses of sponsors is counted only to the extent it is contributed to the Refugee assistance unit.

2. Earned Income Deductions

In the Refugee assistance program, the AFDC employment expense of \$90 per month, and the AFDC day care expense of \$200/\$175 per month, are the only allowable deductions from earned income.

3. Child Support Payments

- a. Child support payments received by the Refugee assistance unit are counted as income.
- b. The first \$50.00 per month received by the unit from the total of all child support payments made on the current month's obligation is disregarded.

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Date: 4-1-87

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P-8010.25

Section:
Special Programs

Type:
PROCEDURES

Chapter:
Refugee Assistance Program

Program:
RCA

Subject:
Referring Refugee to Case Management Agency

- P-8010.25 1. For any refugee determined not exempt from the RCA work requirements, complete Form W-1431, "Request For Refugee Information":
- at time of intake if the individual does not present a completed form; and
 - at time of redetermination if a current W-1431 has not been received from the local Case Management Agency.
2. Refer Form W-1431 to the local Case Management Agency.

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Date: 4-1-87	Transmittal: UP-87-1	8010.30
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Section: Special Programs	Type: POLICY
--	-------------------------------

Chapter: Refugee Assistance Program	Program: RCA
--	-------------------------------

Subject: Treatment of Assets

8010.30 A. Countable Assets

1. In the RCA program, assets are treated in the same manner as they are in the AFDC program.
2. In the RMA program, assets are treated in the same manner as they are in the Family Medicaid program.

B. Asset Limits

1. In the RCA program, the asset limit is the same as it is in the AFDC program.
2. In the RMA program, the asset limits are the same as they are in the Family Medicaid program.

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P-8010.30

Section:
Special Programs

Type:
PROCEDURES

Chapter:
Refugee Assistance Program

Program: RCA
RMA

Subject:
Determining Eligibility for Certain RMA Coverage Groups

P-8010.30 Impact of Increased Earnings on RMA Durational Limit

If a unit loses eligibility for RMA or Medicaid due to earnings:

1. Check case information to determine if the assistance unit continues to meet the durational requirement.
2. Authorize medical benefits under RMA for up to eight (8) months if the unit meets all the requirements. (Note that on January 10, 1992 the Administration for Children and Families, Department of Health and Human Services, Director of the Office of Refugee Resettlement, pursuant to the provisions of 45C.F.R.400.221 set the durational limit for RCA and RMA to eight (8) months.)

Newborn Children

If a request is made for RMA for a newborn child:

1. Check case information to determine if the mother of the newborn child is currently a recipient of RCA or RMA.
2. Determine if the mother is living with the newborn child.
3. Authorize assistance to the newborn child if all requirements are met.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 3-1-92**Transmittal: UP-92-5****P-8010.32**

Section:
Special Programs**Type:**
PROCEDURES

Chapter:
Refugee Assistance Program**Program: RCA
RMA**

Subject:
Determining Suitability of Recovery Against Sponsors of Soviet Jewish Refugees

P-8010.32 Responsibility of District Office Resource Worker

Upon receipt of information regarding the failure of a sponsoring organization to meet the financial conditions of the MOU, consider these steps when evaluating the appropriateness of a recovery referral:

- Investigate the circumstances under which the sponsoring organization has refused or failed to meet the needs of the refugee;
- If it appears that there is a potential for recovery, refer the case to the Central Office Resource unit for a final determination;
- If possible, include a copy of the MOU with your referral.

Responsibilities of the Central Office Resource Worker

Upon receipt of a referral from the District Office, consider the following steps when completing your determination regarding recovery action:

- Evaluate all pertinent information contained in the recovery referral;
- Obtain any additional information, if needed;
- Decide if a referral to the Office of the Attorney General for recovery action is appropriate.

Upon submission of your recommendation to the Office of the Attorney General, be sure to include a copy of Action Transmittal No. FSA-AT-90-13, dated June 25, 1990, issued by the U.S. Department of Health and Human Services regarding "Private Sponsorship of Soviet Jewish Refugees."

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Date: 4-1-02	Transmittal: UP-04-29	8010.35
Section: Special Programs	Type: POLICY	
Chapter: Refugee Assistance Program	Program: RCA RMA	
Subject: Technical Eligibility Requirements		

8010.35 A. Technical Requirements

Except as described below, the technical eligibility requirements of the Refugee Assistance program are the same as the technical eligibility requirements of the AFDC program.

B. Citizenship

The individual is not required to be a U.S. citizen.

C. Transfer of Assets

There are no penalties for a transfer of an asset in the Refugee Assistance program.

D. Durational Limitation Requirement

1. Eligibility for RCA and RMA is limited to individuals who have resided in the United States for less than the eligibility period that is set annually by the Administration for Children and Families, Department of Health and Human Services, Director of the Office of Refugee Resettlement, pursuant to the provisions of 45 C.F.R. 400.211. The durational eligibility limit begins with the first month the refugee enters the United States and ends with the last day of the month of the time-limited duration prescribed by the Director of the Office of Refugee Resettlement. For individuals granted asylum under Section 208 of the Immigration and Nationality Act, the durational limit begins the month asylum is granted and ends the last day of the month of the time-limited duration.

2. The durational limitation requirement applies separately to each individual refugee.

E. Impact of Increased Earnings on RMA Durational Limit

1. An assistance unit which was previously determined eligible for RMA does not lose eligibility for RMA as a result of new employment or increased earnings from employment, and shall continue to receive RMA for the balance of the durational limit even though the additional earnings from employment causes the assistance unit's income to exceed the eligibility income limit for the RMA program.

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Section:

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Type:

POLICY

Chapter:

Refugee Assistance Program

Program:

RCA

RMA

Subject:

Technical Eligibility Requirements

8010.35

2. A refugee assistance unit that was previously determined eligible for the Medicaid program but who loses eligibility for Medicaid due to new employment or increased earnings shall be eligible for RMA for the balance of the RMA durational time limit.

F. Receipt of Assistance From Other Public Assistance Programs

1. The individual is not eligible for RCA if eligible for AFDC, TFA or AABD.
2. The individual is not eligible for RMA if eligible for Medicaid.

G. Individual Must Not Be Full-time Student

The individual must not be a full-time student in an institution of higher education unless such enrollment is part of the case management plan.

H. Non-Compliance with RCA Work Requirements

The individual is not eligible for RMA if denied or discontinued under RCA due to failure or refusal to comply with the work-related requirements.

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8010.40

Section:

Special Programs

Type:

POLICY

Chapter:

Refugee Assistance Program

Program:

**RCA
RMA**

Subject:

Procedural Eligibility Requirements

8010.40 A. Procedural Eligibility Requirements

Except as stated below the procedural requirements of the Refugee Assistance program are the same as the procedural requirements of the AFDC program.

B. Assignment of Rights to Child Support

The individual is not required to assign child support rights to the state of Connecticut.

C. Assignment of Assets, Cause of Action and Pending Inheritance

The individual is not required to meet the AFDC assignment provisions relative to assets, a cause of action or a pending inheritance.

D. Cooperation Requirements Relative to Signing a Security Mortgage

The individual is not required to meet the cooperation requirements relative to signing a security mortgage.

E. Cooperation with Case Management Agency

The individual is required to cooperate with the case management agency.

F. Providing Information About Resettlement Agency

The individual must provide the name of the agency responsible for his or her resettlement.

G. Work-Related Requirements

1. There are no work-related requirements for RMA.
2. RCA applicants are not eligible for RCA for thirty days following the date they voluntarily quit employment or refused to accept a job offer without good cause.
3. RCA recipients who are not exempt must meet the following requirements:

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Section:
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Type:
POLICY

Chapter:
Refugee Assistance Program

Program:
RCA
RMA

Subject:
Procedural Eligibility Requirements

8010.40 G. 3. Work-Related Requirements (continued)

- a. attending appropriate job interviews;
 - b. accepting appropriate offers of employment;
 - c. participating in appropriate social services and targeted assistance programs;
 - d. participating in appropriate language training and training designed to enhance employability;
 - e. not voluntarily quitting a job;
 - f. registering with appropriate agencies offering employment services;
 - g. accepting part-time employment services if employed less than 30 hours per week.
4. RCA recipients must meet job search requirements to the satisfaction of the case management agency starting on the first day of the sixth month after the month in which the recipient entered the United States, or as soon after that the individual is determined eligible for RCA. Job search requirements apply for eight consecutive weeks.
5. Any recipient or applicant with good cause not to participate in any specific work requirement is exempt from that requirement, including under the following circumstances:
- a. the recipient is too ill to participate;
 - b. the job or training would interfere with the recipient's ability to provide care for an incapacitated household member, providing that other arrangements cannot be made for this care;
 - c. adequate day care is lacking for a child who is between six and twelve years old;
 - d. an emergency arises which prevents participation;

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Section:

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POLICY

Chapter:

Refugee Assistance Program

Program:

**RCA
RMA**

Subject:

Procedural Eligibility Requirements

8010.40 G. 5. Work-Related Requirements (continued)

- e. the job or training program is not within walking distance and public transportation is not available;
- f. the commute to the job or training program via available transportation would take more than two hours per day, excluding trips necessary to provide day care;
- g. the job or training program is beyond the recipient's physical or mental capabilities;
- h. the job or training program violates religious beliefs or interferes with the religious observances;
- i. the pay for the job is less than the legal minimum wage;
- j. the recipient would be subjected to discriminatory employment practices;
- k. there is currently a strike or lockout on the job;
- l. the job poses a safety risk;
- m. the recipient would be required to join a union;
- n. the recipient would be prevented from joining a union;
- o. the recipient would be violating regulations of a union to which the recipient belongs;
- p. the recipient is currently employed in an unsubsidized job at least thirty hours per week expected to last a minimum of thirty days or currently on a temporary break from such employment which is expected to last no more than ten work days;
- q. the recipient is currently enrolled full-time in a professional recertification program;
- r. the recipient is currently participating full-time in a vocational training program;

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Date: 7-1-89

Transmittal: UP-89-47

8010.40 page 4

Section:

Special Programs

Type:

POLICY

Chapter:

Refugee Assistance Program

Program:

**RCA
RMA**

Subject:

Procedural Eligibility Requirements

8010.40 G. 5. Work-Related Requirements (continued)

- s. the recipient is offered employment outside of the recipient's major field of experience within the first thirty days of participation;
- t. the daily and weekly hours of work exceed those customary to the occupation.
- 6. The following recipients and applicants are exempt from all work-related requirements:
 - a. any individual sixty-five years old or older;
 - b. any individual under sixteen years old;
 - c. any parent or other caretaker relative responsible for the full-time care of a dependent child under the age of six with only brief and infrequent absences from the child. A separation of 25 hours per week or less is considered brief and infrequent with the following qualifications:
 - (1) if the caretaker relative is attending post-secondary school full-time, the separation is not considered brief and infrequent;
 - (2) if the child is attending Headstart or kindergarten, the separation is considered brief and infrequent;
 - (3) if the caretaker relative is separated from the child for the purpose of carrying out a responsibility related to the care of the dependent child, the absence is considered brief and infrequent;
 - d. any individual in the third trimester of pregnancy;
 - e. any full-time student between the ages of sixteen and eighteen;
 - f. any full-time student in a secondary school, a vocational school or a technical school who is expected to complete the school program by the age of nineteen;

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8010.40 page 5

Section:

Special Programs

Type:

POLICY

Chapter:

Refugee Assistance Program

Program:

**RCA
RMA**

Subject:

Procedural Eligibility Requirements

8010.40 G. Work-Related Requirements (continued)

7. Recipients who fail to meet work-related requirements are subject to penalty.
 - a. For the first offense, the recipient is ineligible for three months.
 - b. For the second offense or subsequent offenses, the recipient is ineligible for six months.
 - c. The penalty period begins the first day of the month following the month in which the ten day notice of adverse action expires.
 - d. Penalties are not removed early if the recipient becomes exempt during the penalty period.
 - e. Penalties are not removed early due to the recipient complying with the requirement which caused ineligibility.
 - f. The recipient is not reinstated following the end of the penalty period until all eligibility requirements, including the compliance requirement, are met.
8. Prior to the imposition of a penalty, the case management agency attempts to resolve any disputes involving work-related requirements through conciliation.
 - a. The conciliation must begin no later than ten (10) days following the date of failure or refusal to comply, and may continue for a period not to exceed thirty (30) days.
 - b. Either the case management agency or the recipient may terminate this period sooner when either believes that the dispute cannot be resolved by conciliation.
9. The recipient may contest the imposition of penalties through the fair hearing process, as used in the AFDC program.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 4-1-88	Transmittal: UP-21-88	8010.45
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Section:	Type:
Special Programs	POLICY

Chapter:	Program:	RCA
Refugee Assistance Program		RMA

Subject:
Procedural Eligibility Requirements

8010.45 A. RCA

The standard of assistance for RCA is the same as the standard of assistance for AFDC.

B. RMA

The standard of assistance for RMA is the MNIL of the FMA program.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-87	Transmittal: UP-87-1	8010.50
Section: Special Programs	Type:	POLICY
Chapter: Refugee Assistance Program	Program:	RCA RMA
Subject: Income Eligibility		

8010.50 A. RCA

The determination of income eligibility for RCA is made in the same manner as the determination of income eligibility for AFDC.

B. RMA

1. Determination of Income Eligibility

The determination of income eligibility for RMA is made in the same manner as the determination of income eligibility for Family Medical assistance.

2. No Income Test Needed

RMA coverage groups which are eligible for RMA without a separate income test include:

- a. assistance units who are receiving cash under the RCA program; and
- b. assistance units who are eligible for less than \$10.00; and
- c. newborn children; and
- d. assistance units discontinued cash assistance due to earnings.

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Date: 7-1-89	Transmittal: UP-89-47	8010.55
Section: Special Programs	Type: POLICY	
Chapter: Refugee Assistance Program	Program: RCA	
Subject: Calculation of Benefits		

8010.55 A. Calculation Method

Benefits are calculated using the AFDC rules regarding retrospective and prospective budgeting.

B. Calculation

1. Calculation of Gross Income

To calculate the total gross income of the unit:

- a. the number of individuals in the unit is determined; and
- b. all income is converted to a monthly amount using AFDC methodology (Treatment of Income, 5025); and
- c. the monthly figure for earned income is added to the monthly figure for unearned income to arrive at the figure for total income.

2. Basic Needs

To calculate the amount of assistance for basic needs the size of the assistance unit is compared to the AFDC monthly standard for an AFDC assistance unit of the same size.

3. Special Needs

To calculate the amount of assistance for special needs:

- a. the amount for each special need is determined; and
- b. the total amount for special needs is calculated.

C. Amount of Assistance

1. The amount of assistance is the total of the figures calculated in step 2. b. and step c. above, minus any applied income.
2. The assistance payment is rounded down to the nearest dollar.

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Date: 4-1-87	Transmittal: UP-87-1	8010.60
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Section:	Type:	
Special Programs		POLICY

Chapter:	Program:	RCA
Refugee Assistance Program		RMA

Subject:
Benefit Issuance

8010.60 A. RCA

RCA benefits are issued in the same way AFDC benefits are issued.

B. RMA

RMA benefits are issued in the same manner MA benefits are issued.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-88	Transmittal: UP-88-7	8010.65
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Section:	Type:
Special Programs	POLICY

Chapter:	Program:
Refugee Assistance Program	RCA

Subject:
Benefit Error

8010.65 The process for correction of payment error in the Refugee Assistance program is the same as it is for the AFDC program except that the Department uses only one of the three methods available to correct an error. The grant reduction method is used to correct a payment error in all situations.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 3-1-92	Transmittal: UP-92-5	8010.70
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Section: Special Programs	Type: POLICY
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Chapter: Refugee Assistance Program	Program: RCA RMA
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Subject: Recovery

- 8010.70 A. There are no provisions for the recovery of benefits in the Refugee Assistance program except as described below.
- B. Recovery of benefits from a private sponsor is possible when there is a Memorandum of Understanding (MOU) between the Department of State and the private sponsor which has indicated the sponsor's financial responsibility for the refugee and one of the following has occurred:
1. the refugee has received assistance while concurrently receiving a contribution from the sponsor, or
 2. the sponsor is not providing any financial assistance to the refugee.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-87	Transmittal: UP-87-1	8015
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Section: Special Programs	Type: POLICY
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Chapter: Cuban and Haitian Entrant Program	Program: EP
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Subject:

8015 This chapter describes the eligibility requirements for the Cuban and Haitian Entrant Program (EP). Procedures for establishing eligibility and determining assistance immediately follow the last page of this chapter.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-87	Transmittal: UP-87-1	8015.05
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Section:	Type:
Special Programs	POLICY

Chapter:	Program:
Cuban and Haitian Entrant Program	EP

Subject:
Entrant Program Based on Refugee Program

8015.05 Except as provided for in this chapter, the EP is identical in every respect to the Refugee Assistance program.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-87**Transmittal: UP-87-1****P-8015.05**

Section:
Special Programs**Type:**
PROCEDURES

Chapter:
Cuban and Haitian Entrant Program**Program:**
EP

Subject:
EP Procedures Same as RCA/RMA Procedures

P-8015.05 The procedures for establishing eligibility in EP are the same as those used to establish eligibility for RCA/RMA except for determining if the individual meets the definition of a Cuban or Haitian entrant.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-87	Transmittal: UP-87-1	8015.10
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Section: Special Programs	Type: POLICY
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Chapter: Cuban and Haitian Entrant Program	Program: EP
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Subject: Categorical Eligibility Requirements	
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- 8015.10 A. To qualify for assistance under EP the individual does not have to meet the categorical eligibility requirements of the AFDC program.
- B. The categorical eligibility requirements for EP are met if the individual is designated a Cuban or Haitian entrant by the Immigration and Naturalization Service.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-97

Transmittal: UP-97-22

8016

Section:

Special Programs

Type:

POLICY

Chapter:

State Medical Assistance for Non-Citizens

Program:

SMANC

Subject:

8016 This chapter describes the eligibility requirements of the State Medical Assistance for Non-Citizens program, which is designed to assist legal immigrants who do not meet the citizenship requirements under the Medicaid program.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-97

Transmittal: UP-97-22

8016.05

Section:

Special Programs

Type:

POLICY

Chapter:

State Medical Assistance for Non-Citizens

Program:

SMANC

Subject:

Program Based on Medicaid

8016.05 Except as provided in this chapter, the eligibility requirements of the SMANC program are identical to those of the Medicaid program.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 10/1/09**Transmittal: UP-09-17****8016.10**

Section:
Special Programs**Type:**
POLICY

Chapter:
State Medical Assistance for Non-Citizens**Program:**
SMANC

Subject:
Technical Eligibility Requirements

8016.10 A. General Statement

To be eligible under the SMANC program, the individual must be ineligible for Medicaid solely because of his or her non-citizen status. Except as provided in Paragraph C of this section, all income and asset rules of the Medicaid program shall apply to the SMANC program.

B. Non-Citizens' Eligibility for SMANC

1. A non-citizen is eligible under the SMANC program if he or she arrived in the United States on or after August 22, 1996, has been in the U.S. for less than five years and:
 - a. is lawfully admitted to the U.S. for permanent residence under the Immigration and Nationality Act; or
 - b. is paroled into the U.S. under section 212 (d) of such act for a period of at least one year; or
 - c. is granted conditional entry pursuant to section 203 (a) (7) of such act as in effect prior to April 1, 1980; or
 - d. has been battered or subjected to extreme cruelty in the U.S. by a spouse or parent, or by a member of the spouse or parent's family living with the non-citizen and the spouse or parent allowed such battery or cruelty to occur, but only if:
 - (1) the Department determines that the battery or cruelty has contributed to the need for medical assistance; and
 - (2) the non-citizen has been approved or has an application pending with U.S. Citizenship and Immigration Service (USCIS) under which he or she appears to qualify for:
 - (a) status as a spouse or child of a U.S. citizen pursuant to clause (ii), (iii) or (iv) of section 204(a)(1)(A) of the Immigration and Nationality Act; or
 - (b) classification pursuant to clause (ii) or (iii) of section 204(a)(1)(B) of such act; or
 - (c) suspension of deportation and adjustment of status pursuant to section 244(a)(3) of such act; or

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Transmittal: UP-09-17

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Section:

Special Programs

Type:

POLICY

Chapter:

State Medical Assistance for Non-Citizens

Program: SMANC

Subject:

Technical Eligibility Requirements

8016.10 | B. Non-Citizens' Eligibility for SMANC (continued)

- (d) status as a spouse or child of a U.S. citizen pursuant to clause (i) of section 204(a)(1)(A) of such act, or classification pursuant to clause (i) of section 204(a)(1)(B) of such act; and
 - (3) the individual responsible for such battery or cruelty is not presently residing with the person subjected to such battery or cruelty; or
 - e. is a non-citizen whose child has been battered or subjected to extreme cruelty in the U.S. by a spouse or parent of the non-citizen (without the active participation of the non-citizen in the battery or cruelty), or by a member of the spouse or parent's family living with the non-citizen and the spouse or parent allowed such battery or cruelty to occur, but only if the criteria in subparagraph d (1), (2) and (3) above are met; or
 - f. is a non-citizen child living with a parent who has been battered or subjected to extreme cruelty in the U.S. by that parent's spouse or by a member of the spouse's family living with the parent and the spouse allowed such battery or cruelty to occur, but only if the criteria in subparagraph d (1), (2) and (3) above are met.
2. Subject to the limitations in paragraph 3 below, a non-citizen is eligible under the SMANC program if he or she:
- a. is an immigrant legally residing in the United States; or
 - b. is living here with the knowledge of the U.S. Citizenship and Immigration Service (USCIS), and is someone whom the USCIS is not going to deport.
3. The following non-citizens are ineligible for SMANC benefits, but may qualify for Medicaid to cover emergency medical services only:
- a. students;
 - b. visitors;
 - c. foreign government officials;

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Date: 10-1-09

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8016.10 page 3

Section:

Special Programs

Type:

POLICY

Chapter:

State Medical Assistance for Non-Citizens

Program: SMANC

Subject:

Technical Eligibility Requirements

8016.10 B. Non-Citizens' Eligibility for SMANC (continued)

- d. other non-citizens who have entered the United States temporarily but have not abandoned their residence in a foreign country.

C. Deeming from Sponsors of Non-Citizens

Sponsored non-citizens who meet the criteria for an exception to deeming due to indigence, as set forth in section 4025.45 and section 5020.60 shall be granted the indigence exception by the Department. The Department shall not report the non-citizen or the sponsor to the United States Attorney General.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 8-1-98

Transmittal: UP-98-20

8017

Section:

Special Programs

Type:

POLICY

Chapter:

State Medical Assistance for Illegal Immigrants

Program:

SMAII

Subject:

8017 This chapter describes the eligibility requirements of the State Medical Assistance for Illegal Immigrants program, which is designed to assist certain illegal immigrants who do not meet the citizenship requirements under either the Medicaid program or under State Medical Assistance for Non-Citizens.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 8-1-98	Transmittal: UP-98-20	8017.05
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Section: Special Programs	Type: POLICY
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Chapter: State Medical Assistance for Illegal Immigrants	Program: SMAII
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Subject: Program Based on Medicaid

8017.05 Except as provided in this chapter, the eligibility requirements of the SMAII program are identical to those of the Medicaid program.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 8-1-98

Transmittal: UP-98-20

8017.10

Section:
Special Programs

Type:
POLICY

Chapter:
State Medical Assistance for Illegal Immigrants

Program:
SMAII

Subject:
Technical Eligibility Requirements

8017.10 A. Residency

An illegal immigrant applying for medical assistance under this program must have been a resident of Connecticut for at least five years.

B. Non-Citizen Status

1. The individual must be an illegal immigrant, and therefore ineligible for both Medicaid and State-Funded Medical Assistance for Non-Citizens.
2. Except as provided in subparagraph 3. below, the illegal immigrant must be unable to return to his or her country of origin because of either:
 - a. his or her medical illness; or
 - b. regulations barring re-entry into his or her country of origin based on his or her illness or disability.
3. The requirement described in subparagraph 2. above does not apply if the U.S. Immigration and Naturalization Service has decided not to deport the illegal immigrant.

C. Institutional Status

The illegal immigrant must be an inpatient at an acute care or psychiatric hospital and someone for whom services available in a long-term care facility are an appropriate and cost-effective alternative to continued hospitalization.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-99

Transmittal: UP-99-16

8017.15

Section:

Special Programs

Type:

POLICY

Chapter:

State Medical Assistance for Illegal Immigrants

Program:

SMAII

Subject:

Limitations

8017.15 A. Not an Entitlement Program

The State Medical Assistance for Illegal Immigrants program is not an entitlement program, and benefits are provided only within available appropriations.

B. Cost-Effectiveness

1. Only the medical services received by the illegal immigrant in the long-term care facility, and an allowance for personal needs, are covered under this program, and only if such services are an appropriate and cost-effective alternative to the continuation of acute care or psychiatric hospitalization.
2. Services provided by the acute care or psychiatric hospital are not covered under this program. However, the illegal immigrant may be eligible for Medicaid if such services are determined to be of an emergency nature.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Date: 7-1-99

Transmittal: UP-99-16

8017.20

Section:

Special Programs

Type:

POLICY

Chapter:

State Medical Assistance for Illegal Immigrants

Program:

SMAII

Subject:

Benefits

8017.20 A. Payment of LTCF Costs

The Department pays the individual's long-term care costs in an amount equal to the facility's monthly Medicaid rate minus the individual's monthly applied income.

B. Payment of Incidentals

The Department pays for the individual's incidental charges in the form of a special benefit issued to the nursing facility.

1. Subject to subparagraph 2, the amount of the special benefit is equal to the personal needs allowance (PNA) deducted from an institutionalized individual's gross income under the Medicaid program (cross reference: 5035.20).
2. If the individual's counted income is equal to or greater than the PNA, no special benefit is issued.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-87**Transmittal: UP-87-1****8030**

Section:**Special Programs****Type:****POLICY**

Chapter:**Repatriation Program****Program:****RP**

Subject:

8030 This chapter describes the conditions under which an individual is repatriated and the criteria which must be met by the individual to qualify for the Repatriation Program (RP). The procedures for implementation of the program immediately follow the last page of this chapter.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-87

Transmittal: UP-87-1

8030.05

Section:

Special Programs

Type:

POLICY

Chapter:

Repatriation Programs

Program:

RP

Subject:

Rights and Responsibilities

8030.05 A. Rights of the Assistance Unit

1. The Right to File and be Treated Fairly

The assistance unit has the right to file for assistance and to be treated fairly by the Department without regard to the unit's race, color, religion, sex, national origin, age or handicap.

2. Right to be Informed

The assistance unit has the right to receive information regarding the Repatriation program. This information includes:

- a. the purpose of the program and method of operation;
- b. the benefits and eligibility requirements of the program;
- c. the provision for repayment of assistance provided under the program.
- d. general information regarding other Federal and State programs for needy individuals.

B. Responsibilities of the Assistance Unit

1. Providing Information

The assistance unit must report any changes in income and assets to the Department in a timely manner.

2. Meeting Procedural Requirements

The assistance unit is expected to satisfy the procedural requirements described in this chapter.

C. Safeguarding Information

The Department is responsible for safeguarding the privacy of the assistance unit and to protect it against exploitation for commercial, personal or political purposes.

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8030.05 page 2

Section:
Special Programs

Type:
POLICY

Chapter:
Repatriation Programs

Program:
RP

Subject:
Rights and Responsibilities

8030.05 C. Safeguarding Information (continued)

1. Releasing Information

The Department releases information concerning the assistance unit only for purposes associated with the administration of the program.

2. Purposes Connected with Administration of the Program

Purposes directly connected with the administration of the program include, but are not limited to:

- a. establishing eligibility;
- b. determining the amount of assistance;
- c. providing services for the assistance unit;
- d. assisting an audit or program review by a governmental agency authorized by law to conduct such audit or review;
- e. assisting an authorized government agency in the recovery of assistance rendered under the program.

3. Information is Available to Certain Federal Agencies

The Department must disclose, to the following Federal agencies, any information about an assistance unit which pertains to the Repatriation program:

- a. the Department of Health and Human Services or its authorized representative;
- b. the Comptroller General's office or any authorized representative.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-92**Transmittal: UP-92-10****P-8030.05**

Section:
Special Programs**Type:**
PROCEDURES

Chapter:
Repatriation**Program:**
RP

Subject:
Steps in the Application Process

P-8030.05 Central Office Responsibilities

1. Upon receiving a referral from OFA regarding the repatriation of an individual, determine total needs of the unit in accordance with the AFDC standards of assistance.
2. Advise the appropriate District Director or designee of:
 - ° all pertinent information regarding the individual to be repatriated; and
 - ° any special instructions or revisions regarding procedures.
3. Authorize initial award check and ensure its timely issuance to the District Office.
4. Resolve, in a timely manner, any problems raised by the District Director or designee regarding District Office procedure.
5. Approve and authorize payment for any additional basic or special needs or services requested by the District Office providing the criteria under "District Office Procedures" is met.
6. Evaluate the repayment plan prepared by the District Director or the designee and submits final copy to OFA.

District Office Responsibilities

1. Upon receipt of referral information from Central Office, make arrangements to meet the individual upon the arrival date in Connecticut.
2. Inform the unit of its rights and responsibilities under the program.
3. Advise the unit of the repayment provisions and that signing the repayment agreement is a condition of eligibility.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-92

Transmittal: UP-92-10

P-8030.05 page 2

Section:
Special Programs

Type:
PROCEDURES

Chapter:
Repatriation

Program:
RP

Subject:
Steps in the Application Process

P-8030.05 District Office Responsibilities (continued)

4. Secure the individual's signature on the repayment agreement.
5. Deny assistance to the unit if the individual fails to sign the repayment agreement. Otherwise, go on.
6. Deliver the initial award check to the individual in person.
7. If a request is made for unmet needs determine which needs are covered under the program identifying which are basic and special needs.
8. Explore the basis for each unmet needs request giving consideration to:
 - the current circumstances; and
 - the various alternatives available; and
 - the cost factors involved.
9. Negotiate any special arrangements which must be made to meet unmet needs, such as arranging for temporary housing, hospital care or transportation.
10. Determine the total cost for any additional basic needs requested.
11. Determine total expenses for any special needs or services requested.
12. Advise the Central Office liaison of the unmet needs request when it is determined that such expenses:
 - cannot be met by the District Office petty cash account; or
 - are ongoing, such as those costs related to temporary housing; and
 - are paid only by vendor payment.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-87	Transmittal: UP-87-1	8030.10
Section: Special Programs	Type:	POLICY
Chapter: Repatriation Program	Program:	RP
Subject: The Eligibility Process		

8030.10 United States citizens and their dependents who are living abroad and who need assistance in being repatriated to the United States can receive assistance through the U.S. Department of State. If the citizen or dependents require temporary care upon arrival in the United States, the Department of State refers the case to the Office of Family Assistance (OFA), U.S. Department of Health and Human Services which provides assistance through the Department of Income Maintenance.

A. Application Process

Applications are initiated by either:

1. a referral to the Department by OFA; or
2. direct contact from the assistance unit to the Department.

B. Face-to-face Contact

Each repatriate is met by a representative of the Department at the port of entry in order to complete the application process.

C. Beginning and Ending Dates of Assistance

1. The beginning date of assistance is the date that the assistance unit arrives at the port of entry.
2. The ending date of assistance is the shorter of the following:
 - a. the last day of the ninety (90) day period of eligibility for the RP; or
 - b. the last day need is considered to have been met in full.

D. Fair Hearings

There is no provision for an appeal process in the Repatriation program.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-87

Transmittal: UP-87-1

P-8030.10

Section:
Special Programs

Type:
PROCEDURES

Chapter:
Repatriation

Program:
RP

Subject:
D.O. Steps in the Case Maintenance Process

- P-8030.10
1. Arrange for the continued payment of any ongoing covered expense within the ninety (90) day eligibility period.
 2. Arrange for the initial payment of any additional needs or services requested within the ninety (90) day eligibility period.
 3. Refer the unit to General Assistance or other appropriate service agencies if it becomes evident that need will continue following the close of RP.
 4. Notify the persons designated in policy of the recipient's current medical status if the recipient is receiving or received medical treatment under the program.
 5. If the unit begins to receive recurrent income, or if the unit receives assets within the ninety (90) day period of eligibility, revise the repayment plan accordingly.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-87	Transmittal: UP-87-1	8030.15
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Section: Special Programs	Type: POLICY
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Chapter: Repatriation Program	Program: RP
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Subject: Special Notification Requirements
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8030.15 Notification requirements do not generally apply in the Repatriation program. However, under special conditions, a designated responsible person must be notified of the repatriate's medical status.

A. Circumstances Requiring Notification

Notification of medical status by the Department is required when the following conditions exist:

1. the repatriate is hospitalized temporarily; or
2. the repatriate is examined by a physician or a psychiatrist; or
3. there is a medical plan for the release of the repatriate from the hospital or similar institution; or
4. a recommendation for further care and treatment is made by the repatriate's physician or psychiatrist.

B. Individual Designated to Receive Notification of Medical Status

The following individuals are to be informed by the Department of the repatriate's medical status:

1. legal guardians;
2. spouses;
3. adult next of kin.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-87

Transmittal: UP-87-1

P-8030.15

Section:
Special Programs

Type:
PROCEDURE

Chapter:
Repatriation

Program:
RP

Subject:
How to Determine Benefits

- P-8030.15
1. Begin with the number of individuals in the assistance unit.
 2. Compare the size of the unit to the monthly maintenance standard for an AFDC unit of equal size to arrive at the amount for basic needs.
 3. Determine the amount for essential clothing by figuring the per item cost based on the AFDC standard for essential clothing.
 4. Add the per item cost for clothing to arrive at the total amount for essential clothing.
 5. Add the total for basic needs to the total determined for essential clothing to arrive at the amount of assistance.
 6. Round down total needs to the nearest dollar amount.
 7. Determine other special needs separately to arrive at the amount due the particular vendor.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-87	Transmittal: UP-87-1	8030.20
Section: Special Programs	Type: POLICY	
Chapter: Repatriation	Program: RP	
Subject: Assistance Unit Composition		

8030.20 A. Common Residence

The assistance unit includes certain individuals if they will be residing together at the place of their final destination.

B. Individuals Who May be Included in Assistance Unit

The following individuals may be included in the assistance unit:

1. a U.S. citizen; or
2. a dependent of a U.S. citizen.

C. Individuals Who Are Considered Dependents of a U.S. Citizen

The following individuals are considered dependents of a U.S. citizen:

1. spouse;
2. parents of the U.S. citizen or of the spouse;
3. minor siblings of the U.S. citizen or of the spouse;
4. unmarried minor children, including:
 - a. adopted children; and
 - b. stepchildren;
5. unmarried children age eighteen (18) or older who;
 - a. are handicapped; and
 - b. are dependent due to such handicap;
6. grandparents.

D. Determination of Assistance Unit

The individuals who actually comprise the assistance unit are determined by the U.S. Department of State.

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Date: 4-1-87

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P-8030.20

Section:
Special Programs

Type:
PROCEDURES

Chapter:
Repatriation

Program:
RP

Subject:
Issuing Benefits

- P-8030.20
1. To provide assistance under the program, issue payment for all benefits when assistance is granted.
 2. Issue payment to the unit in person on the date of its arrival in Connecticut.
 3. Provide any in-kind assistance to the unit in person on the date of its arrival in Connecticut.
 4. To ensure the correct payee, issue payment in the name of the applicant unless otherwise authorized by the applicant.
 5. If the applicant is not present to accept payment, issue the check to either one of the following payees if authorized by the applicant:
 - a second adult in the unit who has accepted responsibility for distribution of the cash payment; or
 - an adult outside the assistance unit who has accepted responsibility for distribution of the cash payment.
 6. To ensure the appropriate frequency of payment, issue the initial award in a single cash payment.
 7. Issue additional payments only if there are unmet needs identified within the ninety (90) day period of eligibility.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 4-1-87

Transmittal: UP-87-1

8030.25

Section:
Special Programs

Type:
POLICY

Chapter:
Repatriation Program

Program:
RP

Subject:
Categorical Eligibility Requirements

- 8030.25 A. The assistance unit must meet certain categorical eligibility requirements in order to qualify for assistance. The categorical requirements apply equally to dependents of the individual if such dependents request aid under the program.
- B. The categorical eligibility requirements which follow must be met in order to qualify for Repatriation assistance:
1. The individual must be identified by the U.S. Department of State as a person who:
- a. is returning to the United States from a foreign country; or
- b. is being brought from a foreign country to the United States; and
2. The departure from the foreign country must be prompted by one or more of the following circumstances:
- a. the individual is physically ill; or
- b. the individual is destitute; or
- c. the individual is adjudged insane while residing in a foreign country; or
- d. the individual is found to be in need of ongoing care and treatment while living abroad; or
- e. the individual is in imminent danger due to:
- (1) war; or
- (2) threat of war; or
- (3) invasion; or
- (4) similar crisis.
- C. Categorical Eligibility is determined by the U.S. Department of State.
- D. The categorical factors required of other Public Assistance programs are not applicable to recipients of the Repatriation program.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-87	Transmittal: UP-87-1	8030.30
Section: Special Programs		Type: POLICY
Chapter: Repatriation Program		Program: RP
Subject: Treatment of Income		

8030.30 A. General Statement

All recurrent income is considered in the eligibility determination. There are no income exclusions or disregards.

B. Determination of Income Eligibility

Income eligibility for Repatriation assistance is determined by the U.S. Department of State. The Department makes no income determination for Repatriation assistance.

C. Availability of Income

If the recipient reports the commencement of recurrent income during the ninety (90) day period of eligibility for RP, the Department:

1. treats such income as income available exclusively for the purpose of repayment; and
2. revises the repayment plan accordingly.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-87	Transmittal: UP-87-1	8030.35
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Section: Special Programs	Type: POLICY
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Chapter: Repatriation Programs	Program: RP
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Subject: Treatment of Assets

8030.35 A. General Statement

The asset limit for the Repatriation assistance unit is the same as for an AFDC assistance unit. However, there are no resource exclusions. Any assets which are available in excess of the asset limit are used to meet need.

B. Determination of Asset Eligibility

Asset eligibility for the Repatriation program is determined by the U.S. Department of State. The Department makes no asset determination for Repatriation assistance.

C. Availability of Assets

If the recipient reports the receipt of assets during the ninety (90) day period of eligibility for RP, the Department:

1. treats such assets as assets available exclusively for the purpose of repayment;
and
2. revises the repayment plan accordingly.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-87	Transmittal: UP-87-1	8030.40
Section: Special Programs		Type: POLICY
Chapter: Repatriation Program		Program: RP
Subject: Technical Eligibility Requirements		

8030.40 A. Citizenship

1. To be eligible for assistance under the Repatriation program, the individual must be a U.S. citizen unless otherwise qualifying as a dependent of a U.S. citizen as described in this section.
2. Individuals qualifying as dependents do not have to be U.S. citizens.
3. Citizenship is determined by the U.S. Department of State.

B. Residence

1. Although the individual is asked to declare the intent to establish permanent residence in Connecticut, it is not a condition of eligibility.
2. The individual is expected to return to the previous State of residence unless a specific request is made by the individual to reside in a different state.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-92	Transmittal: UP-92-10	8030.45
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Section: Special Programs	Type: POLICY
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Chapter: Repatriation Program	Program: RP
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Subject: Procedural Eligibility Requirements
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- 8030.45 A. In the Repatriation program, certain procedural provisions are required as as a condition of eligibility, while others are not mandatory.
- B. The recipient is required, as a condition of eligibility, to sign the repayment agreement. Assistance is denied if the recipient fails to sign this agreement.
- C. The recipient is expected to declare the intent to become a resident of Connecticut. As this is not a condition of eligibility, assistance cannot be denied or withheld for failure to comply with this provision.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-87**Transmittal: UP-87-1****8030.50**

Section:
Special Programs**Type:**
POLICY

Chapter:
Repatriation Program**Program:**
RP

Subject:
Standards of Assistance

8030.50 A. Standards of Assistance

1. The standards of assistance in the Repatriation program are used only to determine the amount of assistance to be paid.
2. The standards of assistance are based on:
 - a. the Department of State's declaration of the type and amount of needs of the assistance unit;
 - b. the assistance unit's statement of additional or special needs or services;
 - c. the Department's best judgement regarding the type and total amount of needs of the assistance unit;
3. The Department provides assistance for basic needs, special needs, and services, depending on the actual needs of the assistance unit.

B. Basic Needs

The amounts and need items established for basic needs in the Repatriation program are the same as those amounts and need items in the monthly maintenance standard for the AFDC program for the appropriate number of members in the assistance unit in the region of residence.

C. Special Needs or Services

Subject to the provisions stated herein, the Department recognizes certain special needs or services associated with the Repatriation program. These special needs or services are generally identified in the original referral from OFA.

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Date: 4-1-87

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Section:

Special Programs

Type:

POLICY

Chapter:

Repatriation Program

Program:

RP

Subject:

Standards of Assistance

8030.50 C. Special Needs or Services (continued)

1. Expenses Incidental to Transportation to Final Destination

a. Conditions

(1) General Transportation Expenses Relative to All Individuals

The costs of transportation expenses from port of entry to final destination are covered for all individuals.

(2) Transportation and Traveling Expenses Relative to Ill or Disabled Individuals

The costs of transportation and traveling expenses for the physically or mentally ill or disabled are covered. Transportation and traveling expenses include the following:

- (a) ticket for public transportation;
- (b) escort services for the purpose of assisting and accompanying the individual to final destination;
- (c) ambulance or other livery service for the purpose of transporting the individual to a hospital;
- (d) transportation to final destination subsequent to hospital discharge if within the ninety (90) day eligibility period.
- (e) hotel or motel porter services to assist with luggage and the checking-in process;
- (f) storage and transportation of personal effects.

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Section:

Special Programs

Type:

POLICY

Chapter:

Repatriation Program

Program:

RP

Subject:

Standards of Assistance

8030.50 C. 1. Expenses Incidental to Transportation to Final Destination (continued)

b. Standards of Assistance

(1) General Transportation Expenses

The standard of assistance for general transportation expenses is the lowest cost for the most direct means of transportation available.

(2) Transportation and Traveling Expenses

The standards of assistance for transportation and traveling expenses are the usual and customary charges for such expenses or services.

2. Expenses Associated With Temporary Care or Treatment

a. Conditions

(1) Temporary care or treatment may be provided for a ninety (90) day period in a hospital, residential treatment center or long term care facility when a physician considers such care or treatment to be essential to the individual's health.

(2) Temporary care or treatment, when provided at the port of entry is intended for the treatment of acute illness which prevents the individual from traveling to the final destination.

b. Standard of Assistance

The standard of assistance for temporary care or treatment is the rate of payment made under the Department's fee schedule for the Medical Assistance program.

3. Expenses Related to Essential Clothing

a. Conditions

The cost of essential clothing is covered when such clothing is unavailable at time of arrival at port of entry.

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Section: Special Programs	Type: POLICY
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Chapter: Repatriation Program	Program: RP
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Subject: Standards of Assistance

8030.50 C. 3. Expenses Related to Essential Clothing (continued)

 b. Standard of Assistance

The standard of assistance used for the replacement of essential clothing under Repatriation is same as the standard used in the AFDC program.

 4. Expenses Related to Overnight Shelter

 a. Conditions

(1) Costs for overnight shelter are paid for by the Department when:

- (a) transportation to the final destination is temporarily unavailable due to unforeseen circumstances; or
- (b) the city, town or general vicinity of debarkation is the place of residence and permanent shelter will not be available until the following day; or
- (c) the place of final destination is a different state and the means of transportation available precludes arrival in the new state within the same day as departure.

(2) Overnight shelter includes accommodations arranged at a motel, hotel, boarding house or similar lodging.

 b. Standard of Assistance

The standard of assistance for overnight shelter is the customary amount charged by the lodging establishment.

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8030.50 page 5

Section:

Special Programs

Type:

POLICY

Chapter:

Repatriation Program

Program:

RP

Subject:

Standards of Assistance

8030.50 C. Special Needs or Services (continued)

a. Conditions

- (1) Costs for temporary housing are paid for by the Department when:
 - (a) the individual plans to reside in Connecticut; and
 - (b) there are no other means of low cost shelter available, such as from friends or relatives; or
 - (c) permanent housing is temporarily unavailable.
- (2) Temporary housing includes, but is not limited to the following types of living arrangements:
 - (a) congregate housing;
 - (b) room living arrangement with private individual;
 - (c) licensed room and board facility;
 - (d) a room in a motel, hotel or commercial rooming house.

b. Standards of Assistance

The standards of assistance for temporary housing are as follows:

- (1) the standard of assistance for shelter in a congregate home is the amount charged by the congregate home.
- (2) the standard of assistance for shelter in a room living arrangement is the amount charged for such arrangement.
- (3) the standard of assistance for shelter in a licensed room and board facility is the per diem rate established by the Department for the particular facility.
- (4) the standard of assistance for a room in a motel, hotel or commercial rooming house is the customary or prevailing rate charged for such room.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 4-1-87	Transmittal: UP-87-1	8030.55
Section: Special Programs	Type: POLICY	
Chapter: Repatriation Program	Program: RP	
Subject: Calculation of Benefits		

8030.55 A. Calculation

1. Basic Needs

To calculate the amount of assistance for basic needs the following steps are taken:

- a. the number of individuals in the assistance unit is determined; and
- b. the number of individuals in the assistance unit is applied to the AFDC monthly maintenance standard for the corresponding size of an AFDC assistance unit;

2. Special Needs

To calculate the amount of assistance for special needs the following steps are taken:

- a. the per item cost of essential clothing is determined, but only for those individuals for which essential clothing was identified as a need item in the case referral; and
 - b. essential clothing costs are added to the cost of basic needs; and
 - c. other special needs are calculated separately.
3. The amounts calculated for basic needs and essential clothing, when appropriate, are rounded down to the nearest dollar.

B. Amount of Assistance

The amount of assistance is the total of the figures calculated in step 1 and step 2 above.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-87	Transmittal: UP-87-1	8030.60
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Section: Special Programs	Type: POLICY
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Chapter: Repatriation Program	Program: RP
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Subject: Benefit Issuance
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8030.60 A. Form

1. Unrestricted Cash Payments

Unrestricted cash payments are generally made for basic needs and certain special needs which are issued directly to the individual.

a. Basic Needs

Basic needs are generally met by a single cash payment in the form of a payroll check covering assistance for one month. Subsequent cash payments for any additional basic needs or portions thereof may be made on an as needed basis for a period of up to ninety (90) days.

- (1) The individual has complete control over the basic needs cash payment and there are no restrictions on its use.
- (2) The cash payment is given directly to the individual in person at the port of entry.

b. Special Needs

- (1) Special needs for essential clothing are generally met in the form of a single cash payment issued directly to the individual.
- (2) The individual has control over the funds received for essential clothing but is advised of the suggested cost allowed per item.
- (3) The individual is given the cash payment for essential clothing in person at time of arrival and is included with the basic needs amount.

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Date: 4-1-87

Transmittal: UP-87-1

8030.60 page 2

Section:
Special Programs

Type:
POLICY

Chapter:
Repatriation Program

Program:
RP

Subject:
Benefit Issuance

8030.60 A. Form (continued)

2. Restricted Cash Payments

a. The Department may make restricted cash payments for the following:

- (1) special needs other than essential clothing; and
- (2) situations in which there is no adult member of the assistance unit to whom a cash payment can be issued.

b. Restricted cash payments are issued in the form of vendor payments directly to third party vendors on an as needed basis for a period of up to ninety (90) days.

3. In-kind Assistance

a. In-kind assistance is provided to the individual in lieu of a cash payment when the Department determines it is more effective to do so.

b. In-kind assistance consists of services provided to the individual, directly or indirectly by the Department, such as:

- (1) transportation to final destination provided by a member of the Department's staff; or
- (2) emergency clothing items which must be provided immediately at the port of entry such as a coat; or
- (3) use of a telephone to contact relatives or friends for assistance, shelter or other types of help.

B. Payee

1. The payee for the cash payment is normally the adult head of the assistance unit.

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8030.60 page 3

Section:
Special Programs

Type:
POLICY

Chapter:
Repatriation Program

Program:
RP

Subject:
Benefit Issuance

8030.60 B. Payee (continued)

2. In the absence of the adult head of the assistance unit, payment can be made to others providing the payee is authorized by the adult head of the assistance unit. Cash payment can be made to the following payees:
 - a. a second adult in the assistance unit who has accepted responsibility for distribution of the cash payment; or
 - b. an adult outside the assistance unit who has accepted responsibility for distribution.

C. Use

1. AFDC policy with respect to the redeeming of checks, and the expiration date applies to the Repatriation program (cross reference: Benefit Issuance 6515).
2. All medical services are paid for by vendor payment.

D. Frequency and Method of Issuance

1. Basic Needs and Essential Clothing

- a. The cash payment for basic needs and essential clothing is generally distributed in a single issuance for one month's worth of assistance. Subsequent cash payments for any additional basic needs or portions thereof may be made on an as needed basis for a period of up to ninety (90) days.
- b. The initial single cash payment is issued to the assistance unit when it arrives at the port of entry. Subsequent payments if needed, are generally issued by mail directly to the assistance unit.

2. Special Needs

- a. Vendor payments for special needs other than essential clothing are generally distributed in a single issuance to the appropriate third party vendors. Subsequent vendor payments for any additional special needs may be made on an as needed basis for a period of up to ninety (90) days.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Section:

Special Programs

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POLICY

Chapter:

Repatriation Program

Program:

RP

Subject:

Benefit Issuance

8030.60 D. 2. Special Needs (continued)

- b. The initial vendor payments are issued on the day the assistance unit arrives at the port of entry. Subsequent vendor payments are generally issued by mail directly to the appropriate vendor.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-92	Transmittal: UP-92-10	8030.65
Section: Special Programs	Type: POLICY	
Chapter: Repatriation Program	Program RP	
Subject: Recovery		

8030.65 A. Agreement to Repay

1. Recipients of the Repatriation program are required to sign a repayment agreement agreeing to pay back the cost of all assistance, care and treatment received under the program (cross reference 8030.45).
2. Every recipient is advised of the repayment provisions at the time of the reception services process and the fact that signing the agreement is a condition of eligibility.
3. As part of the repayment discussion, the recipient is:
 - a. provided with a copy of the Repatriation program pamphlet which explains the program and the repayment obligation; and
 - b. provided with a verbal explanation of the provisions of repayment; and
 - c. required to sign the repayment agreement regardless of the individual's actual ability to pay.

B. Determining the Individual's Ability to Repay

1. Requesting Information

The Department requests information from the assistance unit in order to determine the unit's ability to repay. Any information not available from the original case referral must be obtained during the face-to-face contact.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 4-1-87

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8030.65 page 2

Section:
Special Programs

Type:
POLICY

Chapter:
Repatriation Program

Program:
RP

Subject:
Recovery

8030.65 B. Determining the Individual's Ability to Repay (continued)

2. Determining the Ability to Repay

The Department makes a determination of the assistance unit's ability to repay assistance to OFA using the following criteria:

- a. the amount of income which is expected to become available:
 - (1) within a period of one year following the day in which self-support is attained; and
 - (2) which is in excess of the continuing needs standard; and
- b. the total amount of resources which is expected to become available:
 - (1) within a period of one year following the day in which self-support is attained; and
 - (2) which is in excess of the AFDC asset limit; and
- c. the standard for continuing needs is established as the amount equal to the Legally Liable Relative Standard for the corresponding assistance unit size (Cross reference: 7500).

C. Establishing the Repayment Plan

- 1. Based on the above information the Department either:
 - a. recommends a waiver of repayment; or
 - b. recommends a repayment plan to OFA.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 4-1-93	Transmittal: UP-93-6	8035
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Section: Special Programs	Type: POLICY
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Chapter: Connecticut AIDS Drug Assistance Program	Program: CADAP
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Subject:

8035 This chapter describes the scope of the Connecticut AIDS Drug Assistance Program (CADAP) and the eligibility requirements for receiving benefits.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 5-1-94

Transmittal: UP-94-8

8035.04

Section:

Special Programs

Type:

POLICY

Chapter:

Connecticut AIDS Drug Assistance Program

Program:

CADAP

Subject:

General Principal

8035.04 The provision of all benefits is subject to the availability of funds. When funds are limited, the Department will give priority to individuals with the greatest economic need.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 5-1-94	Transmittal: UP-94-8	8035.05
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Section: Special Programs	Type: POLICY
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Chapter: Connecticut AIDS Drug Assistance Program	Program: CADAP
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Subject: Categorical Eligibility Requirements
--

8035.05 In order to be eligible for the Connecticut AIDS Drug Assistance program (CADAP), certain categorical eligibility requirements must be met.

A. Diagnostic Determination Must be Made

The individual must be diagnosed by a physician as having at least one of the following medical conditions:

1. Acquired Immunodeficiency Syndrome (AIDS); or
2. Human Immunodeficiency Virus (HIV) Positive-Symptomatic; or
3. HIV Infection.

B. Appropriate Drug Must be Prescribed

The individual must have a prescription from a physician for drugs prescribed for the prevention or treatment of acquired immunodeficiency syndrome (AIDS), AIDS-related complex (ARC) or human immunodeficiency virus (HIV infection).

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 3-1-17

Transmittal: UP-17-02

P-8035.05

Section:
Special Programs

Type:
PROCEDURES

Chapter:
Connecticut AIDS Drug Assistance Program

Program:
CADAP

Subject:
Administering the CADAP Program

P-8035.05 District Office

1. Route all requests for the CADAP program to Central Office, Medical Services, Attn: CADAP Coordinator.
2. Send all Fair Hearing requests regarding the CADAP program to Fair Hearings, and notify Central Office Medical Services, Attn: CADAP Coordinator.
3. For CADAP recipients reapplying for Medicaid, remember that the combined CADAP/Medicaid application form and the Assistance Request Form (W-1) are formal requests for assistance. Therefore, if the information on either form is enough to determine ineligibility for Medicaid, assistance may be denied based on that information.
4. If a CADAP recipient is determined to be eligible for Medicaid, discontinue the CADAP AU in EMS using reason #522 and notify the CADAP worker via an alert, e-mail, or M-2-T.
5. If the CADAP recipient fails to cooperate with the Medicaid eligibility process, notify the CADAP worker via an alert, e-mail, or M-2-T.

Central Office

1. Determine Eligibility by comparing the family's total monthly income with the following:

<u>Family Size</u>	<u>400% of Federal Poverty Level</u>
1	\$ 4,020.00
2	\$ 5,412.00
3	\$ 6,808.00
4	\$ 8,200.00
5	\$ 9,592.00
6	\$ 10,988.00
7	\$ 12,380.00
8	\$ 13,772.00

2. Upon the receipt of the combined CADAP/Medicaid application form, process for CADAP eligibility and forward the original application to the appropriate regional office. Do not forward the application if the CADAP applicant is pending Medicaid or in a Medicaid spenddown.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 1-1-00

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P-8035.05 page 2

Section:
Special Programs

Type:
PROCEDURES

Chapter:
Connecticut AIDS Drug Assistance Program

Program:
CADAP

Subject:
Administering the CADAP Program

P-8035.05 Central Office (continued)

3. If the regional office advises that the client failed to cooperate with the Medicaid eligibility process, close the CADAP AU in EMS using reason code #540.
4. If the CADAP client is pending Medicaid or in a Medicaid spenddown at the time of the CADAP redetermination, redetermine CADAP eligibility without requiring the client to file a new Medicaid application.
5. If the CADAP client is not pending Medicaid and is not in a Medicaid spenddown at the time of the CADAP redetermination, redetermine CADAP eligibility and send the combined CADAP/Medicaid redetermination form to the appropriate regional office.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-93

Transmittal: UP-93-6

8035.10

Section:

Special Programs

Type:

POLICY

Chapter:

Connecticut AIDS Drug Assistance Program

Program:

CADAP

Subject:

Rights and Responsibilities

8035.10 A. Rights of Applicants and Recipients

1. The Right to File and be Treated Fairly

An individual has the right to file for CADAP and to be treated fairly by the Department without regard to the individual's race, color, religion, sex, national origin, age, or handicap.

2. The Right to be Informed

An applicant or recipient has the right to receive information regarding CADAP. This information includes:

- a. the purpose of the program and method of operation;
- b. the benefit and eligibility requirements of the program;
- c. general information regarding other Federal and State programs for needy individuals.

B. Responsibilities of Applicants and Recipients

1. Providing Information

An applicant or recipient must report any changes in income to the Department in a timely manner.

2. Meeting Procedural Requirements

An applicant or recipient is expected to satisfy the procedural requirements described in this chapter.

C. Safeguarding Information

1. Department's Responsibility

The Department is responsible for safeguarding the privacy of applicants and recipients and protecting them against exploitation for commercial, personal or political purposes.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 4-1-93

Transmittal: UP-93-6

8035.10 page 2

Section:

Special Programs

Type:

POLICY

Chapter:

Connecticut AIDS Drug Assistance Program

Program:

CADAP

Subject:

Rights and Responsibilities

8035.10 C. Safeguarding Information (continued)

2. Releasing Information

The Department releases information concerning applicants and recipients only for purposes associated with the administration of CADAP and other needs-based federal programs.

3. Purposes Connected with Administration of the Program

Purposes directly connected with the administration of the program include, but are not limited to:

- a. establishing eligibility;
- b. providing services for the assistance unit;
- c. assisting an audit or program review by a governmental agency authorized by law to conduct such audit or review;
- d. assisting an authorized government agency in the recovery of assistance rendered under the program.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 5-1-94	Transmittal: UP-94-8	8035.15
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Section: Special Programs	Type: POLICY
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Chapter: Connecticut AIDS Drug Assistance Program	Program: CADAP
--	---------------------------------

Subject: The Eligibility Process

8035.15 A. Applications

Applications must be made in writing on a form prescribed by the Department. At the discretion of the Department new applications may be delayed or rejected if funding for the CADAP program is inadequate or ceases at some future date.

B. Duration of Eligibility

1. The date the signed application form is received by the Department determines the beginning date of assistance.
2. Assistance begins the first of the month in which the application is received if all eligibility requirements are met at any time during the month.
3. Assistance is discontinued on the last day of either:
 - a. the month in which eligibility ends; or
 - b. the month the program ceases to exist.

C. Initial Authorization

Initial eligibility is authorized for six months starting with the month in which the application is filed.

D. Certification

1. After the initial authorization period, the maximum length of a certification period is six months.
2. At the end of the certification period benefits will not continue unless a new application has been filed and approved.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 4-1-93

Transmittal: UP-93-6

8035.15 page 2

Section:
Special Programs

Type:
POLICY

Chapter:
Connecticut AIDS Drug Assistance Program

Program:
CADAP

Subject:
The Eligibility Process

8035.15 E. Redeterminations

Redetermination of eligibility requires the completion of a new CADAP application. This must include a statement from a physician certifying the diagnosis.

F. Fair Hearings

The applicant or recipient has the right to request a Fair Hearing on any decision made by the Department regarding eligibility determinations for CADAP (Cross Reference 1570).

G. Notification

1. An award letter and authorization letter indicating inclusive dates of coverage is sent to the applicant if eligible.
2. A notice of denial is sent to the applicant if ineligible.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 1-1-00

Transmittal: UP-99-21

8035.20

Section:

Special Programs

Type:

POLICY

Chapter:

Connecticut AIDS Drug Assistance Program

Program:

CADAP

Subject:

Treatment of Income and Assets

8035.20 A. Income

To be eligible for the CADAP Program, the total income of the individual's family must be equal to or below 400% of the Federal Poverty Level. Use of this income limit is, however, subject to available program appropriations. Should available appropriations be insufficient to support projected program expenditures, an income limit of 300% of the Federal Poverty Level shall be used for new CADAP applicants. If the Department should initiate use of the lower income limit, the eligibility of individuals previously determined eligible for CADAP using 400% of the Federal Poverty Level shall continue to be based on 400% of the Federal Poverty Level.

1. Family income includes that of the following individuals with whom the individual lives:
 - a. spouse; and
 - b. parents, if the individual is under age 18; and
 - c. children under age 18.
2. Countable income for this purpose means gross unearned and earned income minus any mandatory deductions from earned income, or medical insurance premiums.

B. Assets

There is no asset limit in the CADAP program.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 5-1-94	Transmittal: UP-94-8	8035.25
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Section: Special Programs	Type: POLICY
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Chapter: Connecticut AIDS Drug Assistance Program	Program: CADAP
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Subject: Technical and Procedural Eligibility Requirements
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8035.25 A. Technical Eligibility Requirements

1. Citizenship

There is no citizenship requirement under CADAP.

2. Residency

The residency requirement for CADAP is the same as in the Medicaid Program (Cross reference: 3010).

3. Concurrent Assistance

An individual who receives Medicaid is not eligible for CADAP.

4. Medical Insurance Restriction

An individual who has any form of medical insurance which pays the total cost of drugs covered by CADAP is not eligible for CADAP. Partial coverage does not make the assistance unit ineligible.

B. Procedural Eligibility Requirements

1. Individuals who apply for CADAP must also file an application for Medicaid or they are not eligible for assistance under CADAP. Individuals who complete and submit the combined CADAP/Medicaid form are considered to have met this requirement.

2. Individuals who reapply for CADAP must also file a new Medicaid application or they are ineligible for assistance under CADAP. Individuals who complete and file the combined CADAP/ Medicaid form are considered to have met this requirement.

3. Cooperation with the eligibility process for Medicaid is required as well as for CADAP (Cross reference: 3525.05).

4. The individual must agree to assign to the Department all rights to payment from medical insurance from all sources of third party coverage for any bills paid by the Department.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 5-1-94	Transmittal: UP-94-8	8035.30
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Section: Special Programs	Type: POLICY
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Chapter: Connecticut AIDS Drug Assistance Program	Program: CADAP
--	---------------------------------

Subject: Benefit Issuance	
--	--

- 8035.30 A. Benefits are issued to recipients in the form of a special CADAP payment authorization card.
- B. The recipient presents the CADAP payment authorization card to a Medicaid participating pharmacy who bills the Department directly for the costs of drugs covered under CADAP, after all payments from other insurance have been deducted.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 10-1-90

Transmittal: UP-91-9

8036

Section:

Special Programs

Type:

POLICY

Chapter:

Connecticut Insurance Assistance Program for AIDS Patients

Program: CIAPAP

Subject:

8036 The Department provides insurance assistance for people with AIDS under certain circumstances. This chapter describes the Department's policy and procedures concerning the Connecticut Insurance Assistance Program for AIDS Patients (CIAPAP).

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date:10-8-99

Transmittal: UP-00-17

8036.05

Section:

Special Programs

Type:

POLICY

Chapter:

Connecticut Insurance Assistance Program for AIDS Patients

Program: CIAPAP

Subject:

Connecticut Insurance Assistance Program for AIDS Patients Based on Medicaid

8036.05 Except as provided in this chapter, the eligibility requirements of the CIAPAP are identical to those of the Medicaid program, including:

- A. the assistance unit's rights and responsibilities;
- B. the eligibility process;
- C. categorical eligibility requirements;
- D. technical eligibility requirements;
- E. procedural eligibility requirements;
- F. treatment of income and assets;
- G. income eligibility;
- H. issuance of benefits;
- I. correction of payment error.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 10-8-99

Transmittal: UP-00-17

P-8036.05

Section:
Special Programs

Type:
PROCEDURES

Chapter:
Connecticut Insurance Assistance Program for AIDS Patients

Program: CIAPAP

Subject:
Determining Initial Eligibility While Postponing Verifications

- P-8036.05 1. If you must authorize a payment under this program, while postponing certain verification, use the following verification procedures:
- Verify that the individual is HIV positive and exhibiting clinical symptomology or illness associated with HIV infection.
 - Verify that the individual is eligible for continuation of group medical insurance coverage.
 - If the individual indicates that countable assets are \$7,500 or less, you do not need to verify this unless you have reason to believe otherwise.
 - If the individual indicates that assets are within the \$10,000 limit but above \$7,500 you must verify the amount of assets before authorizing payment.
 - If the individual indicates that countable income is not greater than 175% of the federal poverty level, you do not need to verify this eligibility factor unless you have reason to believe otherwise. See P-8036.10 for the 175% figures.
 - If the individual states that countable income is within the income limit but over 175% of the federal poverty level, you must verify income eligibility before authorizing a payment.
 - Verify the amount of the payment you need to continue the individual's coverage at the same level as before the continuation period.
 - Postpone verification of all other factors unless you have information indicating or reason to believe that the application is incomplete or inaccurate.
2. If you authorize payment based on step 1, verify all elements of eligibility before authorizing subsequent payment.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 10-8-99

Transmittal: UP-00-17

8036.10

Section:
Special Programs

Type:
POLICY

Chapter:
Connecticut Insurance Assistance Program for AIDS Patients

Program: CIAPAP

Subject:
The Eligibility Process

8036.10 A. Beginning and Ending Dates

1. Assistance begins, if the individual is eligible, effective the first day of the period covered by the first premium due following the date of application.
2. Assistance is discontinued on the last day of the month in which eligibility ends.

B. Postponement of Certain Verifications

The Department pays the individual's initial premium, while postponing verification of some eligibility criteria, only if:

1. delaying payment would jeopardize the individual's ability to obtain continuation of coverage; or
2. the individual would be eligible based on his or her statements; or
3. the individual is determined to be eligible on the basis of the verification of certain eligibility criteria, as designated by the Department.

C. Processing Standards

The Department processes the application and issues the benefit within forty-five days, provided that the individual furnishes the necessary information in a timely manner.

D. Notification

The Department notifies the individual in writing at the time of the initial grant regarding the maximum number of months for which benefits will be available under the program.

E. Fair Hearings

Benefits being continued pending a Fair Hearing request may not extend beyond the date the individual ceases to be eligible for continuation of group medical coverage.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 3-1-11

Transmittal: UP-11-02

P-8036.10

Section:
Special Programs

Type:
PROCEDURES

Chapter:
Connecticut Insurance Assistance Program for AIDS Patients

Program: CIAPAP

Subject:
Determining Eligibility

- P-8036.10
1. Refer to 1500 for guidelines regarding general application processing procedures.
 2. Use the monthly income figures shown below to determine income eligibility. Remember that the individual's or family's gross income minus medical expenses and premium payments must be less than the amounts listed below for the appropriate family size.
 3. Also note the 175% of federal poverty level figures shown below in determining whether you may postpone verification of income, as described in P-8036.05.

<u>Family Size</u>	<u>Limit (200% of Poverty)</u>	<u>175% of Poverty Level</u>
1	\$ 1,816.00	\$ 1,589.00
2	\$ 2,452.00	\$ 2,145.50
3	\$ 3,090.00	\$ 2,703.75
4	\$ 3,726.00	\$ 3,260.25
5	\$ 4,362.00	\$ 3,816.75
6	\$ 5,000.00	\$ 4,375.00
7	\$ 5,636.00	\$ 4,931.50
8	\$ 6,272.00	\$ 5,488.00

4. When granting benefits, remember to indicate on the award notice the last date of eligibility based on both the initial continuation period and the additional eleven month period, if appropriate.
5. Whenever proposing to discontinue benefits, remember to inform the assistance unit in writing that benefits will not be continued beyond the date established in step 4, even if the unit requests a Fair Hearing within 10 days of the adverse action notice. Add the following text to the notice:

"Benefits will not continue beyond (date), even if you request a Fair Hearing within 10 days of this notice."

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 10-8-99

Transmittal: UP-00-17

8036.15

Section:

Special Programs

Type:

POLICY

Chapter:

Connecticut Insurance Assistance Program for AIDS Patients

Program: CIAPAP

Subject:

Assistance Unit Composition

8036.15 The person diagnosed as positive for the Human Immunodeficiency Virus (HIV) and exhibiting clinical symptomology or illness associated with HIV infection and requesting assistance under this chapter is the only person in the assistance unit (Cross Reference: 8036.40).

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 10-8-99

Transmittal: UP-00-17

8036.20

Section:

Special Programs

Type:

POLICY

Chapter:

Connecticut Insurance Assistance Program for AIDS Patients

Program: CIAPAP

Subject:

Categorical Eligibility Requirements

8036.20 A. Age

There is no age requirement.

B. Disability

The individual must be diagnosed by a physician as being found positive for the Human Immunodeficiency Virus (HIV) and exhibiting clinical symptomology or illness associated with HIV infection.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 10-8-99

Transmittal: UP-00-17

8036.25

Section:

Special Programs

Type:

POLICY

Chapter:

Connecticut Insurance Assistance Program for AIDS Patients

Program: CIAPAP

Subject:

Technical Eligibility Requirements

8036.25 A. Medical Insurance Requirements

1. The individual may not receive benefits from the Medicaid program and the CIAPAP program at the same time.
2. The individual must be covered under group medical insurance before becoming eligible under the CIAPAP.
3. The group policy must have been issued in accordance with state statutes or COBRA rules for continued coverage.
4. The individual remains eligible for benefits only for as long as the individual qualifies for and elects to continue group insurance coverage.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 10-1-90

Transmittal: UP-91-9

8036.30

Section:

Special Programs

Type:

POLICY

Chapter:

Connecticut Insurance Assistance Program For AIDS Patients

Program: CIAPAP

Subject:

Procedural Eligibility Requirements

8036.30 The individual must furnish the Department necessary information to determine eligibility at the time of the initial application and at the times of periodic reviews of eligibility.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 10-8-99

Transmittal: UP-00-17

8036.35

Section:

Special Programs

Type:

POLICY

Chapter:

Connecticut Insurance Assistance Program for AIDS Patients

Program: CIAPAP

Subject:

Treatment of Assets

8036.35 A. Asset Limit

Total countable assets must be less than \$10,000.

B. Consideration of Assets

Assets include only the following liquid assets, owned by any member of the needs group:

1. cash on hand;
2. bank accounts;
3. stocks;
4. bonds;
5. severance pay including accrued sick and vacation pay.

C. Excluded Assets

All assets not specifically listed in paragraph B are excluded.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 10-8-99	Transmittal: UP-00-17	8036.40
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Section: Special Programs	Type: POLICY
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Chapter: Connecticut Insurance Assistance Program for AIDS Patients	Program: CIAPAP
--	------------------------

Subject: Standard of Assistance
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8036.40 A. Limits to Assistance

1. Premium payments are subject to the following conditions:
 - a. the premium amount must be equal to the amount paid by an individual who is not receiving assistance from this program; and
 - b. coverage must be the same as it was immediately prior to continuation; and
 - c. any administrative fee that is included must be allowable under state or federal law.
2. If the individual's medical insurance premium includes an amount for family coverage, the Department pays only that portion covering the individual.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 10-8-99

Transmittal: UP-00-17

8036.45

Section:
Special Programs

Type:
POLICY

Chapter:
Connecticut Insurance Assistance Program For AIDS Patients

Program: CIAPAP

Subject:
Treatment of Income

8036.45 A. General Principles

1. The rules governing the treatment of income in the CIAPAP differ from MAABD program with respect to:
 - a. severance pay, which is excluded as income and counted as an asset under the CIAPAP (Cross Reference: 8036.35); and
 - b. applied income, which, under the CIAPAP, consists of gross income minus insurance premiums and medical expenses, as described in paragraph C.
2. Income is deemed to the individual only from the following persons living with him or her:
 - a. spouse;
 - b. parents if the individual is under age 18;
 - c. children under age 18.

B. Income Limit

The income limit is an amount less than 200 percent of the federal poverty level for the appropriate needs group size.

C. Consideration of Income and Deductions

1. Income consists of gross unearned and earned income received or expected to be received during the certification period.
2. Insurance premiums and medical expenses incurred by the individual or any person listed in paragraph A.2. are deducted from gross income in the eligibility determination if:
 - a. the costs are incurred either during the month of application or during the month of redetermination; and
 - b. there is no third party coverage to pay the costs.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 10-1-90	Transmittal: UP-91-9	8036.50
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Section: Special Programs	Type: POLICY
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Chapter: Connecticut Insurance Assistance Program For AIDS Patients	Program: CIAPAP
--	------------------------

Subject: Income Eligibility
--

8036.50 A. Needs Groups

The needs group consists of the individual and the following persons living with him or her:

1. spouse;
2. parents, if the individual is under age 18;
3. children under age 18.

B. Income Test

The needs group's applied income is compared to the income limit, which is less than 200 percent of the federal poverty level for the appropriate group size.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-94	Transmittal: UP-94-19	8040
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Section: Special Programs	Type: POLICY
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Chapter: Connecticut Home Care Program For Elders	Program: CHC
---	------------------------

Subject:

8040 This chapter describes the eligibility requirements for the Connecticut Home Care Program for Elders (CHC). This program provides home health and community based services under either a waiver to the Medicaid program or under an appropriation by the General Assembly. The financial eligibility requirements for these two parts of the program differ. The Medicaid waiver requirements are specified under UPM 2500 "Medical Coverage Groups" and other areas of the UPM. This section of the manual applies to the state-funded portion of the program. The state-funded portion is not an entitlement program and services and access to services may be limited based on available funding. The Department may place new applicants on a waiting list in order of their date of application within the program region.

The Connecticut Home Care Program for Elders provides an alternative to the elderly individual who is inappropriately institutionalized or at risk of institutionalization as long as the individual is not taking an unacceptable risk by putting his or her life and health and that of others in immediate jeopardy.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 9-9-05

Transmittal: UP-06-18

8040.05

Section:
Special Programs

Type:
POLICY

Chapter:
Connecticut Home Care Program for Elders

Program:
CHC

Subject:
Rights and Responsibilities

- 8040.05 A. The following are the rights afforded each applicant/recipient:
1. the right to waive participation by refusing an assessment and a right to refuse to accept the plan of care.
 2. the right to confidentiality. All records will be available only to those directly administering the program or providing care. Information will not be available to others without the client's permission.
 3. the right to appeal any decision made by either the access agency, assisted living service agency or the Department of Social Services is done solely through the Administrative Appeal process, in accordance with 8040.10, to afford applicants and recipients an opportunity to review eligibility decisions.
 4. the right to a comprehensive initial assessment of health and social needs, an annual reassessment, and ongoing coordination and monitoring of services prescribed to meet changing needs.
 5. a right to a description of services and corresponding charges before any such services are rendered and to be informed of the procedure for payment.
 6. the right to be informed of any obligation he or she has to contribute toward the cost of service.
 7. the right to be informed of all requirements necessary for program participation.
 8. the right to be informed of the person supervising his or her care and how that person may be contacted.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 9-9-05

Transmittal: UP-06-18

8040.05 page 2

Section:
Special Programs

Type:
POLICY

Chapter:
Connecticut Home Care Program For Elders

Program:
CHC

Subject:
Rights and Responsibilities

8040.05 B. The following are the responsibilities of the applicant/recipient:

1. he or she must supply information needed to carry out a comprehensive health, social and financial assessment.
2. he or she is expected to cooperate with Department staff, access agency care managers, assisted living service agency staff and service providers and participate, to the extent possible, in the development and implementation of the plan of care.
3. he or she must meet third party payor regulations to the best of his/her ability.
4. he or she must apply for Medicaid and cooperate in the application process if requested by the Department.
5. he or she must comply with the redetermination process.
6. he or she must report any changes in household circumstances to the Department within ten calendar days of the date of the change. Changes in household circumstances include, but are not limited to, changes in income, assets and living arrangements.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 9-9-05	Transmittal: UP-06-18	8040.10
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Section: Special Programs	Type: POLICY
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Chapter: Connecticut Home Care Program For Elders	Program: CHC
---	------------------------

Subject: Eligibility Process
--

8040.10 A. Screening for Participation

The Department screens individuals for possible participation in the Connecticut Home Care program. An individual is first screened for the Medicaid Waiver portion of this program. If the individual does not meet the eligibility criteria for participation in the Medicaid Waiver portion of this program, he or she is screened for participation in the state-funded portion of the program. Individuals in the following circumstances are screened for participation in the Connecticut Home Care program:

1. those individuals identified by a nursing facility, who are expected to be admitted into a nursing home directly from their home in the community within 60 days; or
2. those individuals expected to be admitted into a nursing home upon hospital discharge, when they had been admitted to the hospital directly from their home in the community; or
3. those individuals who are currently institutionalized but would be able to remain at home without risk to their or others safety if home care services were provided; or
4. those individuals who contact the Department and want to be considered for participation in the program.

B. Application

1. Prospective applicants residing in nursing homes or inpatients in hospitals may start the initial screening process by completing a home care request form or a financial application form.
2. Prospective applicants living in the community may start the initial screening process by telephoning the Department's Alternate Care Unit and completing a financial application form, if deemed appropriate.
3. All applicants requesting services under the Connecticut Home Care Program for Elders must comply with the requirements for applying for Medicaid if requested by the Department.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 9-9-05

Transmittal: UP-06-18

8040.10 page 2

Section:
Special Programs

Type:
POLICY

Chapter:
Connecticut Home Care Program For Elders

Program:
CHC

Subject:
Eligibility Process

8040.10 C. Initial Screening of Individuals for Possible Program Participation

Within a reasonable time of receipt of a complete financial application form, a health care professional will determine:

1. whether the applicant meets the functional level for admission to the CHC program;
2. whether the individual is at risk of institutionalization or inappropriately institutionalized;
3. whether the applicant is an appropriate referral for a full assessment;
4. whether immediate nursing home admission is necessary without an assessment of the individual's potential for community placement.

D. Activity Subsequent to Initial Screening

1. Within a reasonable time of completion of the referral by the Department, an access agency case manager contacts the applicant and schedules a full assessment.
2. The assessment consists of the following:
 - a. verifying and documenting the level of need;
 - b. identifying the services needed to allow the applicant to remain at home;
 - c. developing an individual plan of care;
 - d. determining the availability of the needed services;
 - e. establishing whether the individual can be offered home and community based services or assisted living services through any of the program components.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 9-9-05

Transmittal: UP-06-18

8040.10 page 3

Section:
Special Programs

Type:
POLICY

Chapter:
Connecticut Home Care Program For Elders

Program:
CHC

Subject:
Eligibility Process

8040.10 D. Activity Subsequent to Initial Screening (continued)

3. After the plan of care is developed, the access agency or assisted living service agency:
 - a. explores the potential of services available through the individual's family, neighborhood, and community;
 - b. ensures that the state's cost of services to be provided to the applicant does not exceed the limits set by the program;
 - c. requires the applicant to sign a consent to services form, if applicable;
 - d. determines the amount the client must contribute towards the cost of services;
 - e. requires the applicant to sign a fee agreement form, if applicable.

E. The Redetermination Process

1. A review of the financial eligibility criteria is conducted annually.
2. A review of the plan of care is conducted every 6 months.

F. Beginning Date of Assistance

The beginning date of assistance is the later of the following dates:

1. the date of application; or
2. the earliest date that the plan of care can be implemented after all eligibility requirements are met.

G. Ending Date of Assistance

1. When a recipient is in need of placement in a nursing home, the ending date of assistance is the date the recipient is determined to need permanent placement.
2. When a person dies, the ending date of assistance is the date of death.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 07-29-08

Transmittal: UP-09-05

8040.10 page 4

Section:
Special Programs

Type:
POLICY

Chapter:
Connecticut Home Care Program For Elders

Program:
CHC

Subject:
Eligibility Process

8040.10 G. Ending Date of Assistance (continued)

3. When a person becomes ineligible for any other reason, the ending date of assistance is the last day of the month in which the recipient ceases to be eligible.
4. When a client requests to be discontinued, the ending date is the date the client requests discontinuance.

H. The Hearing and Appeal Process

1. An individual or authorized representative may appeal any decision made by the access agency or assisted living service agency by requesting, in writing, that the access agency or assisted living service agency review its decision. Decisions that may be appealed include but are not limited to the following:
 - a. decisions that affect the type or quantity of service; or
 - b. decisions that affect the amount of the financial contribution; or
 - c. the denial of an assessment.
2. If the applicant is not satisfied with the results of the access agency or assisted living service agency review, he or she may appeal the decision by requesting, in writing, that he or she be given a Hearing by the Department of Social Services.
3. The individual may challenge any decision made by the Department of Social Services or the access agency or assisted living service agency by writing to the Department of Social Services Administrative Appeals Unit within 60 days from the date that the Department mails a notice of action.
4. If the individual requests a Hearing anytime before the effective date of the adverse action, the Department will not take the adverse action unless requested by the client.
5. Connecticut Home Care applicants and recipients have a right to appeal any decision made by either the access agency, assisted living service agency or the Department of Social Services solely through the Administrative Appeal process. The right to a hearing is confirmed by this regulation to afford applicants and recipients an opportunity to review eligibility decisions.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 10-1-00

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P-8040.10

Section:
Special Programs

Type:
PROCEDURES

Chapter:
Connecticut Home Care Program for Elders

Program:
CHC

Subject:
Calculation of Contribution to the Cost of Care

- | | |
|-----------|--|
| P-8040.10 | <ol style="list-style-type: none">1. Determine the amount of the applicant's contribution to the cost of care using the methodology for determining the applied income of an individual receiving assistance under the waiver (CBS) portion of the program (Cross-reference: UPM 5035.20 and 5035.25).2. The contribution is collected by the Department or its designee, and applied to the cost of the services received under the program.3. The amount of the contribution is entered on the EDS payment system. |
|-----------|--|

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-94

Transmittal: UP-94-19

8040.15

Section:

Special Programs

Type:

POLICY

Chapter:

Connecticut Home Care Program For Elders

Program:

CHC

Subject:

Assistance Unit Composition

8040.15 The individual applying for Connecticut Home Care for the Elderly is an assistance unit of one.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-94

Transmittal: UP-94-19

P-8040.15

Section:
Special Programs

Type:
PROCEDURES

Chapter:
Connecticut Home Care Program for the Elders

Program:
CHC

Subject:
Case Processing

- P-8040.15
1. The DSS regional office worker will refer all clients requesting CHC based services to the Alternate Care field workers, via M-2T, for:
 - an assessment if it appears the client may be potentially eligible for the Medicaid waiver portion of the CHC program within the next 60 days; or
 - participation in the state-funded portion of the CHC program if the individual does not appear to be potentially eligible for the Medicaid waiver portion of the program. A copy of the W-1E or W-1F should be attached if one has been filed.
 2. If the person has filed an application with DSS and has been determined ineligible for the Medicaid waiver portion of the CHC program due to excess assets, deny the Medicaid application and notify the Alternate Care field worker of this action.
 3. If the ineligibility for the Medicaid waiver portion of the program was due to reasons other than excess assets, process the case as a community Medicaid case and notify the Alternate Care field staff of your actions.
 4. If the individual meets all eligibility requirements for the Medicaid waiver portion of the program, including the functional eligibility approval from the Alternate Care field worker, the DSS worker should process the case as a W01 on EMS.
 5. If the individual is ineligible for CHC and has assets within the Medicaid asset limit, process as community Medicaid on EMS. If the individual is married be sure to include income and assets of the spouse as they are a needs group of two.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-94

Transmittal: UP-94-19

8040.20

Section:
Special Programs

Type:
POLICY

Chapter:
Connecticut Home Care Program For Elders

Program:
CHC

Subject:
Categorical Eligibility Requirements

8040.20 A. Age

The individual must meet one of the following criteria:

1. be 65 years of age or older; or
2. on June 19, 1992, have been receiving services under the Home Care Demonstration Project previously operated by the former Department on Aging; or
3. as of June 30, 1992 have been receiving services from any of the following programs:
 - a. the Promotion of Independent Living for the Elderly Program previously operated by the Department on Aging; or
 - b. the Pre-admission Screening/ Community Based Services program formally operated by the Department of Income Maintenance.

B. Institutionalization

1. The individual must be either inappropriately institutionalized or at risk of institutionalization in order to receive Home Care services. A person is considered to be at risk of institutionalization when he or she:
 - a. is in danger of hospitalization or nursing facility placement due to his or her medical, functional or cognitive status; or
 - b. is presently institutionalized but would be able to remain at home if home care services were provided.
2. With the use of home care services, the individual must be able to avoid institutionalization.

C. Cost Effectiveness

The recommended plan of care must be cost effective, as stipulated in the State of Connecticut Regulation for Connecticut Home Care for the Elderly.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 10-12-05**Transmittal: UP-05-23****8040.25**

Section:**Special Programs****Type:****POLICY**

Chapter:**Connecticut Home Care Program For Elders****Program:****CHC**

Subject:**Technical Eligibility Requirements**

8040.25 To be eligible for this program the individual must:

- | A. be a citizen or an eligible non-citizen as defined under Medicaid or State Medical Assistance for Non-Citizens (SMANC) (cross ref. 3005.08 and 8016); and
- B. be a resident of this state as defined under Medicaid (cross ref. 3010.05); and
- C. not be eligible for home care services under the Medicaid Waiver program. (cross ref. 2540.92).

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 9-9-05

Transmittal: UP-06-18

8040.30

Section:
Special Programs

Type:
POLICY

Chapter:
Connecticut Home Care Program For Elders

Program:
CHC

Subject:
Procedural Eligibility Requirements

8040.30 To be eligible for this program the individual must:

- A. disclose a Social Security Number or apply for one; and
- | B. provide information using a financial application form and/or a home care request form; and
- | C. agree to be screened for functional eligibility by the DSS Alternate Care Unit clinical staff; and
- | D. make application for the Medicaid program when requested by the Department, cooperate in the eligibility process, and accept Medicaid benefits if eligible; and
- | E. agree to an assessment; and
- | F. sign an informed consent to services form, if applicable; and
- | G. sign a client fee agreement form, if applicable; and
- | H. provide verification to corroborate essential factors pertaining to eligibility (cross ref. 1540); and
- | I. sign a declaration of citizen or non-citizen status (cross ref. 3535) and;
- | J. cooperate in securing support from a legal liable relative as defined under Medicaid (cross ref. 3515); and
- | K. complete an annual redetermination form; and
- | L. cooperate with the annual assessment by the access agency, assisted living service agency, lead provider or DSS Alternate Care Unit staff.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 4-1-07**Transmittal: UP-07-15****8040.35**

Section:
Special Programs**Type:**
POLICY

Chapter:
Connecticut Home Care Program For Elders**Program:**
CHC

Subject:
Treatment of Assets

8040.35 A. Countable Assets

Assets in the Connecticut Home Care Program for Elders are treated in the same way and to the same extent as in the Medicaid Program except for the Spousal Assessment provision covered under the Medicare Catastrophic Coverage Act (MCCA). Spousal assessments are not permitted in the state-funded component of the Connecticut Home Care Program for Elders. All other assets for married individuals are treated the same as they are for MCCA spouses, including asset disregards provided under insurance policies certified by the Connecticut Partnership for Long Term Care (Cross Reference: 4022.10).

B. Asset Limits

1. For an individual, assets may not exceed 150% of the minimum Community Spouse Protected Amount (cross ref. 4022.05).
2. For a married individual, the couple's total assets may not exceed 200% of the minimum Community Spouse Protected Amount (cross ref. 4022.05).

C. Exemptions to the Asset Limit

1. Persons who were receiving services as of June 19, 1992 under the Home Care Demonstration Project are asset eligible for the Connecticut Home Care Program for Elders, regardless of the amount of their assets.
2. Persons who were receiving services as of June 30, 1992 under the following programs are asset eligible for the Connecticut Home Care Program for Elders, regardless of the amount of their assets:
 - a. Preadmission Screening (PAS/CBS); or
 - b. Promotion of Independent Living Program (PIL).

D. Transfer of Assets

All aspects of the policy used in the Medicaid program concerning transfers of assets apply to the Connecticut Home Care Program for Elders clients except for those individuals identified in C, above.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 10-1-00	Transmittal: UP-00-12	8040.40
Section: Special Programs	Type: POLICY	
Chapter: Connecticut Home Care Program for Elders	Program: CHC	
Subject: Income Eligibility		

8040.40 A. Excluded Income

Income which is excluded in the Medicaid program is also excluded in the Connecticut Home Care Program for Elders.

B. Countable Income

1. For a single individual, gross income of the individual after any exclusions, is used solely to determine his or her contribution towards the cost of care (cross-reference: 8040.45).
2. For a married individual, gross income of the individual, after any exclusions, is used solely to determine his or her contribution towards the cost of care (cross-reference: 8040.45).

C. Income Limits

There is no gross income limit for an individual requesting assistance under the state-funded portion of this program.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 10-1-00	Transmittal: UP-03-06	8040.45
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Section: Special Programs	Type: POLICY
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Chapter: Connecticut Home Care Program for Elders	Program: CHC
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Subject: Calculation of Income Applied to the Cost of Care	
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- | | | |
|---------|----|--|
| 8040.45 | A. | Except for those noted in B below, the following rules are used when calculating income applied toward the cost of care: |
| | | 1. eligible individuals who receive Connecticut Home Care for Elders services under the state-funded portion of this program, are required to contribute to the cost of those services. |
| | | 2. an individual's countable income is determined using the rules found under Income Eligibility (cross-reference: 8040.40). |
| | | 3. the monthly amount that an individual must pay is the lesser of the cost of the Connecticut Home Care Program for Elders services received by the individual or the amount calculated pursuant to the methodology established for recipients of the waiver (CBS) portion of this program (cross-reference: 5035.20 and 5035.25). |
| | B. | Individuals who are exempt from the asset limit (cross-reference: 8040.35C.) and whose assets are over the CHC asset limit must pay their total cost of care, including management costs. Once these individuals' assets are below the CHC program limit, these individuals are required to contribute to their cost of care in accordance with A above. |

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-94	Transmittal: UP-94-19	8040.50
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Section:	Type:
Special Programs	POLICY

Chapter:	Program:
Connecticut Home Care Program For Elders	CHC

Subject:
Recovery of Assistance

8040.50 The Department recovers assistance using the same rules as those used in the Medicaid program (cross ref. 7500).

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 1-1-17

Transmittal: UP-17-01

P-8040

Section:
Special Programs

Type:
PROCEDURES

Chapter:
Connecticut Home Care Program for Elders

Program:
CHC

Subject:
Referrals to the Resource Unit

- P-8040
1. The asset limit for a single individual is equal to or less than \$36,270.00. The asset limit for a married individual, counting both the individual's and the spouse's assets, cannot exceed \$48,360.00. If the value of the asset owned by the individual or the spouse cannot be determined by the Alternate Care Unit worker, the case is referred to the Resource Unit.
 2. The Alternate Care worker refers a case to the Resource Unit under the following conditions:
 - the applicant or his or her spouse indicates that he or she has transferred an asset and did not receive fair market value; or
 - the applicant indicates that he or she is married and the spouse is a potentially legally liable relative; or
 - the applicant indicates that he or she is estranged from his or her spouse and the estranged spouse is a potentially legally liable relative.
 3. The Resource worker must notify the Alternate Care field worker of the results of the investigation.
 4. The Alternate Care field worker cannot authorize services until notified of the investigation results.
 5. Examples of other types of assets which should be referred to the Resource Unit for valuation are as follows:
 - non-home property;
 - assets whose value is not evident;
 - an asset which is held in trust.
 6. Non-home property cases must be referred to the Resource Unit, but services are authorized before completion of the investigation.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-88**Transmittal: UP-88-39****8045**

Section:**Special Programs****Type:****POLICY**

Chapter:**Work Supplementation Program****Program:****AFDC-WSP**

Subject:

8045 The Work Supplementation Program (AFDC-WSP) is a voluntary work program for AFDC recipients. It is administered through the Job Connection and uses AFDC funds to develop and subsidize work for AFDC recipients. This chapter presents policy regarding participation in the AFDC-WSP.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-87

Transmittal: UP-88-39

8045.01

Section:

Special Programs

Type:

POLICY

Chapter:

Work Supplementation Program

Program:

AFDC-WSP

Subject:

Implementation

8045.01 The material contained in this chapter is effective upon implementation of EMS in each district.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-88	Transmittal: UP-88-39	8045.05
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Section: Special Programs	Type: POLICY
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Chapter: Work Supplementation Program	Program: AFDC-WSP
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Subject: General Provisions	
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8045.05 A. AFDC-WSP and AFDC Eligibility

1. AFDC-WSP eligibility is based on AFDC eligibility criteria.
2. An assistance unit which receives a benefit under AFDC-WSP is considered by the Department to be receiving AFDC benefits.

 B. AFDC-WSP and Medicaid Eligibility

1. AFDC-WSP assistance units are eligible for FMA as recipients of AFDC if they:
 - a. are receiving a benefit; or
 - b. have a deficit of less than \$10.00 provided they meet all other eligibility requirements for AFDC.
2. AFDC-WSP assistance units are eligible for FMA as participants in Work Supplementation if they have no deficit. (Cross Reference: 2540.32)

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-88

Transmittal: UP-88-39

P-8045.05

Section:
Special Benefits

Type:
PROCEDURES

Chapter:
Work Supplementation Program

Program:
AFDC-WSP

Subject:
Rights and Responsibilities

- P-8045.05
1. Advise the assistance unit that his or her rights and the Department's responsibilities remain basically the same under AFDC-WSP as under AFDC. Elaborate as necessary.
 2. Emphasize that all changes must continue to be reported within 10 days even though they may not affect eligibility or benefits.
 3. Do not require the participant to make a separate application for AFDC-WSP.
 4. Do not require the unit to report on a monthly basis.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-88

Transmittal: UP-88-39

8045.10

Section:
Special Programs

Type:
POLICY

Chapter:
Work Supplementation Program

Program:
AFDC-WSP

Subject:
Rights and Responsibilities

8045.10 A. AFDC-WSP and AFDC Program Similarities

1. Except as stated below the Rights and Responsibilities requirements for AFDC-WSP are the same as those for AFDC.
2. Assistance Units which are receiving benefits under AFDC-WSP continue to be required to report changes within ten calendar days of the date of change.

 B. AFDC-WSP and AFDC Program Differences

1. The responsibility to report monthly is suspended for AFDC-WSP.
2. The right to participate in an application process does not pertain to AFDC-WSP because there is no separate application required for AFDC-WSP benefits.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-88

Transmittal: UP-88-39

P-8045.10

Section:
Special Programs

Type:
PROCEDURS

Chapter:
Work Supplementation Program

Program:
AFDC-WSP

Subject:
Eligibility Process

- P-8045.10
1. Check to see if the AFDC-WSP participant had prior participation in AFDC-WSP.
 2. Review all eligibility criteria to determine the unit member's eligibility to participate in Work Supplementation.
 3. If the unit is eligible for AFDC-WSP benefits certify the assistance unit for whichever is less:
 - four months; or
 - the amount of months left of the lifetime limit of the participant.
 4. Start the period of certification on the first day of the first full calendar month of participation.
 5. End the period of certification on the last day of the calendar month that the certification period ends.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-88**Transmittal: UP-88-39****8045.15**

Section:
Special Programs**Type:**
POLICY

Chapter:
Work Supplementation Program**Program:**
AFDC-WSP

Subject:
Eligibility Process

8045.15 A. AFDC-WSP and AFDC Program Similarities

Except as stated below the Eligibility Process requirements for AFDC-WSP are the same as those for AFDC.

B. AFDC-WSP and AFDC Program Differences

1. The Department does not require the AFDC-WSP unit to:
 - a. make an application for AFDC-WSP; or
 - b. be redetermined for AFDC-WSP during the certification period; or
 - c. meet the Monthly Reporting requirements.
2. Assistance units which are eligible for AFDC-WSP benefits are certified for a period of four months or until eligibility ceases for AFDC-WSP, whichever comes first.
3. The beginning date of AFDC-WSP benefits is the first day of the first full calendar month of participation in AFDC-WSP.
4. The ending date for AFDC-WSP is the last day of the calendar month in which AFDC-WSP certification ends.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 7-1-88

Transmittal: UP-88-39

P-8045.15

Section:
Special Programs

Type:
PROCEDURES

Chapter:
Work Supplementation Programs

Program:
AFDC-WSP

Subject:
Assistance Unit Composition

- P-8045.15
1. Complete a desk review to check the Assistance Unit Composition requirements.
 2. Insure that the assistance unit meets the requirements in the month prior to the initial month of participation in Work Supplementation.
 3. Do not make changes to the size of the assistance unit during the certification period.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-88	Transmittal: UP-88-39	8045.20
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Section: Special Programs	Type: POLICY
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Chapter: Work Supplementation Program	Program: AFDC-WSP
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Subject: Assistance Unit Composition

8045.20 A. AFDC-WSP and AFDC Program Similarities

Assistance Unit Composition requirements for AFDC-WSP are the same as those for AFDC.

B. AFDC-WSP and AFDC Program Differences

If the assistance unit meets the unit composition requirements in the month prior to the first full month of participation in AFDC-WSP, they are considered to be met for the AFDC-WSP certification period regardless of changes.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-88

Transmittal: UP-88-39

P-8045.20

Section:
Special Programs

Type:
PROCEDURES

Chapter:
Work Supplementation Programs

Program:
AFDC-WSP

Subject:
Categorical Eligibility Requirements

- P-8045.20
1. Complete a desk review to check the Categorical Eligibility Requirements.
 2. Insure that the assistance unit is eligible for AFDC in the initial month of participation in Work Supplementation.
 3. Check to see if the AFDC-WSP participant is the primary wage earner in an assistance unit which is eligible for AFDC due to the unemployment of the primary wage earner.
 4. If the AFDC-WSP participant is the primary wage earner, consider the unit to be ineligible for AFDC-WSP.
 5. If the AFDC-WSP participant is not the primary wage earner, go on to review the other eligibility factors.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-88

Transmittal: UP-88-39

8045.25

Section:
Special Programs

Type:
POLICY

Chapter:
Work Supplementation Program

Program:
AFDC-WSP

Subject:
Categorical Eligibility Requirements

8045.25 A. AFDC-WSP and AFDC Program Similarities

Except as stated below, the categorical eligibility requirements for AFDC-WSP are the same as those for AFDC.

B. AFDC-WSP and AFDC Program Differences

1. The primary wage earner of an assistance unit which is eligible for AFDC due to the unemployment of the primary wage earner is not eligible to participate in AFDC-WSP.
2. For the certification period in which the assistance unit is participating in AFDC-WSP, the Categorical Eligibility Requirements are considered to be met if they have been met for the calendar month prior to the first full calendar month of participation.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-88

Transmittal: UP-88-39

P-8045.25

Section:
Special Programs

Type:
PROCEDURES

Chapter:
Work Supplementation Programs

Program:
AFDC-WSP

Subject:
Procedural Eligibility Requirements

- P-8045.25
1. Complete a desk review to check the Procedural Eligibility Requirements.
 2. Insure that the assistance unit is eligible for AFDC in the initial month of participation in Work Supplementation.
 3. For each month of participation in AFDC-WSP check to see if the following Procedural Eligibility Requirements are met:
 - Social Security Numbers;
 - securing support;
 - assignment;
 - cooperation.
 4. If the assistance unit fails to meet the Procedural Eligibility Requirements, take appropriate action for noncompliance.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-88**Transmittal: UP-88-39****8045.30**

Section:
Special Programs**Type:**
POLICY

Chapter:
Work Supplementation Program**Program:**
AFDC-WSP

Subject:
Procedural Eligibility Requirements

8045.30 A. AFDC-WSP and AFDC Program Similarities

1. The procedural eligibility requirements for AFDC-WSP are the same as those for AFDC in respect to the following subjects:
 - a. Social Security Numbers;
 - b. securing support;
 - c. assignment;
 - d. cooperation.
2. The procedural eligibility requirements for AFDC-WSP must be met:
 - a. in the calendar month prior to the first full calendar month of participation; and
 - b. for each month of participation during the certification period.

B. AFDC-WSP and AFDC Program Differences

The assistance unit must participate in Work Supplementation for the assistance unit to be eligible for AFDC-WSP benefits.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-88**Transmittal: UP-88-39****P-8045.30**

Section:
Special Programs**Type:**
PROCEDURES

Chapter:
Work Supplementation Program**Program:**
AFDC-WSP

Subject:
Technical Eligibility Requirements

- P-8045.30
1. Complete a desk review to check the Technical Eligibility Requirements.
 2. Insure that the assistance unit is eligible for AFDC in the first month of participation in Work Supplementation.
 3. Check to see if the participant has been receiving AFDC benefits for the 3 calendar months prior to participation in AFDC-WSP.
 4. Check for prior participation in Work Supplementation.
 5. If there was prior participation in Work Supplementation by the participant, determine how many months remain of the 9 month lifetime maximum.
 6. Certify the Assistance Unit for AFDC-WSP for the amount of months whichever is less.
 - 4 months; or
 - the amount of time left of the lifetime limit.
 7. For each month of participation in Work Supplementation check to see if:
 - the assistance unit meets the residency requirements;
 - the period of certification has expired.
 - the assistance unit has refused or failed to cooperate with the Department.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-88

Transmittal: UP-88-39

8045.35

Section:
Special Programs

Type:
POLICY

Chapter:
Work Supplementation Programs

Program:
AFDC-WSP

Subject:
Technical Eligibility Requirements

8045.35 A. AFDC-WSP and AFDC Program Similarities

Except as stated below, the Technical Eligibility Requirements for AFDC-WSP are the same as those for AFDC.

 B. AFDC-WSP and AFDC Program Differences

1. The Department limits eligibility for AFDC-WSP benefits to a maximum of 9 months during the lifetime of an individual.
2. The Technical Eligibility Requirements for AFDC-WSP are considered to be met for the certification period if they have been met for the calendar month prior to the first full
3. The Technical Eligibility Requirements for AFDC-WSP are considered to be met for the certification period if they have been met for the calendar month prior to the first full calendar month of participation, except when:
 - (a) the AFDC-WSP participants fails to meet the residency requirement during any month of the period of certification; or
 - (b) the period of certification expires; or
 - (c) the assistance unit refuses or fails to cooperate with the Department in any of the months of certification.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-88

Transmittal: UP-88-39

P-8045.35

Section:
Special Programs

Type:
PROCEDURES

Chapter:
Work Supplementation Programs

Program:
AFDC-WSP

Subject:
Rights and Responsibilities

- P-8045.35
1. Determine the wages that the participant receives for the Work Supplementation placement from the Information Transmittal Form (ITF), Section IV.
 2. Convert wages to an amount which would represent those received in a normal month.
 3. If the first full month has more or less pay periods than a normal month, calculate the earned income using the amount that would be received in a normal month of participation in Work Supplementation.
 4. Check for the previous receipt of the \$30.00 disregard and 1/3 incentive earnings disregard for the AFDC-WSP participant.
 5. Determine what disregards the AFDC-WSP participant would be eligible to receive if they were receiving AFDC benefits in the first full month of participation in Work Supplementation.
 6. Apply the appropriate disregard as calculated in # 5 above.
 7. Calculate an amount to applied income to be used for the applied income eligibility test using income available to the unit in the initial month of participation in Work Supplementation excluding any income received from Work Supplementation.
 8. Calculate an amount of applied income to be used to calculate AFDC-WSP benefits counting all income available in the first full calendar month of participation in Work Supplementation.
 9. Document changes in the income of the assistance unit after the assistance unit is certified for and starts participation in Work Supplementation.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-88	Transmittal: UP-88-39	8045.40
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Section: Special Programs	Type: POLICY
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Chapter: Work Supplementation Program	Program: AFDC-WSP
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Subject: Treatment of Income

8045.40 A. AFDC-WSP and AFDC Program Similarities

The treatment of income provisions for AFDC-WSP are the same as those for AFDC in respect to the following subjects:

1. inaccessible income;
2. excluded income;
3. deemed income;
4. conversion to monthly amounts;
5. income deductions;
6. calculation of applied income;
7. treatment of specific types.

B. AFDC-WSP and AFDC Program Differences

The use of income disregards under the AFDC-WSP differs from AFDC treatment in the following ways:

1. if the participant is eligible to receive the \$30.00 and 1/3 disregard for AFDC in the first full month of participation in AFDC-WSP, the participant is eligible to receive the disregard for the entire period of AFDC-WSP participation.
2. if the participant is eligible to receive only the \$30.00 disregard for AFDC in the first full month of participation in AFDC-WSP, the participant is eligible to receive the disregard for the entire period of AFDC-WSP participation.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-88

Transmittal: UP-88-39

P-8045.40

Section:
Special Programs

Type:
PROCEDURES

Chapter:
Work Supplementation Program

Program:
AFDC-WSP

Subject:
Treatment of Assets

- P-8045.40
1. Complete a desk review to check the assets of the assistance unit.
 2. Insure that the assistance unit meets the Treatment of Assets requirements in the initial month of participation in Work Supplementation.
 3. Document changes in the assets of the assistance unit after the assistance unit is certified for and starts participation in Work Supplementation.
 4. Do not redetermine AFDC-WSP eligibility during the certification period regardless of changes in assets which may occur.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-88	Transmittal: UP-88-39	8045.45
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Section: Special Programs	Type: POLICY
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Chapter: Work Supplementation Programs	Program: AFDC-WSP
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Subject: Treatment of Assets

8045.45 A. AFDC-WSP and AFDC Program Similarities

The treatment of asset requirements for AFDC-WSP are the same as those for AFDC in regard to the following subjects:

1. asset limits;
2. ownership;
3. inaccessible assets;
4. excluded assets;
5. deemed assets;
6. treatment of specific types.

B. AFDC-WSP and AFDC Program Differences

Treatment of assets in AFDC-WSP differs from AFDC in the following ways:

1. if eligibility in respect to assets exists in the month prior to the first full month of participation in Work Supplementation, it is deemed to exist for the AFDC-WSP certification period;
2. changes in the unit's assets during the certification period do not affect the unit's eligibility for AFDC-WSP benefits.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-88

Transmittal: UP-88-39

P-8045.45

Section:
Special Programs

Type:
PROCEDURES

Chapter:
Work Supplementation Programs

Program:
AFDC-WSP

Subject:
Standards of Assistance

- P-8045.45
1. Check the standards of assistance for the correct basic needs amount for the first full month of participation in Work Supplementation appropriate to the size of the AFDC-WSP unit.
 2. Use the standard basic need which is used for the first full month of participation in Work Supplementation for each month of the AFDC-WSP certification period.
 3. After certification do not change to another standard.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-88

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8045.50

Section:
Special Programs

Type:
POLICY

Chapter:
Work Supplementation Programs

Program:
AFDC-WSP

Subject:
Standards of Assistance

8045.50 A. AFDC-WSP and AFDC Program Similarities

The standards of assistance for AFDC-WSP are the same as for AFDC in respect to basic needs.

B. AFDC-WSP and AFDC Program Differences

1. The Department uses the basis needs:
 - a. of the needs group to determine eligibility;
 - b. of the assistance unit to calculate benefits.
2. The basic needs of the assistance unit used to calculate benefits for each month of the period of certification are based upon:
 - a. the standards of assistance which pertain to the first full calendar month of participation; and
 - b. the needs of those included in the assistance unit in that same month.
3. Changes in the standards which occur during the period of certification do not affect either eligibility for AFDC-WSP or the amount of the benefit.
4. Changes in the unit composition during the period of certification do not affect the level of need of the unit for the certification period.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-88

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P-8045.50

Section:
Special Programs

Type:
PROCEDURES

Chapter:
Work Supplementation Programs

Program:
AFDC-WSP

Subject:
Income Eligibility

- P-8045.50
1. Complete a desk review to check the Income Eligibility of the assistance unit in the initial month of participation in Work Supplementation.
 2. Calculate the gross income using all counted income except Work Supplementation wages available in the initial month of participation in Work Supplementation.
 3. Compare the gross income to the 185% of income test based on the needs groups basic needs in the initial month of participation.
 4. If the unit passes the gross income test, calculate the applied income from all counted sources except Work Supplementation wages using all counted income from the initial month of participation.
 5. Compare the applied income with the appropriate basic needs standard for the initial month of participation.
 6. If the unit passes the applied income test go on to calculate AFDC-WSP benefits.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-88

Transmittal: UP-88-39

8045.55

Section:

Special Programs

Type:

POLICY

Chapter:

Work Supplementation Programs

Program:

AFDC-WSP

Subject:

Income Eligibility

8045.55 A. AFDC-WSP and AFDC Program Similarities

The income eligibility requirements for AFDC-WSP are the same as those for AFDC in respect to basic needs and income limits and in respect to the eligibility tests.

B. AFDC-WSP and AFDC Program Differences

Income eligibility is determined prospectively for all months in the certification period using all income, except for Work Supplementation earnings, from the first calendar month of participation in Work Supplementation.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-88

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P-8045.55

Section:
Special Programs

Type:
PROCEDURES

Chapter:
Work Supplementation Program

Program:
AFDC-WSP

Subject:
Calculation of Benefits

- P-8045.55
1. Calculate the benefit amount using the prospective eligibility method based on the income and the basic needs of the assistance unit anticipated for the first full month of participation.
 2. Adjust the AFDC-WSP benefit using the same benefit adjustments as are used for AFDC.
 3. If a recoupment by the benefit reduction method starts during the certification period, reduce the benefit accordingly.
 4. If a recoupment by the benefit reduction method ends during the certification period, increase the benefit by the appropriate amount.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-88**Transmittal: UP-89-39****8045.60**

Section:
Special Programs**Type:**
POLICY

Chapter:
Work Supplementation Programs**Program:**
AFDC-WSP

Subject:
Calculation of Benefits

8045.60 A. AFDC-WSP and AFDC Program Similarities

1. AFDC-WSP benefits are calculated in the same way as AFDC benefits only in respect to using the same benefit adjustments as used in AFDC.
2. Grant adjustments for recoupment are used as adjustments in determining the amount of AFDC-WSP benefits when the recoupment is:
 - a. initiated prior to participation in AFDC-WSP and continues during the certification period; or
 - b. initiated during participation in AFDC-WSP.
3. When recoupments are completed during the AFDC-WSP certification period, the AFDC-WSP benefit is recalculated to discontinue the use of the grant reduction amount.

B. AFDC-WSP and AFDC Program Differences

The amount of the AFDC-WSP benefits is calculated for every month of the certification period:

1. using the Prospective Budgeting System; and
2. using the assistance unit's basic needs and total amount of income including Work Supplementation earnings which would be received as the result of the usual number of pay periods which would occur in a regular full calendar month of participation in Work Supplementation.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 2-1-97	Transmittal: UP-97-1	8045.65
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Section: Special Programs	Type: POLICY
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Chapter: Work Supplementation Program	Program: AFDC-WSP
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Subject: Benefit Issuance	
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8045.65 A. AFDC-WSP and AFDC Program Similarities

Except as stated below, provisions for issuing AFDC-WSP benefits are the same as those for AFDC (Cross Reference: Benefit Issuance 6515).

B. AFDC-WSP and AFDC Program Differences

AFDC-WSP benefits are issued on a monthly basis.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-88	Transmittal: UP-88-39	8045.70
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Section:	Type:
Special Programs	POLICY

Chapter:	Program:
Work Supplementation Programs	AFDC-WSP

Subject:
Benefit Error

8045.70	AFDC-WSP benefits which are erroneously calculated are corrected in the manner as for AFDC benefits.
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**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 7-1-88	Transmittal: UP-88-39	8045.75
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Section:	Type:
Special Programs	POLICY

Chapter:	Program:
Work Supplementation Program	AFDC-WSP

Subject:
Recovery

8045.75 The provisions for the recovery of benefits for AFDC-WSP are the same as the those for AFDC.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 5-1-96

Transmittal: UP-98-11

8070

Section:
Special Programs

Type:
POLICY

Chapter:
Connecticut Assistance For Organ Transplant Recipients

Program:
ConnTRANS

Subject:

8070 The Department provides assistance to pay for the unmet medical and ancillary needs of organ transplant candidates or recipients. The funding for this program comes from a charitable fund that is intended to be used for bona fide residents of Connecticut. The fund is not intended to be used for those who move to Connecticut solely to receive treatment here and who do not plan to remain here after the transplant. If the applicant claims that he/she did not move solely for the purpose of receiving treatment, he/she must present clear and convincing evidence that he/she moved to Connecticut for another reason.

The fund may not be used for an individual for whom an application has been submitted posthumously.

This chapter describes the requirements of the program for Connecticut Assistance for Organ Transplant Recipients (ConnTRANS).

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 5-1-96

Transmittal: UP-98-11

8070.04

Section:
Special Programs

Type:
POLICY

Chapter:
Connecticut Assistance For Organ Transplant Recipients

Program:
ConnTRANS

Subject:
General Principle

8070.04 The provision of all benefits is subject to the availability of funds. When funds are exhausted, no more applications will be granted until the fund is replenished. The date each application is received by the Department will be noted on the application. When funds are replenished, applications will be reviewed and evaluated in the order in which they were received by the Department.

When requests for benefits exceed money available in the fund, the Department will assist individuals in the following order:

1. those who must pay all or part of the cost of a transplant;
2. those who must pay all or part of anti-rejection drugs;
3. those who must pay health insurance premiums;
4. those who must pay medical bills related to the transplant;
5. those who must pay non-medical bills related to the transplant, such as lodging, meals, etc.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 5-1-96

Transmittal: UP-98-11

8070.05

Section:
Special Programs

Type:
POLICY

Chapter:
Connecticut Assistance For Organ Transplant Recipients

Program:
ConnTRANS

Subject:
Rights and Responsibilities

8070.05 A. Rights of Applicants and Recipients

1. The Right to File and be Treated Fairly

- a. An applicant has the right to file an application for ConnTRANS and to be treated fairly by the Department without regard to race, color, religion, sex, national origin, age, or handicap.
- b. Applications will not be accepted posthumously.

2. The Right to be Informed

An applicant or recipient has the right to receive information regarding ConnTRANS. This information includes:

- a. the purpose of the program and method of operation;
- b. the benefits and eligibility requirements of the program;
- c. general information regarding other Federal and State programs for needy individuals.

B. Responsibilities of Applicants and Recipients

1. Providing Information

An applicant or recipient must report any changes in income or assets to the Department within ten days of the change.

2. Meeting Procedural Requirements

An applicant or recipient must satisfy the procedural requirements described in this chapter.

C. Safeguarding Information

1. Department's Responsibility

The Department is responsible for safeguarding the privacy of applicants and recipients so long as it is authorized by law.

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Date: 5-1-96

Transmittal: UP-98-11

8070.05 page 2

Section:

Special Programs

Type:

POLICY

Chapter:

Connecticut Assistance For Organ Transplant Recipients

Program:

ConnTRANS

Subject:

Rights and Responsibilities

8070.05 C. Safeguarding Information (continued)

2. Releasing Information

The Department releases information concerning applicants and recipients only for purposes associated with the administration of ConnTRANS or with needs-based federal programs administered by the Department.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 5-1-96

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8070.10

Section:
Special Programs

Type:
POLICY

Chapter:
Connecticut Assistance For Organ Transplant Recipients

Program:
ConnTRANS

Subject:
Categorical Eligibility Requirements

8070.10 In order to be eligible for ConnTRANS, certain categorical eligibility requirements must be met.

- A. The applicant must verify that he or she has received or is a candidate to receive an organ transplant. The types of transplants covered include but are not limited to the following:
 - 1. heart; or
 - 2. lung; or
 - 3. kidney; or
 - 4. heart/lung; or
 - 5. liver; or
 - 6. bone marrow; or
 - 7. pancreas.
- B. The applicant or recipient must disclose and verify all assets or income and every source of remuneration including but not limited to health insurance, charitable funds, fund raisers, drug companies, etc.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 11-9-09

Transmittal: UP-10-07

8070.15

Section:
Special Programs

Type:
POLICY

Chapter:
Connecticut Assistance for Organ Transplant Patients

Program:
ConnTRANS

Subject:
Standards of Assistance

8070.15 A. Basic Provisions

ConnTRANS pays benefits to individuals who have insufficient resources to pay for the medical or ancillary expenses related to an organ transplant including maintenance costs associated with a successful transplant.

B. Limits to Assistance - Certification Period

1. The benefit paid to each individual is subject to the discretion of the Department and the availability of funds and is based on family size and income and asset limits established by the Department. (Cross Reference: 8070.30 and 8070.45)
2. The maximum benefit is determined by the amount of medical expenses of the individual and ancillary expenses of the individual and members of his or her family and the organ donor which are related to the transplant and which are not covered or payable by any other source of payment such as medical insurance, private donations, etc.
3. On any occasion assistance is granted, the period of assistance shall not exceed twelve months and the maximum payable benefit cannot exceed one-half of the available funds in the ConnTRANS account.

C. Covered Medical and Ancillary Services

ConnTRANS will pay all or part of medical or ancillary services needed by an individual and ancillary expenses of an individual's family and organ the donor when the individual is a candidate for or a recipient of an organ transplant as determined by the Department. Covered services include but are not limited to the following:

1. Medical Services
 - a. physician services;
 - b. hospital services;
 - c. x-ray and laboratory services;
 - d. prescription drugs; and
 - e. medical expenses of an organ donor.

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8070.15 page 2

Section:

Special Programs

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POLICY

Chapter:

Connecticut Assistance for Organ Transplant Patients

Program:

ConnTRANS

Subject:

Standards of Assistance

8070.15 C. Covered Medical and Ancillary Services (continued)

2. Ancillary Services

- a. transportation costs including fees for parking for the patient, family and organ donor;
- b. child care expenses related to treatment of an eligible individual;
- c. lodging for patient, family and organ donor related to treatment of an eligible individual;
- d. non-prescription drug;
- e. health insurance premiums; and
- f. lost wages of the organ donor due to participation in the transplant.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 5-1-96

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8070.20

Section:
Special Programs

Type:
POLICY

Chapter:
Connecticut Assistance For Organ Transplant Recipients

Program:
ConnTRANS

Subject:
Technical and Procedural Eligibility Requirements

8070.20 A. Technical Eligibility Requirements

1. Citizenship

In order to receive benefits from the ConnTRANS program, an individual must be a citizen or an eligible non-citizen of the United States (Cross Reference 3005.06).

2. Residency

In order to receive benefits from the ConnTRANS program, an individual must be a bona fide resident of Connecticut for at least 60 days.

B. Procedural Eligibility Requirement

An individual who applies for ConnTRANS must apply for and accept all other benefits to which he or she may be entitled from the Department and other agencies. When an individual who appears eligible for such a benefit fails to apply or complete the application process, ConnTRANS will be denied or discontinued.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 5-1-96

Transmittal: UP-98-11

8070.25

Section:
Special Programs

Type:
POLICY

Chapter:
Connecticut Assistance For Organ Transplant Recipients

Program:
ConnTRANS

Subject:
The Eligibility Process

8070.25 A. Applications

1. Applications must be made in writing on a form prescribed by the Department. At the discretion of the Department, new applications may be held on a waiting list when funding for the ConnTRANS program is insufficient.
2. Applications must be signed and dated by the person for whom assistance is being requested.
3. Applications that are submitted posthumously will not be accepted.

 B. Certification Period

1. Assistance for ongoing benefits begins the first day of the month in which the signed application is received by the Department if all eligibility requirements are met at any time during the month.
2. Assistance for retroactive benefits will be granted as follows:
 - a. assistance will begin three months prior to the month of application for reimbursement for bills related to the transplant that have been paid during that three-month period;
 - b. assistance will go back indefinitely for unpaid bills related to the transplant.
3. On any occasion assistance is granted, the period of assistance shall not exceed twelve months.
4. At the end of the certification period, benefits will not continue unless a new application has been filed and approved.

 C. Notification

1. An award letter indicating the inclusive dates of coverage and the amount of the benefit is sent to the applicant if eligible.
2. A notice of denial is sent to the applicant if ineligible.

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UNIFORM POLICY MANUAL**

Date: 5-1-96

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8070.30

Section:
Special Programs

Type:
POLICY

Chapter:
Connecticut Assistance For Organ Transplant Recipients

Program:
ConnTRANS

Subject:
Income and Asset Limits

8070.30 A. Income

To be eligible for ConnTRANS, total applied income must be equal to or below one of the following limits:

1. The most current median family income for Connecticut established by the Census Bureau, U.S. Department of Commerce for an individual who is a candidate for an organ transplant who has insufficient resources to pay for the initial medical expenses related to a transplant.
2. 300% of the most current Federal Poverty Level for an individual who is a recipient of an organ transplant who has insufficient resources to pay for the ongoing medical expenses related to an organ transplant,

B. Spenddown of Income

When the amount of the individual's income exceeds the income limit, the amount of the excess can be offset by medical and ancillary expenses which have been incurred and which are related to the transplant.

Excess income is offset as follows:

1. The annual excess income is deducted from the total initial non-recurring bills for which the individual has requested payment.
2. If the annual excess income is less than the total initial non-recurring expenses, the expense balance is paid in addition to any recurring payments for which the individual has requested payment and future recurring and non-recurring bills incurred during the remainder of the twelve-month eligibility period.
3. If the annual excess income is greater than the total initial non-recurring bills, the remaining excess income is deducted from initial recurring expenses for which the individual has requested payment until the excess income has been completely offset.
4. Once the annual excess income has been completely offset, any new recurring or non-recurring bills that are incurred during the remainder of the twelve-month period can be paid.

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Date: 5-1-96

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8070.30 page 2

Section:
Special Programs

Type:
POLICY

Chapter:
Connecticut Assistance For Organ Transplant Recipients

Program:
ConnTRANS

Subject:
Income and Asset Limits

8070.30 C. Assets

The asset limit is \$10,000 for an individual or family.

D. Spenddown of Assets

When the amount of the individual's assets exceeds the asset limit, the amount of the excess can be offset by medical and ancillary expenses which have been incurred and which are related to the transplant.

Excess assets are offset as follows:

1. The excess assets are deducted from the total initial non-recurring bills for which the individual has requested payment.
2. If the excess assets are less than the total initial non-recurring expenses, the expense balance is paid in addition to any recurring payments for which the individual has requested payment and future recurring and non-recurring bills incurred during the remainder of the twelve-month eligibility period.
3. If the excess assets are greater than the total initial non-recurring bills, the remaining excess assets are deducted from initial recurring expenses for which the individual has requested payment until the excess assets have been completely offset.
4. Once the amount of the annual excess assets has been completely offset, any new recurring or non-recurring bills that are incurred during the remainder of the twelve-month period can be paid.

E. Order of Spenddowns

When an applicant has both excess assets and excess income, the excess assets shall be deducted first.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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8070.35

Section:
Special Programs

Type:
POLICY

Chapter:
Connecticut Assistance For Organ Transplant Recipients

Program:
ConnTRANS

Subject:
Treatment of Income

8070.35 A. General Principles

1. The rules governing the treatment of income in ConnTRANS are the same as under the AFDC program with respect to:
 - a. inaccessible income; and
 - b. excluded income; and
 - c. applied income, which, under ConnTRANS, consists of gross income minus insurance premiums.
2. Income is deemed to the individual only from the following persons living with him or her:
 - a. spouse;
 - b. parents if the individual is under age 18;
 - c. children of the individual if they are under age 18 and do not receive SSI.

B. Consideration of Income and Deductions

1. Income consists of gross unearned and earned income received or expected to be received during the certification period.
2. Health insurance premiums incurred by the individual or any person listed in paragraph A.2. are deducted from gross income in the eligibility determination.

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UNIFORM POLICY MANUAL**

Date: 5-1-96

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8070.40

Section:
Special Programs

Type:
POLICY

Chapter:
Connecticut Assistance For Organ Transplant Recipients

Program:
ConnTRANS

Subject:
Treatment of Assets

- 8070.40 A. Assets include the following liquid assets:
1. cash on hand;
 2. bank accounts;
 3. stocks;
 4. bonds;
 5. mutual funds.
- B. Assets include those of the following individuals with whom the individual lives:
- a. spouse; and
 - b. parents, if the individual is under age 18; and
 - c. children of the individual if they are under age 18 and do not receive SSI.
- C. Joint Ownership
- When the applicant or recipient or his or her family member as defined in this section jointly own an asset with another person, the applicant or recipient or the family member is the sole legal owner of the asset and the full value of the asset counts toward the asset limit unless the applicant or recipient can provide clear and convincing evidence that the other person is the legal owner. (Cross reference: Section 4000)
- D. Inaccessible Assets
- The Department does not count inaccessible assets for the time period that they are considered inaccessible. (Cross Reference 4015)

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 5-1-96	Transmittal: UP-98-11	8070.45
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Section:	Type:
Special Programs	POLICY

Chapter:	Program:
Connecticut Assistance For Organ Transplant Recipients	ConnTRANS

Subject:
Income Eligibility

8070.45 Income Test

The family's applied income is compared to the appropriate income limit.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 11-9-09

Transmittal: UP-10-07

8070.50

Section:
Special Programs

Type:
POLICY

Chapter:
Connecticut Assistance for Organ Transplant Recipients

Program:
ConnTRANS

Subject:
Determination of Payment

8070.50 Determination of Payment

Once income eligibility is determined, payments to assist the individual to pay the expenses associated with the transplant are authorized. The amounts of the payments are based on all of the following factors:

1. the applied income for the family;
2. the incurred or anticipated medical and ancillary expenses of the individual;
3. the incurred or anticipated medical and ancillary expenses of the organ donor;
4. the incurred or anticipated ancillary expenses of the family; and
5. the availability of funds.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 5-1-96

Transmittal: UP-98-11

8070.55

Section:
Special Programs

Type:
POLICY

Chapter:
Connecticut Assistance for Organ Transplant Recipients

Program:
ConnTRANS

Subject:
Benefit Issuance

8070.55 Benefits for medical and ancillary services are issued either directly to the recipient or as a vendor payment.

1. Benefits will be issued directly to the recipient when:
 - a. the benefit is for an anticipated recurring need; or
 - b. the recipient has requested reimbursement for medical and/or ancillary expenses already paid; or
 - c. an unpaid provider's bill is less than \$500.00 and the recipient has requested that we pay him/her directly.
2. Benefits will be vendored to the provider of the service when the payment is more than \$500.00.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 1-1-02

Transmittal: UP-01-14

8075

Section:

Special Programs

Type:

POLICY

Chapter:

Connecticut Pharmaceutical Assistance Contract to the Elderly and the Disabled

Program: CONNPACE

Subject:

8075 This chapter describes the eligibility requirements and procedures for the Connecticut Pharmaceutical Assistance Contract to the Elderly and the Disabled (ConnPACE). This program provides payment to pharmacies for the reasonable cost of prescription drugs dispensed to eligible persons minus a copayment charge.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 1-1-02

Transmittal: UP-01-14

8075.05

Section:

Special Programs

Type:

POLICY

Chapter:

Connecticut Pharmaceutical Assistance Contract to the Elderly and the Disabled

Program: CONNPACE

Subject:

Rights and Responsibilities

8075.05 A. Rights of the Client

1. The Right to be Treated Fairly

The client has the right to be treated fairly by the Department without regard to race, color, religion, sex, national origin, age or handicap.

2. The Right to Request a Fair Hearing

The client has the right to request a Fair Hearing on any action taken by the Department related to the administration of the ConnPACE program.

3. The Right to be Informed

The client has the right to receive information regarding the ConnPACE program. This information includes:

- a. the purpose of the program and method of operation;
- b. the benefit and eligibility requirements of the program;
- c. general information regarding other Federal and State programs for needy individuals.

4. The Right to Apply at Any Time

The client has the right to apply for ConnPACE coverage at any time, including application in anticipation of the termination or suspension of prescription medication coverage provided by Medicaid or any other program or insurance.

B. Responsibilities of the Client

1. The client must permit the Department to verify information.

2. The client must report to the Department in an accurate and timely manner as defined by the Department, (Cross Reference: 1555), any changes that may affect the client's eligibility including, but not limited to, the following:

- a. establishing residency outside of Connecticut;

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UNIFORM POLICY MANUAL**

Date: 1-3-07

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8075.05 page 2

Section:

Special Programs

Type:

POLICY

Chapter:

Connecticut Pharmaceutical Assistance Contract to the Elderly and the Disabled

Program: CONNPACE

Subject:

Rights and Responsibilities

8075.05 B. 2. Responsibilities of the Client (continued)

- b. becoming eligible for full or partial prescription drug coverage under another plan of assistance or insurance;
 - c. becoming ineligible for disability benefits after a final decision has been rendered by the Social Security Administration;
 - d. exceeding the income limits for the ConnPACE program.
3. The client is responsible for returning the ConnPACE card to the Department upon request.
4. The client is responsible for satisfying the annual registration fee and the prescription copay requirements.
5. The client must consent to a review, if deemed necessary, by the Department of information submitted on the application or renewal form, with reasonable prior notice to the client, if selected for review. Eligibility for the program may be denied if the client refuses to cooperate with the request.
6. The client must consent to a home visit by the Department, provided reasonable prior notice is given, for the purpose of determining the validity of information submitted to the ConnPACE program.

C. Responsibilities of the Department

1. The Department is responsible for undertaking an outreach program to make known the provisions of the ConnPACE program to the public, with emphasis on reaching the elderly and the disabled in the state through the various local and state-wide agencies and organizations concerned with the elderly and disabled, and to all pharmacies in the state.

2. Safeguarding Information

The Department is responsible for safeguarding the privacy of the client and to protect it against exploitation for commercial, personal or political purposes.

a. Releasing Information

The Department releases information concerning the client only for

purposes associated with the administration of the program.
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UNIFORM POLICY MANUAL

Date: 1-1-02

Transmittal: UP-01-14

8075.05 page 3

Section:

Special Programs

Type:

POLICY

Chapter:

Connecticut Pharmaceutical Assistance Contract to the Elderly and the Disabled

Program: CONNPACE

Subject:

Rights and Responsibilities

8075.05 C. 2. Safeguarding Information (continued)

b. Purposes Connected with the Administration of the Program

Purposes directly connected with the administration of the program include, but are not limited to:

- (1) establishing eligibility;
- (2) providing services for the client;
- (3) assisting an audit or program review by a government agency authorized by law to conduct such audit or review;
- (4) assisting an authorized governmental agency in the recovery of assistance rendered under the program.

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UNIFORM POLICY MANUAL**

Date: 1-1-08

Transmittal: UP-07-19

P-8075.05

Section:

Special Programs

Type:

PROCEDURES

Chapter:

Connecticut Pharmaceutical Assistance Contract to the Elderly and the Disabled

Program: CONNPACE

Subject:

Administering the ConnPACE Program

P-8075.05 Regional Office

1. Route all requests for the ConnPACE program to:

ConnPace
P.O. Box 5011
Hartford, CT 06102
1-800-423-5026 or
(860) 832-9265 (Hartford Area)

2. Route all ConnPACE hearing requests to:

Department of Social Services
Office of Administrative Hearings and Appeals
25 Sigourney Street
12th Floor
Hartford, CT 06106

A copy of the hearing request should be sent to the Pharmacy Unit in Medical Operations, Central Office as well.

3. If a client loses eligibility for Medicaid, refer him or her for participation in the ConnPACE program if the income for the last calendar year, or this year's income, is within the following guidelines:

- \$ 23,700.00 for a single individual;
- \$ 31,900.00 if married (combined with spouse's income).

The client should also be notified that a \$30.00 annual enrollment fee may be required and that there is a \$16.25 copay for each prescription.

Further information about the ConnPACE program requirements can be obtained by calling 1-800-423-5026.

4. If ConnPACE clients become eligible for Medicaid, notify the Pharmacy Unit at 1-800-423-8026. Remember that ConnPACE payments, as well as annual registration fees and copayments, may be applied towards Medicaid spenddowns.

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Date: 1-1-02

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8075.10

Section:

Special Programs

Type:

POLICY

Chapter:

Connecticut Pharmaceutical Assistance Contract to the Elderly and the Disabled

Program: CONNPACE

Subject:

The Eligibility Process

8075.10 A. The Application Process

1. The application process includes all activities related to a request for a determination of eligibility. It begins with the receipt of an application by the Department and continues until there is an official disposition of the request by the Department.
2. A request for a determination of eligibility to participate in the ConnPACE program must be made in writing on a form prescribed by the Department.
3. The applicant is responsible for:
 - a. completing the application form legibly and accurately; and
 - b. answering all questions fully; and
 - c. enumerating the source and amount of each type of income; and
 - d. providing the Department with photocopies of all required documentation and the required registration fee; and
 - e. reading the certification and authorization statement on the application form; and
 - f. certifying that all of the information on the application form is true and accurate to the best of his or her knowledge. This certification shall be dated, signed, or marked, by the applicant, or the preparer of the form if a person other than the applicant, before the application can be processed; and
 - g. satisfying annual registration fee requirements.
4. The standard of promptness for processing ConnPACE applications is thirty days (Cross Reference 1505.35).

B. Authorized Representative

If an applicant or a recipient has been adjudicated incompetent or is physically incapacitated and is unable to file an application or renewal form on his or her own behalf, the Department will accept an individual to act as an authorized representative as follows:

1. In situations where the individual has been adjudicated incompetent, the Department will accept the court appointed guardian as the authorized representative.
2. In situations where the individual is physically incapable, the

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POLICY

Chapter:

Connecticut Pharmaceutical Assistance Contract to the Elderly and the Disabled

Program: CONNPACE

Subject:

The Eligibility Process

8075.10 B. 2. Authorized Representatives (continued)

Department will accept any one of the following persons designated by the individual as the authorized representative:

- a. a close relative by blood or marriage, such as a parent, spouse, son, daughter, brother or sister; or
 - b. a representative payee designated by the Social Security Administration; or
 - c. a representative of a public or private social service agency of which the individual is a client, who has been designated by the agency to so act.
3. An incapacitated client who is unable to personally receive ConnPACE benefits because of his or her incapacity may designate another person to do so. Persons so designated must present the enrolled provider with the client's valid ConnPACE identification card and inform the provider of their designation whenever they receive ConnPACE benefits on behalf of an incapacitated client.

C. Identification Cards

The Department will issue a renewable, nontransferable identification card to individuals found eligible under the ConnPACE program. The following information shall be indicated on the card:

1. the effective date and expiration date of ConnPACE eligibility; and
2. a client identification number.

D. Duration of Eligibility

1. Assistance begins on the first day of the first month in which an applicant meets all of the eligibility requirements described in this chapter, but no earlier than the first day of the month in which the Department receives the application.
2. Assistance ends one year from the month in which the ConnPACE application is approved by the Department unless there is a cause for earlier termination.

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Section:	Type:
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Chapter:	Program:
Connecticut Pharmaceutical Assistance Contract to the Elderly and the Disabled	CONNPACE

Subject:
The Eligibility Process

8075.10 E. Redeterminations

A redetermination of eligibility requires the completion of a ConnPACE renewal form or a new application form.

1. Eligibility will continue without interruption if a renewal form or new application form is received by the Department on or before the expiration date indicated on the ConnPACE card.
2. If the renewal form or new application form is not received on or before the expiration date indicated on the ConnPACE card, assistance begins on the first day of the first month in which an individual meets all of the eligibility requirements described in this chapter, but no earlier than the first day of the month in which the Department receives the application or renewal form.
3. The client is responsible for:
 - a. completing the renewal or application form legibly and accurately; and
 - b. answering all questions fully; and
 - c. enumerating the source and amount of each type of income; and
 - d. providing the Department with photocopies of all required documentation and the required registration fee; and
 - e. reading the certification and authorization statement on the renewal or application form; and
 - f. certifying that all of the information on the renewal or application form is true and accurate to the best of his or her knowledge. This certification shall be dated, signed, or marked, by the client, or the preparer of the form if a person other than the client, before the form can be processed.
 - g. satisfying annual registration fee requirements.

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Section:

Special Programs

Type:

POLICY

Chapter:

Connecticut Pharmaceutical Assistance Contract to the Elderly and the Disabled

Program: CONNPACE

Subject:

The Eligibility Process

8075.10 F. Fair Hearings

An applicant or recipient of the ConnPACE program has the right to appeal any decision made by the Department solely through the Department's Office of Administrative Hearings and Appeals. The right to a hearing is to afford applicants and recipients an opportunity for review of eligibility decisions. Applicants and recipients may not, however, appeal hearing decisions to Superior Court.

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PROCEDURES

Chapter:

Connecticut Pharmaceutical Assistance Contract to the Elderly and the Disabled

Program: CONNPACE

Subject:

Overpayments and Disqualifications

P-8075.10

Medical Operations Pharmacy Unit - Central Office

1. Upon discovering an overpayment, review the circumstances surrounding the overpayment to determine whether the cause was willful misrepresentation on the part of the client, unintentional client error or agency error. If the cause of the overpayment is agency error or unintentional client error, stop here as the overpayment is not subject to recovery.
2. If it is determined that a case may involve willful misrepresentation, prepare a packet consisting of the following:
 - a W-109CF;
 - all related documentation;
 - a brief explanation of the circumstances surrounding the overpayment.
3. Route the packet to the appropriate Client Fraud Investigation Unit (CFIU) regional office (Cross-Reference 7050).

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UNIFORM POLICY MANUAL**

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Section: Special Programs	Type: POLICY
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Chapter: Connecticut Pharmaceutical Assistance Contract to the Elderly and the Disabled	Program: CONNPACE
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Subject: Assistance Unit Composition	
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- 8075.15 A. The assistance unit in the ConnPACE program consists of only one member.
- B. An eligible spouse in the home applies for and receives assistance as a separate assistance unit.
- C. Any other member of the household who meets the eligibility requirements for the program is also a separate assistance unit of one.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Section:	Type:
Special Programs	POLICY

Chapter:	Program:
Connecticut Pharmaceutical Assistance Contract to the Elderly and the Disabled	CONNPACE

Subject:
Categorical Eligibility Requirements

8075.20 A. Age

1. To meet the age requirement for the ConnPACE program based on disability, the individual must be eighteen (18) years of age through sixty-four (64) years of age.
2. To meet the age requirement for the ConnPACE program based on age, the individual must be sixty-five (65) years of age or older.
3. An individual applying for ConnPACE on the basis of age may submit a completed application up to thirty (30) days prior to the date on which the individual will become sixty-five (65) years of age.

B. Disability

For the purposes of the ConnPACE program, an individual is considered to have been determined disabled if he or she is currently receiving disability payments pursuant to either:

1. Title II of the Social Security Act of 1935; or
2. Title XVI of the Social Security Act of 1935.

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8075.25

Section:

Special Programs

Type:

POLICY

Chapter:

Connecticut Pharmaceutical Assistance Contract to the Elderly and the Disabled

Program: CONNPACE

Subject:

Technical Eligibility Requirements

8075.25 A. Residency

1. Residency Requirements

For the purposes of the ConnPACE program, an individual meets the residency requirement if he or she has been legally domiciled within the state for a period of not less than one hundred eighty three (183) days immediately preceding the date of application. The individual must have a fixed place of abode in Connecticut with the present intent of maintaining a permanent home in Connecticut for the indefinite future. Mere seasonal or temporary residences within the state, of whatever duration, shall not constitute domicile. The burden of establishing proof of residence within Connecticut is on the client.

2. Absence From the State

Residency in Connecticut of a client absent from the state shall be based upon whether or not the client intends to return to Connecticut or remain in indefinitely in another jurisdiction. If a client leaves Connecticut with the intent of establishing a place of abode elsewhere, the client becomes ineligible to participate in the ConnPACE program effective the date he or she leaves Connecticut.

B. Other Insurance or Assistance

1. Except for Medicare prescription drug coverage, an individual must have no other plan of insurance or assistance, including Medicaid, available in whole or in part towards the purchase of each prescription, and must not be insured under a policy which provides full or partial coverage for prescription drugs after a deductible amount is met.

2. An individual shall be eligible for prescription drug coverage under the ConnPACE program if he or she is covered under Medicare prescription drug coverage, or if his or her plan of insurance has limited benefits as follows:

- a. a plan which covers prescription purchases only after a hospital or outpatient stay. ConnPACE benefits will be paid prior to the hospitalization and after the other insurance benefits have been exhausted.
- b. a plan which has a deductible and maximum allowable. ConnPACE benefits will be paid after the maximum allowable has been met.

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POLICY

Chapter:

Connecticut Pharmaceutical Assistance Contract to the Elderly and the Disabled

Program: CONNPACE

Subject:

Technical Eligibility Requirements

8075.25 B. 2. Other Insurance or Assistance (continued)

- c. a plan which has a maximum allowable. ConnPACE benefits will be paid after the maximum allowable has been met.
- d. a plan that excludes payment for brand name drugs, provided the prescribing practitioner has written on the prescription "brand medically necessary" in accordance with section 17b-493 of the Connecticut General Statutes.
- 3. an individual can access ConnPACE without interruption after exhausting other prescription benefits when an application for ConnPACE is filed and all eligibility requirements are met prior to the exhaustion of the other insurance benefits or the termination or suspension of prescription drug coverage under any other plan of assistance, including Medicaid.

C. Registration Fee

An individual must pay any registration fee which may be required for participation in the ConnPACE program.

D. Citizenship

There is no citizenship requirement for the ConnPACE program.

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Chapter: Connecticut Pharmaceutical Assistance Contract to the Elderly and the Disabled	Program: CONNPACE
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Subject: Procedural Eligibility Requirements	
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8075.26 A. Enrollment in a Medicare Prescription Drug Plan (PDP)

If a ConnPACE applicant or recipient has Medicare Part A or Part B, or both, such applicant or recipient is required to enroll in a Medicare prescription drug Plan (PDP).

B. Application for Low-Income Subsidy (LIS)

If eligible, a ConnPACE applicant or recipient shall apply for special help under the Medicare part D Low-Income Subsidy (LIS).

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Date: 1-1-02**Transmittal: UP-01-14****8075.30**

Section:**Special Programs****Type:****POLICY**

Chapter:**Connecticut Pharmaceutical Assistance Contract to the Elderly and the Disabled****Program: CONNPACE**

Subject:**Treatment of Income and Assets**

8075.30 A. Income1. Definition of Income

In the ConnPACE program, income is defined as the adjusted gross income of the applicant and his or her spouse, as determined for purposes of the Federal Income Tax, plus any other income not included in such adjusted gross income, minus Medicare part B premium payments made by either the applicant and his or her spouse.

a. Adjusted gross income includes, but is not limited to, the following:

- (1) wages, bonuses, commissions and fees;
- (2) lottery winnings;
- (3) taxable portions of annuities, interest and dividends;
- (4) pensions (including those from the Veterans Administration);
- (5) net rent or proceeds from sale of property.

b. Other income that must be included for purposes of determining ConnPACE eligibility include, but is not limited to, the following:

- (1) interest from tax exempt government bonds;
- (2) Social Security and Railroad Retirement benefits;
- (3) Supplemental Security Income;
- (4) public assistance payments;
- (5) portions of dividends excluded from taxable income.

2. Excluded Income

The following types of income are excluded for the purpose of determining eligibility for the ConnPACE program:

- a. casualty loss reimbursements by insurance companies;

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Connecticut Pharmaceutical Assistance Contract to the Elderly and the Disabled

Program: CONNPACE

Subject:

Treatment of Income and Assets

8075.30 A. 2. Excluded Income (continued)

- b. life insurance proceeds;
- c. income derived through volunteer service under the Domestic Volunteer Service Act of 1973, as amended (such as stipends earned under the Foster Grandparents Program, retired Senior Volunteer Program, Senior Companion Program, etc);
- d. food stamp coupon allotments;
- e. grants for disaster relief;
- f. gifts, bequests or inheritances (although any interest or other income produced by the gift, bequest or inheritance must be included);
- g. the proceeds of a reverse annuity mortgage;
- h. emergency energy assistance payments.

3. Income Eligibility

- a. The total annual income as described in section A. above for the calendar year immediately preceding the year in which an application is made is used in determining eligibility for the ConnPACE program.
- b. Notwithstanding section 3.a. above, the total annual income as described in section A. above anticipated for the year in which an application is made is used in determining eligibility for the ConnPACE program if a reduction in the previous year's income has occurred and the use of the previous year's income would result in ineligibility for the program.
- c. The income of an unmarried individual is counted towards the ConnPACE income limit for an unmarried individual.
- d. The income of a married individual is combined with the income of his or her spouse and is counted towards the ConnPACE income limit for a married individual.
- e. The income of a married individual is not combined with that of

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POLICY

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Program: CONNPACE

Subject:

Treatment of Income and Assets

8075.30 A. 3. e. Income Eligibility (continued)

his or her spouse if they are living apart. The income of such a married individual is counted towards the ConnPACE income limit for an unmarried individual.

- f. As a result of Public Act 97-2 of the June 18, 1997 Special Session, the ConnPACE income limits will increase effective January 1st of each year to reflect the annual inflation adjustment used by Social Security for the previous calendar year. The adjusted limits are rounded to the nearest one hundred dollars.
- g. Spouses are considered to be living apart under the following circumstances:
- (1) one spouse has left the home and does not return; or
 - (2) both are residing in different rooms in the same boarding home; or
 - (3) both are residing in the same long term care facility.

B. Assets

There is no asset limit in the ConnPACE program.

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Section: Special Programs	Type: POLICY
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Chapter: Connecticut Pharmaceutical Assistance Contract to the Elderly and the Disabled	Program: CONNPACE
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Subject: Benefit Issuance	
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8075.35 Benefits are issued to an eligible ConnPACE recipient in the form of a ConnPACE identification card.

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Section:

Special Programs

Type:

POLICY

Chapter:

Connecticut Pharmaceutical Assistance Contract to the Elderly and the Disabled

Program: CONNPACE

Subject:

Benefit Error

8075.40 A. Corrective Payments

1. The Department makes a corrective payment to a pharmacy for prescription drugs provided to an individual, regardless of his or her present eligibility, if:
 - a. the individual's application for the ConnPACE program is or has been approved for the time the prescription has been provided; and
 - b. the pharmacy has elected to and is eligible to participate in the ConnPACE program; and
 - c. the prescription dispensed is eligible for payment under the ConnPACE program; and
 - d. the pharmacy submits the claim for payment within the time limits established by the Department.
2. Under no circumstances shall payments be made to a client or to a party other than an enrolled provider.

B. Disqualifications and Overpayments

1. Any person who is found to have committed an intentional recipient error in connection with obtaining an identification number or card to obtain prescription drugs shall be subject to a period of disqualification of not more than one year for a first offense and a permanent revocation of eligibility for a second offense.
2. Any person found to have committed an intentional recipient error shall be liable for five times the value of any material gain received.

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8075.45

Section:

Special Programs

Type:

POLICY

Chapter:

Connecticut Pharmaceutical Assistance Contract to the Elderly and the Disabled

Program: CONNPACE

Subject:

Recovery

8075.45 A. General Policy

The Department has the right to recover any benefits due in cases where third party payors were liable for payment for benefits received under the program.

B. When Recovery is Sought

Recovery of benefits will be sought in the following manner:

1. In the event that the client has received benefits from the ConnPACE program and another source, the Department will seek recovery of benefits directly from the client.
2. In the event that a third party should have been responsible for the payment of a drug claim, the Department will make efforts to seek reimbursement directly from the third party. If the third party does not reimburse the Department, reimbursement will be sought from the client.
3. In the event that the client becomes eligible for Medicaid benefits, the Department will recover from the provider any amounts which should have been paid by Medicaid. The provider shall be responsible for reimbursing the client for any copayment amounts.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 10-11-16

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8080

Section:

Special Programs

Type:

POLICY

Chapter:

State-Administered General Assistance

Program: SAGA

Subject:

Introduction

8080 The State-Administered General Assistance Program (SAGA) provides cash assistance to needy individuals who cannot work because of short-term or long-term medical impairments and certain other non-medical reasons. Except for policies concerning the rights and responsibilities of assistance units and the department, which are described in section 8080.10 of the UPM, all policies governing SAGA are described in sections 17b-198-1 to 17b-198-19, inclusive, of the Regulations of Connecticut State Agencies.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-98	Transmittal: UP-98-16	8080.01
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Section: Special Programs	Type: POLICY
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Chapter: State-Administered General Assistance	Program: SAGA
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Subject:
 Definitions

8080.01 Adult Child

An adult child is an individual between the ages of eighteen and twenty-one who lives with his or her parent or parents.

Assistance Unit

The assistance unit is one or more individuals who apply for or receive assistance together under SAGA or another one of the Department's programs.

Connection to the Labor Market

Connection to the labor market is the requirement that short-term transitional persons demonstrate that they have earned at least \$500 per quarter in at least three of the five most recent calendar quarters.

Chronic Disease Hospital

A chronic disease hospital is a facility for the treatment or care of individuals with a prolonged illness.

Department

Department, unless otherwise stated, means the Department of Social Services.

Department of Mental Health and Addiction Services (DMHAS)

The Department of Mental Health and Addiction Services is the state agency designated to provide behavioral health services to recipients of GA and SAGA who are mentally ill, or who abuse substances, or who are dually-diagnosed as suffering from both a mental illness and substance abuse.

Emergency Assistance

Emergency assistance is the immediate provision of food or urgent medical help to an applicant who has no readily available means to obtain them.

Emergency Assistance Affidavit

An emergency assistance affidavit is a written statement on a form prescribed by the Department where an applicant requests emergency food or urgent medical treatment and declares that he or she has no other readily available means to obtain them.

Employability Status

Employability status refers to an individual's ability to engage in gainful work.

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Section:

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Chapter:

State-Administered General Assistance

Program:

SAGA

Subject:

Definitions

8080.01 Employable Individual

An employable individual is one who has been determined able to work because he or she does not meet the Department's criteria as a transitional individual or as an unemployable individual.

Expedited Application

Expedited application refers to the process used to speed up the application process for individuals who have either an immediate need for food or an urgent medical need.

Family Assistance Unit

A family assistance unit is one that consists of birth or adoptive parents, step- parents or guardians and children under the age of twenty-one.

Free-standing Rehabilitation Hospital

A free-standing rehabilitation hospital is a facility that provides therapy and treatment to help restore injured or handicapped individuals to useful life.

Long-Term Impairment

A long-term impairment is a documented medical illness or condition, or combination of illnesses and conditions, that is expected to prevent an individual from working for a period of at least six months.

Medical Criteria

Medical criteria are the medical, social and vocational standards adopted by the Department to evaluate whether an individual's documented physical or mental impairment(s) are of such severity and duration that the individual is determined to be unemployable.

Mental Illness

Mental illness is a diagnosable mental, behavioral or emotional disorder that has resulted in functional impairment which substantially interferes with or limits one or more major life activities.

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Date: 7-1-97

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Section:
Special Programs

Type:
POLICY

Chapter:
State-Administered General Assistance

Program: SAGA

Subject:
Definitions

8080.01 Needy Individual

A needy individual is one who has income and/or assets that, according to the standards set for the SAGA program, are not sufficient to meet his or her basic financial or medical needs.

Non-medical Criteria

Non-medical criteria are the standards used to determine if an individual has personal barriers that prevent him or her from obtaining gainful employment.

Reconsideration Petition

The reconsideration petition is the process by which an individual can request a review of his or her employability status when the Department has determined that he or she does not meet the criteria to be classified as unemployable.

SAGA

SAGA refers to the State-Administered General Assistance program.

SCA

SCA refers to the State-Administered General Assistance cash program.

SMA

SMA refers to the State-Administered General Assistance medical program.

Short-Term Impairment

A short-term impairment is a documented medical illness or condition, or combination of illnesses or conditions, that is expected to prevent an individual from working for a period of at least two, but less than six months.

Substance Abuser

A substance abuser is an individual who shows evidence of dependence on or the inability to voluntarily control the use of alcohol and or drugs to the point that it interferes with functioning and productivity.

Substance Abuse Treatment

Substance abuse treatment is a program that provides treatment to help an individual overcome an addiction to alcohol and or drugs.

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Date: 7-1-98

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Section:

Special Programs

Type:

POLICY

Chapter:

State-Administered General Assistance

Program: SAGA

Subject:

Definitions

8080.01 Transitional Individual

A transitional individual is one who has either a short-term or long-term impairment, or a combination of impairments, that prevents him or her from working for a specified period of time.

Treatment Requirement

Treatment requirement is the requirement that any substance abuser participate in a treatment program approved by the Department of Mental Health and Addiction Services.

Unemployable Individual

An unemployable individual is one who is unable to either obtain gainful employment or to participate in education or training for at least six months because of a physical or mental illness or condition, or combination of illnesses or conditions. An individual shall be determined unemployable after a medical, social and vocational review of the individual's circumstances, utilizing impairment criteria established by the Department.

An individual can also be determined unemployable based on certain non-medical criteria established by the Department.

Urgent Medical Need

Urgent medical needs are treatment or services, other than inpatient hospital care or mental health and/or substance abuse treatment, without which the applicant would suffer severe loss of health and that the applicant cannot obtain from any source without pre-payment or an assured source of payment.

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Date: 10-11-16

Transmittal: 16-02

8080.10

Section:
Special Programs

Type:
POLICY

Chapter:
State-Administered General Assistance

Program: SAGA

Subject:
Rights and Responsibilities

8080.10 A. General Provisions

In the SAGA program, the assistance unit has the right to apply for assistance from the Department. The unit has other rights, such as the right to be treated without discrimination by the Department. Additional departmental policies concerning the rights and responsibilities of applicants and recipients of the SAGA program are described in section 1000, et seq.

An assistance unit also has certain responsibilities, such as supplying information the Department needs to determine the unit's eligibility, reporting changes in circumstances, and meeting certain procedural requirements.

The Department also has certain responsibilities in its relationship with the assistance unit. The Department is responsible for determining the unit's eligibility objectively and in a timely manner, and, as part of this determination, may conduct a Fraud Early Detection investigation whenever circumstances indicating an error prone case, as described in section 1505.40 of the UPM, pertain to a particular application. The Department shall base its decision on state law and regulations and afford applicants and recipients all fair hearing rights that apply in the AFDC program, as described in sections 1570.05, 1570.15, 1570.25 and 1570.30.

B. Disclosure of Information

The Department is authorized to disclose confidential information provided said disclosure is directly connected to the administration of the Department's programs, pursuant to C.G.S. 17b-90.

The Department's policies and procedures regarding the safeguarding of information are also the same as in the AFDC program (Cross Reference: 1020).

C. Release of Information to Law Enforcement Officials

The Department is authorized to disclose the current address of an applicant or recipient of SAGA benefits upon the request of a federal, state or local law enforcement officer if the following conditions are met:

1. The officer provides the Department with the name of the individual; and

2. The officer notifies the Department that:
 - a. the individual is fleeing to avoid prosecution, custody or confinement after conviction, under the laws of the place from which the individual flees, for a crime, or an attempt to commit a crime, which is a felony or high misdemeanor under the laws of the place from which the individual flees; or
 - b. the individual is violating a condition of probation or parole imposed under federal or state law as a result of the commission of such a felony or high misdemeanor; or
 - c. the individual has information necessary for such officer to conduct official duties in relation to a crime committed, or an attempt to commit a crime, which is a felony or high misdemeanor in the state in which the crime is committed or attempted; and
3. The location or apprehension of the individual is within the official duties of such officer.

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8080.15 A. General Principles

1. In the SAGA program, the eligibility process generally follows the same rules described for the AFDC program at 1505 and 1510. The application process is essentially the same as for other programs, but the processing standards are shorter. SAGA applicants who need emergency food and/or an urgent medical need are entitled to have their cash or medical applications processed on an expedited basis. They are also entitled to receive an emergency benefit for up to four days while the application is processed.
2. Authorized representatives may represent a SAGA assistance unit following the rules for the AFDC program at 1525. In addition, certain medical providers may file an application for medical assistance on behalf of the assistance unit. The methods used for verification and the specific verification requirements described for the AFDC program at 1540 apply to the SAGA program.
3. The redetermination process follows AFDC rules described at 1545, but the maximum intervals for conducting a regularly scheduled redetermination are different for SAGA cash and medical assistance. Assistance units with certain types of income, usually earned income, are subject to monthly reporting following the AFDC rules described at 1550. All assistance units are required to report changes and changes are processed by the Department following the AFDC rules at 1555.
4. The beginning dates of assistance at 1560 and the ending dates of assistance at 1565 for the AFDC and Medicaid programs are used for SAGA cash and medical assistance.
5. Fair Hearings policy as it applies in the AFDC program as described at 1570 is the same in the SAGA program except as noted in this chapter. In addition, all differences in the eligibility process between SAGA and AFDC are described below.

B. Individuals Qualified to Make an Application

In addition to the individuals listed in section 1505.15, a hospital or a medical facility providing drug or alcohol treatment may file an application for medical assistance on behalf of an applicant.

C. When a New Application is Not Required

1. A determination of eligibility for SCA or SMA is done without requiring a separate application when:

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8080.15 C. 1. When a New Application is Not Required (continued)

- a. cash assistance under a public assistance program or Medicaid is denied or discontinued, or
 - b. an individual requests assistance not later than thirty days after being released from a correctional or mental disease facility and was a recipient of cash or medical assistance and lost eligibility, directly or indirectly, because of his or her institutionalization within the twenty-four month period preceding the date of his or her release.
2. A determination of eligibility for SCA is done without requiring a separate application when:
- a. the individual was discharged from a rated substance abuse treatment facility; and
 - b. he or she was a recipient of SCA within the past sixty days; and
 - c. the individual is a recipient of SMA or MA.

D. Application Interviews

The Department does not deny an application for SAGA cash assistance until ten days from the date of application in cases where the applicant fails to appear for the application interview.

E. Waiver of Office Interview

The in-office interview may be waived at the request of the applicant under the same conditions as in the AFDC program (Cross Reference: 1505.30).

F. Standard of Promptness for Processing Applications

- 1. Prompt action is taken on each SAGA application following the rules in the AFDC program.
- 2. The following promptness standards are established as maximum time periods for the Department to process SAGA applications:
 - a. ten calendar days for cash applicants who do not qualify for emergency benefits; or
 - b. forty-five calendar days for medical applicants who do not qualify for

emergency benefits; or

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8080.15 F. 2. Standard of Promptness for Processing Applications (continued)

c. four calendar days for expedited applications.

3. The standard of promptness is used in the same manner as it is in the AFDC program (Cross Reference: 1505.35).

G. Incomplete Applications

When the applicant fails to complete an application without good cause:

1. applications for cash assistance are denied on or after the tenth day and
2. applications for medical assistance are denied between the thirtieth day and the last day of the forty-five day standard of promptness.

H. Expedited Applications

Applicants for SAGA who need emergency food or who have an urgent medical need are entitled to have their applications processed on an expedited basis. They are also entitled to receive an emergency benefit for up to four days while the application is processed.

1. Eligible Assistance Units

The Department determines eligibility on an expedited basis under the following conditions:

- a. the applicant states that the assistance unit has no food and is unable to obtain it from any of the following sources:
 - (1) relatives or friends; or
 - (2) soup kitchens or food pantries; or
 - (3) community organizations or churches.
- b. a member of the assistance unit has an emergency medical need for treatment or services other than inpatient hospital care or mental health and/or substance abuse treatment that is of such severity that the absence of immediate medical treatment may seriously jeopardize the individual's health.

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8080.15 H. 1. Eligible Assistance Units (continued)

- c. the assistance unit is homeless and unable to find a place to stay with relatives, friends or at an emergency shelter.

2. Standard of Promptness

For assistance units who qualify for an expedited application:

- a. eligibility is determined within four calendar days following the date the application is filed; and
- b. an emergency benefit is issued on the day the request is filed.

3. Period of Eligibility

The period of eligibility for emergency food and emergency medical assistance is four calendar days.

4. Emergency Assistance Affidavit

An applicant who requests emergency food or needs emergency medical treatment must complete a W-1056, "Affidavit of Eligibility for Emergency Assistance" when an application cannot be completed at the time the applicant requests emergency assistance.

5. Method of Issuance

- a. Emergency assistance for food is authorized using the W-1054, "Emergency Food Voucher".
- b. Emergency medical assistance is authorized using the W-1062, "Emergency Medical Voucher/Authorization for Payment".

6. Standards of Assistance-Emergency Food

- a. The standard of assistance for emergency food is three dollars (\$3) per day per assistance unit member.
- b. The maximum dollar value of the emergency food voucher is twelve (\$12) per person for the four-day period of eligibility.
- c. The maximum amount of emergency food assistance that can be authorized per emergency food voucher is eighty-four dollars (\$84) per assistance unit.

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8080.15 | I. Authorized Representatives

1. A hospital or a medical facility providing drug and/or alcohol treatment may act as an authorized representative and may make an application for the assistance unit under either of the following conditions:
 - a. the assistance unit designates in writing that the facility may act as its authorized representative; or
 - b. the assistance unit fails or refuses to apply for medical assistance; and both of the following conditions are met:
 - (1) the unit fails to designate an authorized representative to make an application its behalf; and
 - (2) the facility documents the circumstances of such refusal and submits the documentation with the application.
2. When a hospital or drug or alcohol treatment facility makes an application on behalf of an assistance unit that fails or refuses to complete an application, the facility must submit documentation with the application that the unit's failure or refusal was beyond the facility's control.

| J. The Redetermination Process

| 1. Redetermination Periods

| SCA and SMA assistance units are redetermined based on the likelihood of change for the type of assistance unit and are conducted no less frequently than every twelve months, except:

- a. when the individual applies no later than thirty days after being released from a correctional or mental disease facility; and
- b. was granted cash or medical assistance without a new application; and
- c. the previous redetermination period has expired or will expire not later than three months following the month assistance is granted.

| In such a case the first redetermination is scheduled not later than three months after the grant date.

| 2. Medical Assistance Units Receiving Cash Assistance

| When an assistance unit receives both cash and medical assistance, eligibility for medical assistance is redetermined on the same periodic schedule as the

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- 8080.15 J. 2. Medical Assistance Units Receiving Cash Assistance (continued)
corresponding cash assistance unit.
3. Medical Spend-down Cases
- a. Medically needy spend-down cases must be redetermined at least as often as every six months.
- b. The six month redetermination cycle corresponds to the six month excess income spend-down period (Cross Reference: 5500).
4. Face-to-Face Redetermination Requirements
- a. Family and unemployable cash assistance units must be redetermined face-to-face at least once every twelve months.
- b. Transitional individuals and all medical assistance units must be redetermined face-to-face at least once every twelve months.
5. Combined Interview Requirement
- When all the members of a Food Stamp household receive SAGA cash assistance, the SAGA redetermination and the Food Stamp redetermination are scheduled in the same month.
- K. Fair Hearings
- Except as stated below, the Fair Hearings requirements that apply to the AFDC program also apply to SAGA (Cross Reference: 1570).
1. Right to a Fair Hearing
- An individual, or a hospital or drug or alcohol treatment center acting as its authorized representative as described in subsection I. of this subject, has a right to a Fair Hearing when the Department does not take action:
- a. within four days on an expedited application; and
- b. within ten days on an application filed by the assistance unit for cash assistance; and
- c. within forty-five days on an application for medical assistance filed by the assistance unit or by a medical provider on behalf of the assistance unit.

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8080.15 K. 2. Who Can Request a Fair Hearing

| In addition to the individuals listed at 1570.05 D., a medical provider who is acting as an authorized representative as described in subsection I. of this subject also has the right to request a Fair Hearing on behalf of the assistance unit.

3. Time Limits for Requesting a Fair Hearing

- a. When a hospital or drug or alcohol treatment center acting as an authorized representative requests a Fair Hearing, the request must be made within 60 days from the date that the Department mails a notice of action.
- b. Subject to the conditions described at 1570.05 for the AFDC program, in order to prevent termination or reduction of benefits before the Fair Hearing decision is rendered, the requestor has 10 days from the date the Department mails a notice of action to request a Fair Hearing.

4. Notice Requirement

The Department mails or gives an adequate notice at least ten days prior to the date of the intended action when the action is to terminate, suspend or reduce benefits.

5. Exceptions to Timely Notice Requirements

In addition to the circumstances listed for the AFDC program at 1570.10, an adequate notice is sent to a SAGA applicant or recipient no later than the date of the action if the action is based on any of the following:

- a. the Department has factual information that all members of the assistance unit have died or moved to another state; or
- b. the Department determines that all members of the assistance unit have been granted cash or medical assistance under a Public Assistance program; or
- c. the Department learns that all members of the assistance unit have been granted SSI or SSDI.

6. Department Conference - Emergency Assistance

- a. The Department offers a conference to an assistance unit wishing to contest a denial of Emergency Assistance.

b. The Department schedules the conference within two working days from
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8080.15 K. 6. Department Conference - Emergency Assistance (continued)

the date the assistance unit contests the denial, unless the unit states that it does not want a conference or that it wants the conference scheduled at a later date.

- c. The Department informs the assistance unit that the conference is optional and does not delay or replace the Fair Hearing process.
- d. The Department's eligibility supervisor attends the conference, along with the assistance unit or its authorized representative.
- e. If the conference leads to a resolution of the assistance unit's dispute, the Department still holds the Fair Hearing unless the unit withdraws the Fair Hearing request.

7. Notification to the Requester

The Department notifies the party in writing regarding the time and place of the Fair Hearing, as follows:

- a. for applications including expedited applications, at least one business day prior to the hearing;
- b. for all other issues at least seven business days prior to the hearing;
- c. for requests filed by a general hospital or a drug or alcohol treatment facility, at least ten business days prior to the hearing.

8. Scheduling and Location of Fair Hearing

a. The Department schedules the Fair Hearing to be held:

- (1) during normal working hours; and
- (2) at the regional office that is nearest to the applicant's or recipient's home or in the home of a disabled individual at his or her request; and
 - (a) within 4 business days from the date the request is received for denial of an application including an expedited application;

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8080.15 K. 8. Scheduling and Location of Fair Hearing (continued)

- (b) within 15 days of the date the request is received for all other issues except denial of an application filed by a medical provider;
- (c) within 60 days from the date the request is received on a denial of an application filed by a medical provider.

b. The party may request and the Fair Hearing official may grant a postponement of the scheduled Fair Hearing if there is good cause for the delay. Good cause includes, but is not limited to:

- (1) serious illness or injury of the party; or
- (2) inability by the party, despite a good faith effort, to secure medical records or other information necessary in presenting its case.

c. The time limit for action on the decision is extended for as many days as the Fair Hearing is postponed.

9. Attendance at Fair Hearing

When a hospital or drug or alcohol treatment facility is acting as the authorized representative for an SMA assistance unit:

- a. the authorized representative may represent the unit at the hearing and present any evidence concerning eligibility; and
- b. the assistance unit's presence at the hearing is not required when eligibility can otherwise be established.

10. Time Limits for Issuing the Fair Hearing Decision

The time limit for issuing a decision after a Fair Hearing depends on the issue.

- a. For a denial of an application, including a denial of an expedited application, a Fair Hearing decision is rendered no later than three business days after the hearing.

- b. For other issues, a Fair Hearing decision is rendered no later than fifteen days after the hearing.

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8080.15 K. 10. Time Limits for Issuing the Fair Hearing Decision (continued)

- c. For medical providers, a Fair Hearing decision is rendered no later than sixty days after the hearing.

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8080.15 M. Fraud Early Detection (FRED)

A Fraud Early Detection (FRED) investigation is done on SAGA cash and medical applications that meet an error prone profile. Conditions that would cause a case to meet this profile include, but are not limited to:

- a. a previous fraud overpayment;
- b. children under the age of six;
- c. the household is suspected of living above its means;
- d. the case was denied or closed within three months;
- e. application is inconsistent with prior case history;
- f. questionable absent parent information;
- g. no income for two consecutive months;
- h. questionable verification;
- i. household composition appears different than reported.

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P-8080.15 The Application Process

Except as noted below, the procedures for processing an application in the SAGA program are the same as in the AFDC program.

A. Initial Contact

1. Determine if the individual has any previous record with the Department.
2. In addition to the reasons listed at P-1505.10, do not require the completion of a new application or completion of a new EDD under the following circumstances:
 - a previous application for public assistance or Medicaid was denied within the past 30 days due to ineligibility based on a requirement that does not apply to the SAGA program; or
 - cash or medical assistance under public assistance or Medicaid was discontinued within the past 30 days due to a requirement that does not apply to the SAGA program; or
 - the applicant requests cash or medical assistance no later than thirty days after being released from a correctional or mental disease facility, was a recipient of cash or medical assistance and lost eligibility directly or indirectly because of his or her institutionalization within the twenty-four month period preceding the date of his or her release.

Loss of eligibility indirectly related to institutionalization includes situations where the applicant lost eligibility due to whereabouts unknown, failure to complete a redetermination or failure to cooperate with any procedural requirement if it can be reasonably established that the failure was due to his or her institutionalization. Please see P-8080.15 K below for special processing instructions.
 - the applicant:
 - * was discharged from a rated residential substance abuse treatment facility immediately prior to the date of application; and
 - * he or she is a recipient of SMA or MA; and
 - * his/her SCA assistance was discontinued within the past 60 days.

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P-8080.15 A. Initial Contact (continued)

3. Review the application to see if the individual meets the program requirements as outlined in policy.
 - Deny the SCA application and continue to process an application for SMA if appropriate when the individual:
 - * does not claim to meet any of the medical or non-medical criteria to be determined either unemployable or transitional as defined at 8080.25; or
 - * reapplies for assistance as a transitional individual on the basis of an existing impairment when the Department had previously determined that the condition did not meet the unemployable criteria (Cross Reference: 8080.25).
 - If an applicant does not claim an impairment and/or does not qualify for SCA because of his or her employability status:
 - * advise the individual that he or she may request employability services through the Department of Labor or its designee; and
 - * refer interested individuals using DOL form DOL-120, "Community Employment Incentive Program (CEIP) Referral"
 - Refer an individual to the DMHAS staff using the W-1064 when:
 - * the applicant declares that he or she has substance abuse and/or mental health problems or requests services; or
 - * when there are indications of substance abuse and/or mental illness; or
 - * the individual's case history indicates that he or she previously received substance abuse and/or mental health services (Cross Reference: 8080.25 and 8080.35).
 - If the individual provides documentation that he or she is either unemployable or transitional, review the application to see if the individual meets all the other eligibility requirements as defined in policy.

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P-8080.15 A. Initial Contact (continued)

- Determine that any individual who was a member of a TFA assistance unit that received the maximum time-limited cash assistance is ineligible for SCA (Cross Reference: 8080.20 and 8080.25).
- Determine that an individual who is a resident of a rated drug and/or alcohol treatment facility is also not eligible for SCA (Cross Reference: 8080.30 and 8080.45).
- 4. Complete a W-685 "Digital Imaging Turnaround Document" and give it to the digital imaging operator (Cross-Reference: P-8080.35).
- 5. Make a note on the W-685 requesting a copy of the individual's EMS photo sheet for any match.
- 6. When the W-685 is returned by the digital imaging operator, take the following steps:
 - Examine the demographic information on the individual's EMS photo sheet.
 - If the sheet indicates that the individual received General Assistance from the City of Norwich, call the town(s) to determine the following:
 - * Does the individual still receive assistance from the town? If yes, deny the application for any months he/she received or expects to receive General Assistance.

B. Expedited Applications

1. Based on the household's verbal statement or the EDD, determine if the household claims a need for food or medical help right away.
2. Determine that household members who are ineligible for SAGA because of receipt of SSDI or SSI, or who do not meet program requirements such as citizenship or residency, are ineligible for emergency assistance.
3. Determine if the household is eligible for expedited Food Stamps.

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P-8080.15 B. Expedited Applications (continued)

4. Determine the need for immediate food or medical help using the steps outlined in D. and E. below. If it is determined that no emergency need exists, take the following steps:
 - complete a W-1070, "Denial of Emergency Assistance Benefits" and give it to the applicant;
 - schedule an agency conference if the applicant disagrees with the decision;
 - proceed with normal application processing.
5. If the household's need for emergency food or medical is established, decide if there is enough time to complete an application before the end of the business day.
6. If there is not enough time to complete an application have the household complete the W-1056 "Affidavit of Eligibility for Emergency Assistance".
7. Determine eligibility for emergency assistance based on the completed application or affidavit.
8. Remember that the standard of promptness for an expedited application is four working days.

C. Determining the Need for Emergency Food

1. Inform a household requesting emergency assistance for food that the value of an emergency food voucher is deducted from the initial SAGA check.
2. Consider a household that has income or assets to be ineligible for emergency food unless the income or asset is inaccessible to the household. Remember that an application is only expedited when an emergency need is established.
3. Consider that income or assets are not accessible to the household under the following conditions:
 - The household had income but the income stopped and the household will not get it again; or
 - The only income the household expects to receive in the month of request is a first paycheck which is not due until after the emergency

period ends; or

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P-8080.15 C. Determining the Need for Emergency Food (continued)

- The household has assets that are within the SAGA limit but can't use them within the emergency period for a reason that is beyond its control such as the bank is closed for a long weekend or the account is located in a bank in another state and the household has no way to access the account.
- 4. Determine if food is available from any other source by considering the following:
 - Does the household live alone or is housing shared with others?
 - If housing is shared, are the other people related to the assistance unit?
 - When other people live in the home, do they have the means and or indicate a willingness to provide the household with food on a temporary basis?
 - Is there a soup kitchen or a food pantry or other resource that is accessible to the applicant where the household can get food right away?
- 5. Decide whether or not the household is entitled to emergency food based on a consideration of the above factors.
 - Consider a household that does not share housing with a relative or friend, or who states the others in the household are unable to provide food because they also lack income, to be eligible for emergency food when another resource such as a soup kitchen or food pantry is not accessible.
 - Consider that when food is accessible through a soup kitchen, food pantry or another resource the household is not eligible for emergency food.
 - Consider that a soup kitchen or food pantry is not accessible under the following conditions:
 - * there is no soup kitchen or food pantry in the town where the household lives; or

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P-8080.15 C. Determining the Need for Emergency Food (continued)

- * the household has no transportation and/or is unable to walk to the soup kitchen or food pantry because of a disability or the very young or old age of a household member and there is no public or private transportation that the household can use.
- * the soup kitchen or food pantry is closed for the day or the weekend at the time the household requests emergency assistance.
- * the soup kitchen or food pantry has a rule that limits how often it will help and the household has reached the limit.

D. Determining the Need for Emergency Medical

1. When the household member is a pregnant woman who needs pregnancy related services, determine eligibility under Medicaid and stop here.
2. When the household member is under the age of twenty-one or is sixty-five years old or older, determine eligibility under Medicaid and stop here.
3. When the household member is a recipient of SSDI or SSI, determine eligibility under Medicaid and stop here.
4. Consider a household that has income or assets that are sufficient to pay for the requested medical services to be ineligible for emergency medical unless the income or asset is inaccessible to the household.
5. Consider that income or assets are not accessible to the household under the same conditions as for emergency food.
6. Determine that a request for authorization of hospital services is not an urgent medical need.
7. When an individual requests mental health and/or substance abuse treatment services:
 - ° determine that a request for such services cannot be considered an urgent medical need; and
 - ° refer the individual to designated DMHAS staff for an assessment

and/or referral for services.

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P-8080.15 D. Determining the Need for Emergency Medical (continued)

8. Determine that a request for inpatient services does not constitute an urgent medical need.
9. Consider the following factors when deciding if a household has an urgent medical need:
 - ° Will the health of the household member be seriously jeopardized or put at risk if a treatment or medical service is not provided immediately? Use the following situations as examples when examining this risk:
 - * a household member is a diabetic or an asthmatic and needs a prescription
 - * a household member was just released from the hospital for treatment of a serious illness or injury and needs medication or durable equipment such as oxygen to ensure his or her recovery
 - * a household member has an abscessed tooth that is causing severe pain
 - ° Is the medical service available without prepayment from a hospital, clinic, physician or dentist that is within a reasonable distance of the household?
10. Decide whether or not the household is entitled to emergency medical based on a consideration of the above factors.
11. Consider a household eligible when the medical need is determined to be urgent and there is no other way for the household to obtain the medical treatment or service.
12. Remember that the standard of processing for an expedited application is four calendar days.

E. Granting Emergency Food and Medical

1. Establish the basis for the expedited application.
2. When the need is emergency food, complete the W-1054 "Emergency Food Voucher" form remembering the following steps:

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P-8080.15 E. Granting Emergency Food and Medical (continued)

- the maximum amount of the voucher is \$3 per day per assistance unit member;
- the maximum period of time for which assistance can be granted is four days;
- the maximum value of any voucher is \$84;
- the voucher must be approved and signed by the appropriate manager or supervisor;
- make sure the applicant signs the voucher;
- emboss the voucher form and all copies;
- explain again that the amount of the voucher will be deducted from the initial cash benefit;
- enter the voucher control number, to whom and when it was issued, the amount, and your worker ID in the voucher log book;
- give the original voucher and the vendor file copy to the applicant;
- file one copy of the voucher in the case record;
- keep one copy with the W-1055 "Log of Emergency Food Voucher Issuance";
- fax a copy of the log by the close of business each Friday to Central Office, Central Processing Division, Direct Services Unit even if there has been no activity for the week;
- mail copies of the vouchers and logs at the end of each month;
- if you make a mistake completing the voucher, enter "void" next to the voucher # on the log, print "void" on the voucher and send the original and all the copies to the Direct Services Unit;
- count the amount of the voucher as unearned income for the month of issuance.

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P-8080.15 E. Granting Emergency Food and Medical (continued)

3. When the need is emergency medical, complete a W-1062 "Emergency Medical Voucher/Authorization for Payment of Emergency Medical Services" remembering the following steps:
 - complete one voucher for each service authorized;
 - have the voucher(s) approved and signed by the appropriate manager or supervisor;
 - make copies of the vouchers and file in the case record;
 - do not authorize medical services for more than four days at a time or a prescription drug for more than ten days;
 - authorize emergency medical assistance for additional periods when eligibility for SMA cannot be determined within the four-day processing time for reasons beyond the applicant's control.

F. Applications From Hospitals and Drug and Alcohol Treatment Facilities

When an application for SMA is received from a hospital or a drug or alcohol treatment facility, use the date the application is received by the Department as the application date.

G. Application Interviews

1. Require SCA applicants to attend an office interview unless they are entitled to a waiver.
2. Remember that SMA applicants are not required to appear for an application interview but they must be digitally imaged before ongoing medical assistance can be granted.
3. Follow the procedures for the AFDC program at P-1505 to schedule and reschedule interviews.
4. Use the procedures for the AFDC program and SAGA policy to determine when to waive an office interview.

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P-8080.15 H. Determining Eligibility

1. Review an application from a hospital or a drug or alcohol treatment facility to see if it includes one of the following:
 - the signature of the applicant; or
 - a statement from the applicant designating the hospital or facility as its authorized representative; or
 - a statement from the hospital that explains why the facility was unable to obtain the applicant's signature for a reason beyond the control of the facility.
2. Screen the application when it is signed by the applicant or includes one of statements described.
3. Return the application to the facility without screening the application when none of the statements listed in #1 above are true.

I. Authorized Representatives

1. Consider that a hospital or facility is the authorized representative when:
 - the applicant designates in writing that the facility can act as the assistance unit's authorized representative; or
 - the facility submits a statement explaining why it was unable to obtain the applicant's signature for a reason beyond its control.
2. Send a W-1073 "Notice That an Application for Medical Assistance Was Filed by a Medical Provider" to the assistance unit.
3. Remember to review the application for potential Medicaid eligibility and to document the reason in the narrative when no such eligibility exists.

J. Fair Hearings

1. Remember that when the authorized representative is a hospital or a drug or alcohol treatment facility, the authorized representative can attend the fair hearing in the applicant's place. Also remember that:

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P-8080.15 J. Fair Hearings (continued)

- the applicant does not need to be present at the hearing; and
 - the authorized representative can present evidence regarding the eligibility of the unit for SMA.
2. [P-1570.10](#) provides procedures for actions to take prior to a hearing; [P-1570.12](#) provides procedures preparing for emergency housing hearings; [P-1570.15](#) provides procedures during a hearing; [P-1570.20](#) provides procedures subsequent to a hearing.

K. Special Processing Instructions for Individuals Recently Released from a Correctional or Mental Disease Facility

When an applicant requests cash or medical assistance within thirty days of being released from an institution and was previously a recipient of cash or medical assistance and lost eligibility because of their institutionalization within the twenty-four month period preceding the date of their release:

1. reinstate previous cash or medical case; and
2. initiate and complete unscheduled redetermination in EMS using the information already in EMS by rekeying all appropriate verification codes; and
3. before confirming completed redetermination, shorten the redetermination period to three months by adding three months to the current benefit month.

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Subject: Assistance Unit Composition		

8080.20 A. General Provisions

The assistance composition rules in the SAGA program vary considerably from the rules in the AFDC program. This subject describes which individuals who live together in the same household must be members of the same cash or medical assistance unit. It also describes how to build an assistance unit, who may qualify individually as an assistance unit, and who may not participate in the program.

B. Family Cash and Medical Assistance Units

The assistance unit must include certain individuals who live in the home if they meet the eligibility requirements of the program. All the minor and adult children who live in the home, their parents and spouses must be included in the same assistance unit unless they are otherwise excluded. This is true even if assistance has not been specifically requested for them. It is also true even if one of the individuals has income specifically designated for his or her needs, unless the individual can be otherwise excluded.

1. Who Must be Included

- a. Minor children and their birth or adoptive parents and step-parents.
- b. Adult children between the ages of eighteen and twenty-one and their birth or adoptive parents.
- c. Emancipated minors and their parents.
- d. Minor children and their siblings or step-siblings and a needy care-taker relative or guardian.
- e. Related or non-related minor children who have no income or assets and their needy caretaker relatives or guardians.
- f. Adoptive siblings who receive adoption assistance payments when excluding the child would reduce the benefits of the assistance unit.
- g. A child who attends a special school away from home, such as for the deaf, blind, physically handicapped or emotionally disturbed if:
 - (1) the caretaker relative or guardian retains primary responsibility for the child; and

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8080.20 B. 1. Who Must be Included (continued)

(2) the caretaker relative or guardian maintains a home for the child;
and

(3) the child returns to the home for vacations and holidays;

h. An individual between 18 and 21 who attends college when his or her primary residence is the parent's home and he or she returns to the home for vacations and holidays.

i. A minor child who returns home for a visit of at least 30 consecutive days from an institution which has primary responsibility for the care of the child. The child is considered a member of the assistance unit for the entire length of the visit. These institutions include, but are not limited to:

(1) state hospitals;

(2) training schools for the mentally retarded;

(3) juvenile correctional institutions;

(4) foster homes.

2. Who May be Included

a. Related or unrelated minor children other than siblings when they have income and assets and their caretaker relative or guardian.

b. Minor children who receive a federal, state, or local adoption assistance subsidy.

3. Who is Excluded

Certain individuals are excluded from the assistance unit because they do not qualify for either cash and/or medical assistance. These exclusions take precedence over the mandatory inclusion requirement.

a. The following individuals do not qualify for cash and medical assistance:

(1) a recipient of Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI). The exclusion applies as of the month the individual starts to receive SSI or SSDI checks;

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8080.20 B. 3. Who is Excluded (continued)

- (2) a minor parent who does not meet the AFDC categorical eligibility requirement of living with a specified relative. (Cross Reference 2515.35.);
- (3) a parent, other than the caretaker relative, who is under sentence of the court serving the sentence doing unpaid work or community service and living at home;
- (4) a child for whom federal, state or local foster care maintenance payments are made;
- (5) a child whose minor parent is a recipient of federal, state or local foster care maintenance payments;
- (6) a child for whom adoption assistance payments are made when the exclusion does **not** reduce the benefits of the assistance unit in which the child would otherwise be considered a member;
- (7) a minor child who returns home for a visit of fewer than 30 consecutive days from an institution which has primary responsibility for the care of the child. These institutions include, but are not limited to, state hospitals, training schools for the mentally retarded, juvenile correctional institutions and foster homes;
- (8) an individual disqualified from the program or from another cash assistance program administered by the Department for any reason, including but not limited to:
 - (a) failing to cooperate to secure support;
 - (b) transferring an asset for the purpose of qualifying for assistance. The individual is excluded from any assistance unit for the prescribed period of ineligibility;
 - (c) failing to grant a security mortgage;
 - (d) failing to sign a declaration of citizenship;

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8080.20 B. 3. Who is Excluded (continued)

- (e) failing to cooperate with digital imaging.
- b. The following individuals do not qualify for cash assistance but may qualify for medical assistance:
 - (1) an individual who does not meet the categorical, procedural or technical eligibility requirements for the cash program;
 - (2) an individual who received the maximum time-limited cash benefits from a Public Assistance program, unless:
 - (a) the individual was an adult member of an assistance unit that received the maximum time-limited TFA benefits and he or she is now unemployable based on medical criteria; or
 - (b) the individual was a dependent child in an assistance unit that received the maximum time-limited TFA benefits and he or she is now eighteen years old or older;
 - (3) an individual who is disqualified from General Assistance, SAGA or from a Public Assistance cash program for any reason, including but not limited to the following:
 - (a) failing to cooperate with work requirements;
 - (b) delaying or failing to report the presence in the home of a mandatory assistance unit member. This individual is excluded from the assistance unit from the date the individual would have been added until the effective date he or she is made part of the unit;
 - (c) committing an intentional recipient error.
 - (4) a recipient of a Public Assistance cash benefit, including a recipient whose cash benefit is suspended.
- c. Individuals who qualify for Medicaid are excluded from the medical assistance unit. These individuals include but are not limited to:
 - (1) children under the age of twenty-one;

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8080.20 B. 3. Who is Excluded (continued)

- (2) pregnant women;
- (3) individuals aged sixty-five and older;
- (4) individuals who are blind or disabled as determined by the Department.

C. Assistance Units of One

The following individuals who meet all the other eligibility requirements are cash and medical assistance units of one:

- 1. a single individual who lives alone or with others who are not related to him or her;
- 2. a married individual who lives with an eligible or ineligible spouse and there are no eligible children under age twenty-one in the home; or
- 3. a caretaker relative or guardian who lives with an ineligible child when there are no other eligible children under age twenty-one in the home;
- 4. a parent who lives with his or her ineligible adult child when there are no other eligible children under age twenty-one in the home;
- 5. a pregnant woman who lives alone or with others when:
 - a. she is not the parent or guardian of any child under age twenty-one who also lives in the home; or
 - b. she is married but does not live with her spouse;
- 6. an emancipated minor when he or she does not live with a parent or spouse;
- 7. an adult child when he or she lives with parent(s) and/or sibling(s) who are ineligible for assistance.

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P-8080.20 A. Family Assistance Units

1. Determine who lives in the household and their relationship to each other.
2. Start with the child or children under age twenty-one who live in the home. Include all the brothers and sisters and adopted siblings and step-siblings of children under age twenty-one who live in the home.
3. Include any unrelated minor child who has no income or assets.
4. Include the parents of each eligible child when the parent also lives in the household.
5. Include an emancipated minor when his or her parent lives in the household.
6. Include a needy caretaker or guardian.
7. Include a needy step-parent.
8. Include individuals who have applied for SSI while the application for SSI is pending.
9. Remove any household members who do not meet the categorical, technical or procedural eligibility requirements for SCA.
10. Remove mandatory exclusions.
11. Explain to the caretaker adult that a minor child who has income can be excluded from the assistance unit when:
 - the minor is not related to the caretaker; and
 - the minor has no other siblings who live in the household.
12. Add unrelated minor children with income only if the caretaker adult requests their addition.

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P-8080.20 A. Family Assistance Units (continued)

13. When a step-parent lives with the assistance unit, follow the basic steps for creating the SCA family assistance unit.
14. Include in the assistance unit the stepparent who:
 - lives in the household; and
 - meets the categorical, technical and procedural requirements.
15. Include the stepparent's children when:
 - they live in the household; and
 - they meet the eligibility requirements; and
 - there is no child in common.
16. Create a SCA assistance unit for a needy step-parent when:
 - the step-parent's spouse and step-children receive public assistance cash; and
 - the step-parent has no adult or minor children living in the home.
17. Create a separate assistance unit for a pregnant woman who does not qualify for TFA or AFDC:
 - when she does not live with her spouse; or
 - when she lives with children under the age of twenty-one but she is neither the parent nor the guardian of any of the children.
18. Create a separate assistance unit for a needy parent when:
 - there are no minor children living in the home; and
 - there are no eligible adult children living in the home.
19. Follow these special steps when a member of a family assistance unit is away from home:

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P-8080.20 A. Family Assistance Units (continued)

- When an adult household member is away from home, find out:
 - * the estimated length of absence; and
 - * whether the return to this household is planned.
- 20. When an adult caretaker is away from home, find out also whether the home will be maintained.
- 21. When a child under age twenty-one is away from home, find out:
 - the estimated length of absence;
 - plans for periodic visits home, such as holidays and visits.
- 22. Determine that an adult is an eligible assistance unit member when the following conditions are met:
 - the adult is in a general hospital and is expected to return to the home within ninety days; and
 - he or she is a mandatory inclusion in the assistance unit who qualifies in all other respects for SCA;
 - the home will be maintained while the adult caretaker is hospitalized.
- 23. Add to the assistance unit minor children who are away from home when they meet the conditions described in policy and who:
 - qualify in all other respects for SCA; and
 - are mandatory inclusions in the assistance unit.
- 24. For a child living in an institution which has primary care of the child, find out how long a visit home will be.
 - If the visit will be for fewer than 30 days, do not add the child to the assistance unit.
 - If the visit will be for 30 days or longer:

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P-8080.20 A. Family Assistance Units (continued)

- * add the child effective with the first day of the visit;
 - * remove the child effective the end of the last month of the visit.
- 25. Follow these special steps for children receiving adoption assistance payments:
 - Exclude any portions of the payment which are intended:
 - * to meet needs not provided for in the SCA family payment standard;
 - * to supplement SCA assistance benefits which are insufficient to meet the special needs of the child.
 - Compute what the SCA payment would be for the assistance unit consisting of all eligible adults and children by:
 - * including the child for whom the adoption assistance is paid; and
 - * including the counted amount of the payment as income.
 - Compute what the SCA payment would be for the assistance unit consisting of all eligible adults and children except the child receiving adoption assistance payments.
 - If the SCA payment computed with the child excluded is less than the SCA payment with the child included, exclude the child from the assistance unit. If not, include the child in the same assistance unit as the other eligible members.
 - Make the above determination at time of intake, redetermination, and whenever a child receiving adoption assistance payments returns to the home.
- 26. Use the following steps when adding mandatory inclusions:
 - When an individual who is required to be a member of the assistance unit comes into the home:

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P-8080.20 A. Family Assistance Units (continued)

- * redetermine eligibility retroactive to the date the individual became a mandatory inclusion;
- * discontinue assistance if inclusion of the additional member results in ineligibility of the unit;
- * compute any overpayment and refer for collection;
- * pay any underpayment from the date all procedural eligibility requirements, such as digital imaging, are met.
- ° If the new member does not cooperate with procedural eligibility requirements:
 - * redetermine eligibility of the unit using total income and assets; and
 - * exclude the budgeted needs of the new member.
- ° If the new member does not cooperate in providing income and asset information, discontinue the case.

B. Determining the SMA Assistance Unit

1. Include all eligible spouses, parents and children who live together in the same assistance unit.
2. Exclude any children under age twenty-one and allow them to apply for Medicaid. Check the rules on deeming to see if you must count the individual's income and assets.
3. Exclude any individuals who are pregnant and allow them to apply for Medicaid. Check the rules on deeming to see if you must count the individual's income and assets.
4. Exclude any individuals who can receive Medicaid based on age or disability and allow them to apply for MAABD. Check the rules on deeming to see if you must count the individual's income and assets.

C. Adult Assistance Units

1. Include in the assistance unit only the one individual who requests

assistance.

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P-8080.20 C. Adult Assistance Units (continued)

2. Take the following steps for married couples who live together:
 - When both spouses apply for SCA or SMA:
 - * create two separate assistance units; and
 - * deem income and assets to each spouse using the rules at 8080.50 and 8080.40 in determining eligibility.
 - When only one spouse applies for SCA or SMA:
 - * create one assistance unit for the applicant; and
 - * deem income and assets from the non-applicant spouse to the applicant spouse using the rules at 8080.50 and 8080.40 in determining eligibility.
 - Refer to the rules for creating the SMA assistance unit at B.; and
 - follow Medicaid rules when determining eligibility for medical assistance.

D. Creating Assistance Units for Parents and their Adult Children

Take the following steps for creating an assistance unit when the household is comprised solely of parents and their adult children and there are no minor children living in the home:

- When both parent(s) and child(ren) are needy and eligible for cash assistance:
 - * create one family assistance unit; and
 - * include all countable income and assets of all assistance unit members and deemors when calculating eligibility.
- When only the parent is needy and eligible for cash assistance:
 - * create an individual assistance unit of one; and

- * count only the income and assets of the eligible parent and his or her deemor spouse when calculating eligibility.

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P-8080.20 D. Creating Assistance Units for Parents and their Adult Children (continued)

- When only the adult child(ren) are needy and eligible for cash assistance:
 - * create a family assistance unit or one or more; and
 - * deem the income and assets of the parent(s) and any ineligible siblings when calculating eligibility.
(Cross Reference: 8080.50 and 8080.40)

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Subject:
Categorical Eligibility Requirements

8080.25 There are only two categorical eligibility requirements for SAGA cash. The first requirement relates to the living arrangement of minors. The second requirement relates to the employability status of individuals or married couples who have no minor children living in their homes.

Individuals do not qualify for medical assistance based on their categorical eligibility for cash assistance. This chapter describes the coverage groups of individuals for whom SMA is provided.

A. Minors Living in an Acceptable Living Arrangement

1. General Requirement

In order to qualify for cash assistance, a minor must live in the home of a parent or in another appropriate living arrangement, as described in this chapter unless the minor is considered to be an adult. A minor is considered an adult when:

- a. the minor is declared legally emancipated by a court; or
- b. the minor is or has been married.

2. For the purposes of this requirement, appropriate living arrangements are limited to one of the following:

- a. the home of a birth or adoptive parent;
- b. the home of a stepparent;
- c. the home of a legal guardian;
- d. the home of a relative or other caretaker adult who has applied for guardianship of the minor;
- e. an adult-supervised supportive living arrangement.

3. An adult-supervised supportive living arrangement is a living arrangement, not including public institutions, that is approved by the Department of another department of the state that:

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8080.25 A. 3. Minors Living in an Acceptable Living Arrangement (continued)

- a. assumes responsibility for the care and control of the minor; or
- b. provides supportive services, such as counseling, guidance or supervision.

4. Good Cause Exemptions From the Requirement

- a. A minor is exempt from the requirement when any of the following good cause criteria applies:
 - (1) the parents refuse to care for or support the minor in their home; or
 - (2) there is no living parent or legal guardian; or
 - (3) the whereabouts of the parent or legal guardian are not known; or
 - (4) the physical or emotional health or safety of the minor would be jeopardized if he or she resided in the same residence with the parent or legal guardian.
- b. When a minor claims he or she has good cause not to live with a parent or guardian:
 - (1) a referral must be made to the Department of Children and Families (DCF) for an assessment of the minor's situation; and
 - (2) assistance is granted pending the result of DCF's assessment.
- c. Assistance is denied when a minor claiming good cause does not cooperate with the treatment or care plan developed by the Department of Children and Families.

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8080.25 B. Employability Status

In order to qualify for cash assistance, an adult individual or an adult child who is a member of a family assistance unit must be determined to be either an unemployable individual or a transitional individual. When all the children in a family assistance unit are over age eighteen, the parents and the children must all be determined either unemployable or transitional.

1. Unemployable Individuals

An individual is determined unemployable based on medical or non-medical criteria.

a. Medical Criteria

- (1) An individual is considered unemployable when:
 - (a) the Department determines that the individual has a physical or mental illness or condition, or a combination of illnesses or conditions; and
 - (b) the illness(es) or condition(s) are expected to last at least six months; and
 - (c) they prevent the individual from working or participating in education or training; and
 - (d) the illness(es) or condition(s) meet the Department's established thresholds for severity and duration; or
- (2) he or she meets the disability requirements established by the Social Security Administration; or
- (3) he or she has received an award letter from the Social Security Administration granting SSI or SSDI but has not yet received these benefits.

b. Non-Medical Criteria

An individual is considered unemployable if he or she is:

- (1) under age sixteen or over age sixty-five; or
- (2) needed at home to care for a child under the age of two; or
- (3) needed at home to care for an incapacitated spouse or child of any age; or
- (4) pending receipt of cash assistance from a program administered

by the Department when the individual:
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8080.25 B. 1. Unemployable Individuals (continued)

- (a) has actually filed an application for the program; and
 - (b) appears to meet the eligibility requirements for the program; or
 - (5) a Vista volunteer; or
 - (6) a full-time high school student in good standing; or
 - (7) an individual age fifty-five or older when the individual has either:
 - (a) not worked during the last five years; or
 - (b) has worked less than a total of six months in the last five years.
 - c. An individual who is determined to be unemployable who is a substance abuser is required to participate in substance abuse treatment (Cross Reference: 8080.35).
- 2. Transitional Individuals with a Long-Term Impairment
 - a. An individual is determined to have a long-term impairment when he or she has a severe physical or mental illness or condition, or a combination of illnesses or conditions, that is expected to preclude employment for a period of six months or more.
 - b. An individual who has a documented long-term impairment must cooperate with a medical review in order to determine whether his or her impairments meet either the Department's unemployability criteria or the Social Security disability criteria.
 - c. An individual with a long-term impairment who is a substance abuser is required to participate in substance abuse treatment (Cross Reference: 8080.35).
- 3. Transitional Individuals with a Short-Term Impairment
 - a. An individual is determined to have a short-term impairment when he or she:
 - (1) has a physical or mental illness or condition, or a combination of illnesses or conditions, that is expected to preclude employment for at least two months, but less than six months; and,

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8080.25 B. 3. Transitional Individuals with a Short-Term Impairment (continued)

- (2) the individual has a recent connection to the labor market, unless he or she is exempt from the requirement.
- b. An individual is considered to have a recent connection to the labor market when he or she:
 - (1) has worked and earned \$500 or more in each of three of the last five calendar quarters, regardless of the date(s) of payment; or
 - (2) has collected Unemployment Compensation at any time during the six months preceding the month of application; or
 - (3) had sufficient wage credits to qualify for Unemployment Compensation at any time during the six months preceding the month of application but could not collect benefits because he or she:
 - (a) was unable to work; or
 - (b) was unavailable for work; or
 - (c) benefits were withheld to recoup a previous overpayment.
- c. An individual is exempt from the labor market connection requirement when he or she:
 - (1) was institutionalized for at least 45 days in each of three calendar quarters during the five-quarter period; or
 - (2) was receiving General Assistance and/or SCA as an unemployable person for at least three quarters during the five-quarter period; or
 - (3) was receiving SSI, SSDI or AABD for at least three quarters during the five-quarter period; or
 - (4) graduated from a full-time secondary school (i.e., high school or vocational/technical school) during the six months preceding the month of application; or
 - (5) was needed to care for his or her child under the age of two for at least three of the last five calendar quarters when the child was residing in the individual's home.

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8080.25 B. 3. Transitional Individuals with a Short-Term Impairment (continued)

- d. For purposes of this determination, an individual is considered to have been institutionalized when he or she was a resident of one or more of the following types of facilities:
 - (1) an acute care or chronic disease hospital;
 - (2) a nursing home;
 - (3) a correctional facility;
 - (4) a residential treatment facility, halfway house or group home.
- e. An individual with a short-term impairment who is a substance abuser is required to participate in substance abuse treatment (Cross Reference: 8080.35)

C. Reconsideration Petitions on Employability Status

1. Who Can File a Petition

An individual who receives SCA may petition the Department for a reconsideration of his or her employability status when he or she claims to be unemployable.

2. When an Individual Can File a Petition

An individual may file a reconsideration petition:

- a. when the Department determined that the individual did not meet non-medical criteria established for unemployability; or
- b. prior to or within sixty days after the date the individual is discontinued for reaching the end of the documented duration of a long- or short-term impairment; or
- c. when the individual claims he or she is unemployable for a medical reason; and
 - (1) the Department determined that the individual did not meet or no longer meets the medical criteria established for unemployability; or
 - (2) the Department was unable to determine the individual's status for a reason other than the individual's wilful failure to cooperate

or to provide additional information needed to make the medical determination.

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8080.25 C. 3. Contents of the Petition

- a. Reconsideration petitions must include the following:
 - (1) the individual's name, date of birth, social security number, signature and date; and
 - (2) a written statement that explains why the individual feels he or she should be considered unemployable.
- b. Reconsideration petitions may include documentation that supports the individual's claim. Such documentation includes, but is not limited to, any one or more of the following:
 - (1) medical reports;
 - (2) psychiatric reports;
 - (3) reports from counselors;
 - (4) photographs of the individual;
 - (5) the individual's education, vocational training or employment history;
 - (6) statements from other parties that include how long and in what capacity the party knows the individual and, the specific reasons the party has for believing the individual is unemployable;
 - (7) any other factors that may relate to the individual's ability to find employment.

4. Evaluating the Petition

- a. In order to reach a decision on a reconsideration petition, the Department may take any of the following steps:
 - (1) request any additional medical and/or social information needed to complete the review of the petition;
 - (2) require the individual to appear for a personal interview to discuss his or her claim of unemployability;
 - (3) require verification of any questionable statements or

documentation;

- (4) reconsider a determination of unemployability using any new information submitted with the petition.

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8080.25 C. 4. Evaluating the Petition (continued)

- b. The Department will review each petition and render a decision based on an evaluation of how the following factors may affect his or her chances of securing employment:

- (1) the individual's mental and/or physical health;
- (2) the individual's age;
- (3) the individual's educational background and employment history.

5. Reasons Not Considered

Reconsideration is not granted solely on an individual's inability to find employment for any of the following reasons:

- a. labor market conditions;
- b. lack of transportation;
- c. any other factor that is not a personal barrier to employment as listed in policy.

6. Benefits Pending a Decision

- a. Benefits are not granted pending a decision on an applicant's petition.
- b. SCA is not continued pending a decision on a recipient's petition.

7. Decision of the Department

- a. The Department renders a written decision on the individual's petition within sixty days of the date the petition is received.
- b. The Department's decision on the petition is final and is not subject to appeal.
- c. The Department provides notice of the decision to the petitioner and any authorized representative.

8. Implementing the Decision

When the Department finds that the individual is unemployable, the following actions must be taken within ten days of the date the decision was sent to the regional office:

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8080.25 C. 8. Implementing the Decision (continued)

- a. assistance is granted within ten days of the date the decision is sent to the appropriate office of the Department if he or she was not receiving SCA at the time of the decision; and
- b. a corrective payment is issued retroactive to:
 - (1) the first day of the month in which the petition was filed; or
 - (2) the first day of the month for which he or she is determined to be unemployable, whichever is earlier.

D. SMA Coverage Groups

1. Medically Needy

a. Coverage Group Description

Individuals may qualify for SMA, regardless of their eligibility for SCA. This group includes, but is not limited to members of individual and family assistance units who:

- (1) do not meet the categorical requirements for SCA; or
- (2) are disqualified from SAGA cash assistance; and
- (3) do not meet categorical requirements for Medicaid; and
- (4) have not been disqualified from participation in SMA due to an intentional program violation; and
- (5) meet the medically needy financial criteria.

b. Duration of Eligibility

Assistance units qualify as medically needy under this coverage group for every month that they meet the above conditions.

c. Income and Asset Criteria

The Department uses the following criteria to determine eligibility under this coverage group:

- (1) the income limit is the medically needy income limit (MNIL) used in the Medicaid program;
- (2) income can be reduced to the MNIL by a spenddown of medical expenses; (Cross Reference: 5520)
- (3) the asset limit is \$1,000 per assistance unit.

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8080.25 D. 2. Work Extensions

a. Coverage Group Description

This group includes members of individual and family assistance units when:

- (1) the assistance unit was receiving SMA under the medically needy coverage group; and
- (2) the assistance unit becomes ineligible solely because of new or increased earnings.

b. Duration of Eligibility

- (1) Assistance units qualify under this coverage group for three calendar months beginning with the first month of ineligibility for medical assistance.
- (2) If ineligibility occurs prior to termination of medical assistance, the extension period begins with the first month in which the income of the assistance unit exceeded the MNIL.

c. Income and Asset Criteria

The assistance unit is not required to pass any income or asset test during the work extension period.

3. Residents of Free-standing Rehabilitation Hospitals Eligible Under Special Income Limit

a. Coverage Group Description

This group includes residents of chronic disease and free-standing rehabilitation hospitals who;

- (1) reside in the facility for at least thirty (30) consecutive days; and
- (2) have income below a special income limit.

b. Duration of Eligibility

Individuals qualify under this coverage group as long as the conditions above are met.

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8080.25 D. 3. Residents of Free Standing Rehabilitation Hospitals Eligible Under Special Income Limit (continued)

c. Income and Asset Criteria

- (1) The Department determines income eligibility under this coverage group by comparing the individual's gross income to the special CNIL used in the Medicaid program which is set at 300% of the maximum SSI amount for one person.
 - (a) if the individual's gross income is less than the special CNIL, he or she is eligible under this coverage group.
 - (b) if the individual's gross income equals or exceeds the special CNIL, he or she does not qualify under this coverage group.
- (2) The asset limit is \$1,000 per assistance unit.

E. Verification Requirements

The categorical eligibility requirements of a minor living in an acceptable living arrangement and employability status must be verified. The criteria for acceptable verification and any penalties for willful failure to satisfy the verification requirements are described below.

1. Living Arrangement of a Minor-Requirement

- a. In order to qualify for SCA benefits, a minor must verify that he or she lives with a parent or legal guardian or is legally emancipated.
- b. DCF verifies a minor's claim of a good cause exemption from the living arrangement requirement.
- c. A minor who is referred to DCF because he or she claims exemption from the requirement for one of the reasons listed in policy:

- (1) is granted assistance pending the outcome of the DCF referral;
and
- (2) is discontinued if DCF determines that good cause does not exist to exempt the minor from the requirement.

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8080.25 E. 2. Verification Requirements

a. Unemployable

- (1) In order to qualify for SCA, an individual who states he or she is unemployable must provide verification that he or she meets either the medical or non-medical criteria described in policy.
- (2) The Department determines whether the individual's impairment(s) meet the medical criteria described in policy after conducting a review of the medical, social and vocational data provided.
- (3) Lack of verification concerning the individual's unemployability status based on medical or non-medical criteria results in ineligibility unless:
 - (a) the individual qualifies as a transitional individual; or
 - (b) the individual qualifies as a member of a SAGA family that includes a minor child; or
 - (c) the individual is determined to be unemployable after filing a petition for a reconsideration of his or her employability status.

b. Long-Term Impairment

- (1) In order to qualify for SCA, an individual who claims to be unable to work due to a long-term impairment must provide current medical verification of a physical or mental condition or combination of conditions that prevents employment; and, the verification must indicate that the condition or combination of conditions is expected to preclude employment for six months or more into the future.

- (2) Lack of verification of a long-term impairment results in ineligibility for SCA unless the individual qualifies as unemployable or transitional on some other basis.

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8080.25 E. 2. c. Short-Term Impairment

- (1) In order to qualify for SCA, an individual who claims to be unable to work due to a short-term impairment must:
 - (a) provide current medical verification of a physical or mental condition or combination of conditions that prevents employment; and, the verification must indicate that the condition is expected to preclude employment for at least two months into the future, but will last less than six months; and
 - (b) submit documentation that he or she had sufficient earnings to demonstrate a connection to the labor market; or
 - (c) submit documentation that he or she is exempt from the labor market connection.
- (2) Lack of verification concerning the above factors results in ineligibility for SCA unless the individual qualifies as unemployable or transitional on some other basis.

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P-8080.25 A. Determining if the Minor Must Live With an Adult

1. Explore the minor's current living arrangement. Consider such things as:
 - Does the minor live with anyone?
 - If yes, what is the relationship between that person and the minor?
 - Can the minor live with either one of his or her parents?
 - Is there an adult relative with whom the minor could live?
2. Evaluate the answers to the questions described in #1 in light of the policy.
3. Consider that the minor has met the requirement if he or she lives with:
 - a natural or adoptive parent or stepparent.
 - a legal guardian.
 - an adult who is applying for guardianship of the minor.
4. Consider that a minor has met the requirement when he or she lives in an adult-supervised living arrangement as described in policy.
5. Consider that a minor has met the requirement when he or she was legally emancipated by a court or by marriage.
6. Advise a minor who is living with an adult other than a parent or legal guardian that the adult must apply for guardianship before SAGA can be granted for the minor.

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P-8080.25 A. Determining if the Minor Must Live With an Adult (continued)

7. If the minor does not meet one of the exemptions listed in #3 or #4, determine if he or she has good cause not to live with a parent or guardian.
8. Consider the following as examples that indicate that the minor's physical or mental health or safety of the minor would be jeopardized if he or she lived with the parent or guardian:
 - there is a substantiated report of abuse or neglect.
 - a neglect petition has been filed.
 - the minor claims that the parent has abused or neglected him or her.
9. If the minor appears exempt from the requirement for good cause, make a referral to DCF for an assessment of the minor's situation. Do not delay granting assistance while waiting for DCF's response.
10. If the minor is clearly not exempt from the requirement, and refuses to return to his or her parent's home, or to another suitable living arrangement, consider that the minor has not met this eligibility requirement.
11. Consider the DCF recommendation along with all other available information when making a decision with respect to this eligibility requirement.
 - Determine that a minor who lives alone is eligible for SAGA when DCF determines this is an acceptable care plan for the minor.
 - Determine that a minor is ineligible when he or she does not cooperate with the care plan established by DCF.
12. Discontinue assistance to a minor who refuses to cooperate with the care plan recommended by DCF.

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P-8080.25 B. Determining Status as a Transitional Individual

1. Accept an individual's statement that he or she is able to work.
2. Determine that an individual is employable when he or she claims to be able to work
3. Deny SCA to an individual who is employable. Remember that employability status is not an eligibility requirement for SMA.
4. Require verification as outlined in policy when the individual claims that he or she cannot work for at least two months due to a physical or mental impairment as defined in policy:
 - request that the individual provide a medical statement; or
 - give the individual a W-300A, "Medical Statement" to be completed by his/her physician; and
 - offer to send the medical statement directly to the physician; and
 - advise the individual of the importance of providing the information in a timely fashion; and
 - postpone the granting of SCA to an applicant who does not have verification of his or her impairment(s).
5. Review the medical verification provided by an individual who claims a physical or mental impairment and determine:
 - if the illness(es) or condition(s) makes it unlikely that the person can work; and
 - the anticipated duration of the illness(es) or condition(s).
6. Determine that an individual who has an impairment or impairments that will last at least six months is transitional because of a long-term impairment(s).
7. Initiate a medical review to determine whether an individual with a long-term impairment is unemployable by doing the following:
 - give the individual a W-300, "Medical Report" to be completed by his/her physician, or

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- offer to send the W-300 directly to the physician; and
 - give the individual a W-303, "Client Supplement" to complete; and
 - be sure to have the individual complete a W-303A, "Authorization to Release Information from Examining Physician" for each physician who has information concerning the individual's current condition(s).
8. Screen a Medicaid application for an individual whose condition may last for at least twelve months and refer the individual to Social Security to apply for Disability benefits and/or SSI.
 9. When the medical review determines that the individual's condition does not meet the criteria to be determined unemployable because the impairment does not meet the severity criteria, determine that the individual is employable.
 10. Discontinue SCA to the employable individual, following adverse action rules.
 11. When the medical review determines that the individual's condition meets the severity criteria, but not the durational criteria (i.e., the condition will not last for six months), review the decision for the anticipated duration of the impairment.
 12. If the impairment is expected to continue beyond the month of the medical determination, determine whether the individual is exempt from the labor market connection requirement according to policy.
 13. If the individual is not exempt, review the Department of Labor file to determine whether he or she has sufficient wages in the look-back period to meet the labor market requirement.
 14. Assist the individual in obtaining verification when he or she claims to meet the labor market connection and DOL information does not support the claim or is inconclusive.
 15. Evaluate the labor market connection in the way that is more advantageous to the individual:

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8080.25 B. Determining Status as a Transitional Individual (continued)

- include the current quarter if there were earnings of \$500 or more and look-back to determine whether there were at least \$500 of earnings in each of two or more of the preceding four calendar quarters; or
 - look back at the five full calendar quarters preceding the month of application/review to determine whether there were \$500 of earnings in at least three of the five quarters.
16. Continue SCA to the individual through the month that the medical review determines as the duration of the impairment when:
- the individual's condition will last beyond the month of the medical determination; and
 - he or she meets the labor market connection; or
 - he or she is exempt from the labor market requirement.
17. Set an alert to discontinue SCA the last month that the impairment is projected to last, based on medical verification.
18. Remember that an individual who was previously discontinued from General Assistance or SAGA after a medical determination of his or her long-term impairment is ineligible for SCA for a period of one year following the month of discontinuance unless he or she meets the circumstances described in policy.
19. Determine that an individual has a short-term impairment when the following circumstances are true:
- the condition constitutes an impairment that prevents the individual from working; and
 - the condition will continue for two months beyond the date of the documentation but is not expected to continue for six months; and
 - the individual verifies that he or she has a connection with the labor market; or

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P-8080.25 B. Determining Status as a Transitional Individual (continued)

- the individual verifies that he or she is exempt from the labor market connection.

C. Determining Status as an Unemployable Individual

1. Consider an individual unemployable under the following conditions:
 - a medical review determines that the individual meets either the criteria for unemployability as defined by the Department or the disability criteria as defined by the Social Security Administration; or
 - the individual has received an award letter granting SSI or SSDI but has not yet been issued SSI or Social Security benefits.
2. Consider an individual unemployable when his or her age is verified as either under sixteen or sixty-five or older.
3. Consider an individual unemployable when he or she is needed at home to take care of his or her child whose age is verified as under age two when the child lives with the individual.
4. Determine that an individual is unemployable when a physician verifies that he or she is needed at home to care for an incapacitated spouse or child of any age who lives with the individual.
5. Determine that an individual is unemployable when he or she appears to meet the eligibility requirements of another cash assistance program and it is confirmed that an application for the other program was actually completed.
6. Remember that in order to meet the eligibility requirements for State Supplement, an individual must have income other than General Assistance or SAGA.
7. Consider an individual unemployable who verifies he or she is a Vista volunteer.

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P-8080.25 C. Determining Status as an Unemployable Individual (continued)

8. Verify the school attendance of a high school student. Consider a full-time student as unemployable when the school confirms that he or she is a student in good standing. Consider a high school student unemployable during the summer months until he or she graduates.
9. Verify the age of an individual who claims to be age fifty-five or older. Review the Department of Labor file and verify his or her work history to confirm a claim that he or she has not worked more than six months in the last five years. Consider the individual unemployable when he or she meets the criteria stated in policy.

D. SAGA Medical Criteria - Listings

In order to be considered medically Unemployable under SAGA, the individual's impairment must meet or exceed the following listings and must have an expected duration of at least six months from the date the individual applied for SCA or requested medical Unemployable status, whichever is later.

1. Musculo-Skeletal System

a. Arthritis of Any Major Joint

Arthritis of any major joint (hips, knees, hands or feet) must be substantiated by **both (1) and (2):**

- (1) the presence of **three or more of the following** clinical findings:

- (a) pain
- (b) swelling
- (c) tenderness
- (d) warmth
- (e) redness
- (f) stiffness, or
- (g) limitation of motion

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P-8080.25 D. SAGA Medical Criteria – Listings (continued)

1. **Musculoskeletal System, continued**
 AND

(2) corroboration of the diagnosis by **at least two of the following:**

- (a) positive serologic test for rheumatoid factor, or antinuclear antibody or HLAB antigen
- (b) elevated sedimentation rate
- (c) positive joint fluid culture
- (d) elevation of white blood count
- (e) significant anatomical deformity, or
- (f) X-ray evidence of significant joint space narrowing or bony destruction.

b. Disorders or the Spine

Disorders or the spine must be demonstrated by **one of the following:**

- (1) x-ray evidence of significant arthritic changes manifested by ankylosis, fixation, or motion limitation (objective)
- (2) bone density evidence of significant osteoporosis manifested by pain and real motion limitation, or
- (3) evidence of other vertebrogenic disorders (e.g. herniated nucleus pulposus or spinal stenosis), with **all of the following:**

- (a) pain
- (b) significant limitation of motion in the spine, and
- (c) appropriate radicular distribution of significant sensory, motor, or flex

abnormalities.

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1. Musculoskeletal System, continued

c. Fracture of a Major Bone

The listing is met when solid union has not occurred.

d. Soft Tissue Injuries or Loss

Soft tissue injuries or loss, including burns, must be demonstrated by **one of the following**:

- (1) significant loss which prohibits function of an upper or lower extremity
- (2) significant body surface involvement, or
- (3) involvement of critical areas such as hands and feet that prevents their use.

2. Special Senses and Speech

a. Impairment of Central Visual Acuity

Remaining vision in the better eye after best correction must be 20/100 or less.

b. Contraction of Peripheral Visual Fields

Contraction of peripheral visual fields in the better eye must meet **one of the following**:

- (1) to 20 degrees or less from point of fixation
- (2) so the widest diameter subtends an angle no greater than 25 degrees, or
- (3) to 25 percent or less visual field efficiency.

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2. Special Senses and Speech, continued

c. Hearing Impairments

Hearing must not be restorable by a hearing aid and the impairment must be manifested by **one of the following**:

- (1) average hearing threshold sensitivity for air conduction of 90 decibels or greater; and for bone conduction to corresponding maximal levels, in the better ear, determined by the simple average of hearing threshold levels at 500, 1000, and 2000 Hz, or
- (2) speech discrimination scores of 40 percent or less in the better ear.

d. Disturbance of Labyrinthine-Vestibular Function

Disturbance of labyrinthine-vestibular function (including Meniere's disease) must be demonstrated by:

- (1) more than one attack of balance disturbance and tinnitus within a 3 month period immediately preceding application for Unemployability, and
- (2) the symptoms must affect daily functions, and
- (3) the diagnosis must be corroborated by **one of the following**:
 - (a) disturbed function of vestibular labyrinth demonstrated by caloric or other vestibular tests, or
 - (b) hearing loss established by audiometry.

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3. Respiratory System

a. Chronic Obstructive Airway Disease

Spirometric evidence of airway obstruction must be demonstrated by maximum voluntary ventilation (MVV) and one-second forced expiratory volume (FEV1) with both values equal to or less than those specified in Table I, corresponding to height.

TABLE I

HEIGHT (INCHES)	MVV (MBC) EQUAL TO OR LESS THAN (L/MIN)	AND	FEV1 EQUAL TO OR LESS THAN (L)
57 or Less	42	and	1.5
58	43	and	1.5
59	44	and	1.5
60	45	and	1.6
61	46	and	1.6
62	47	and	1.6
63	48	and	1.6
64	49	and	1.7
65	50	and	1.7
66	51	and	1.7
67	52	and	1.8
68	53	and	1.8
69	54	and	1.8
70	55	and	1.9
71	56	and	1.9
72	57	and	1.9
73 or More	58	and	1.9

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3. Respiratory System, continued

b. Diffuse Pulmonary Fibrosis

Diffuse pulmonary fibrosis due to any cause must be demonstrated by **both (1) and (2) below** and expected to last at least sixty (60) days:

- (1) total vital capacity (VC) must be equal to or less than the values specified in Table II below, corresponding to height.

TABLE II

HEIGHT (INCHES)	VC = OR LESS THAN
57 or Less	1.7
58	1.8
59	1.8
60	1.9
61	1.9
62	2.0
63	2.0
64	2.1
65	2.1
66	2.2
67	2.2
68	2.3
69	2.3
70	2.4
71	2.4
72	2.5
73 or More	2.5

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3. Respiratory System, continued

AND

- (2) arterial oxygen tension (pO₂) at rest and simultaneously determined arterial carbon dioxide tension (pCO₂) values must be equal to or less than those specified in Table III below

TABLE III

ARTERIAL PCO₂ (mmHg)	ARTERIAL PO₂ EQUAL TO OR LESS THAN (mmHg)
30 or Below	75
31	74
32	73
33	72
34	71
35	70
36	69
37	68
38	67
39	66
40 or Above	65

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3. Respiratory System, continued

c. Other Restrictive Ventilatory Disorders

Other restrictive ventilatory disorders (such as kyphoscoliosis, thoracoplasty and pulmonary resection) must be substantiated by total vital capacity (VC) equal to or less than the values specified in Table IV below, corresponding to height.

TABLE IV

HEIGHT (INCHES)	VC EQUAL TO OR LESS THAN (L)
59	1.5
60	1.6
61	1.6
62	1.6
63	1.6
64	1.7
65	1.7
66	1.7
67	1.8
68	1.8
69	1.8
70	1.9

d. Active Pulmonary Tuberculosis

Active pulmonary tuberculosis must be corroborated by **one of the following:**

- (1) positive culture, or
- (2) X-ray evidence of increasing lesions or cavitation.

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3. Respiratory System, continued

e. Other Respiratory Disorders

Other respiratory disorders must be shown by the presence of at **least two of the following**:

- (1) shortness of breath, wheezing, ronchi, rales, cough or fever
- (2) significant x-ray changes, or
- (3) significant laboratory abnormalities.

4. Cardiovascular System

a. Open Heart Surgery

The criteria in 4c. or 4d. must be met.

b. Ischemic Heart Disease

Ischemic heart disease, with chest pain of cardiac origin, must be corroborated by **one of the following**:

- (1) significantly diminished exercise tolerance corroborated by results of ETT
- (2) significant ischemic changes on resting EKG
- (3) EKG evidence of myocardial infarction at some time and symptoms if EKG evidence is more than six (6) months old
- (4) development of significant arrhythmia
- (5) angiographic evidence (obtained independently) of coronary artery disease, or
- (6) development of left bundle block.

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4. Cardiovascular System, continued

c. Congestive Heart Failure

Congestive heart failure must be maintained **by both (1) and (2) or (3).**

- (1) evidence of vascular congestion (such as hematomagaly or peripheral or pulmonary edema), and
- (2) evidence of congestive heart failure on clinical examination, or
- (3) significant x-ray or EKG changes.

d. Arteriosclerosis Obliterans or Thromboangiitis

Arteriosclerosis Obliterans or Thromboangiitis must be substantiated by **both (1) and (2).**

- (1) intermittent claudication, and
- (2) absence of peripheral arterial pulsations below the knee.

e. Venous Insufficiency of the Lower Extremity

Venous insufficiency of the lower extremity must be associated with **two** of the following:

- (1) varicosities
- (2) brawny edema
- (3) statis dermatitis, or
- (4) ulceration.

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5. Digestive System

a. Gastrointestinal Disorders

Gastrointestinal disorders must demonstrate the presence of clinical findings from **one of the following**:

- (1) Significant pathology (any structural and/or functional manifestation of disease of the digestive tract which is not self limited in its course or natural history, e.g. recurrent upper GI hemorrhage; stricture, stenosis, or obstruction of the esophagus; peptic ulcer disease despite therapy; gastric outlet obstruction; s/p shunt operation for esophageal varices; ulcerative or granulomatous colitis; regional enteritis or Crohn's disease; presence of one or more fistula(e) or abscess(es); recurrent obstruction of any part of GI-Tract) demonstrated by x-ray, endoscopy, barium enema, biopsy or other objective criteria; **OR**
- (2) The presence of **one of the following**:
 - (a) abscess or fistula formation;
 - (b) hematocrit of 30 percent or less;
 - (c) serum albumin of 3.0 g per deciliter (100 ml) or less;
 - (d) serum calcium of 8.0 mg per deciliter;
 - (e) fat in stool of 7.0 m or greater per 24-hour specimen;
 - (f) nitrogen in stool of 3.0 g or greater per 24-hour specimen;
 - (g) evidence of pancreatic dysfunction, or
 - (h) systemic manifestations such as arthritis, iritis or liver disfunction not attributable to other

causes.

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5. Digestive System, continued

b. Diseases of the Liver

Chronic or Persistent Liver Disease. Chronic liver disease (portal, postnecrotic, biliary cirrhosis, chronic active hepatitis, prolonged acute viral hepatitis, or Wilson's disease) must be substantiated by **one of the following**:

- (1) a history of significant and unresolved hyperbilirubinemia
- (2) ascites due to hypoalbuminemia
- (3) mental confusion
- (4) confirmation of liver disease by liver biopsy, or
- (5) clinical demonstration of **two of the following**:
 - (a) bleeding from esophageal varices
 - (b) hepatic cell necrosis or inflammation;
 - (c) hepatic encephalopathy.

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5. Digestive System, continued

c. Weight Loss

Weight loss due to any gastrointestinal disorder despite treatment and proper nutrition must be substantiated by weight loss equal to or less than the values specified in Table V (for men) and Table VI (for women), corresponding to height.

TABLE V – MEN

HEIGHT (INCHES)	WEIGHT (POUNDS)
----------------------------	----------------------------

61	95
62	98
63	100
64	103
65	106
66	109
67	112
68	116
69	119
70	122
71	126
72	129
73	133
74	136
75	139
76	143

TABLE VI - WOMEN

HEIGHT (INCHES)	WEIGHT POUNDS)
----------------------------	---------------------------

61	82
62	84
63	87
64	89
65	92
66	94
67	97
68	100
69	104
70	107
71	111
72	114
73	117
74	121
75	124
76	128

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6. Genitourinary System

Impairment of Renal Function

Impairment of renal function due to any cause must be substantiated by **one of the following**:

- (a) elevation of serum creatinine
- (b) hematocrit of 30 percent or less
- (c) renal osteodystrophy manifested by bone pain and appropriate radiographic abnormalities
- (d) documented fluid overload syndrome
- (e) anorexia
- (f) hemodialysis or peritoneal dialysis, or
- (g) proteinuria.

7. Hemic and Lymphatic Systems

a. Anemia

Anemia must be substantiated by a hematocrit of 30 percent or less that is not tolerated.

b. Sickle Cell Disease

Sickle cell disease or one of its variants must be substantiated by a documented painful (thrombotic) crisis within the thirty- (30) day period immediately preceding application for Unemployability status.

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8. Skin

All skin disorders and infections will be considered incapacitating when **one of** the following is present:

- (a) involvement of extensive body areas, or
- (b) involvement of critical areas such as hands, feet, axillae, perineum or face.

9. Endocrine System

a. Diabetes Mellitus

Diabetes Mellitus must be substantiated by **one of the following:**

- (1) peripheral neuropathy manifested by decreased sensation and loss of vibration and positional sense;
- (2) significant visual impairment according to the criteria in Special Senses and Speech (B)(1) or (B)(2);
- (3) amputation due to diabetic necrosis or peripheral vascular disease.

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9. Endocrine System, continued

b. Obesity

- (1) must be substantiated by weight equal to or greater than the values specified in Table VII for males or Table VIII for females and have one from item (2).

TABLE VII – MEN

HEIGHT (INCHES)	WEIGHT (POUNDS)
----------------------------	----------------------------

60	246
61	252
62	258
63	264
64	270
65	276
66	284
67	294
68	302
69	310
70	318
71	328
72	336
73	346
74	356
75	364
76	374

TABLE VIII - WOMEN

HEIGHT (INCHES)	WEIGHT POUNDS)
----------------------------	---------------------------

56	208
57	212
58	218
59	224
60	230
61	236
62	242
63	250
64	258
65	266
66	274
67	282
68	290
69	298
70	306
71	314
72	322

AND

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9. Endocrine System, continued

(2) AND one of the following:

- (a) a history of significant pain and limitation of motion in any weight-bearing joint or the lumbosacral spine;
- (b) significant hypertension;
- (c) a history of significant cardiovascular difficulties
- (d) chronic venous insufficiency with pain or superficial varicosities, or
- (e) significant respiratory difficulties

10. Multiple Body Systems

Lupus Erythmatosus

Disseminated lupus erythmatosus must be established by a positive LE preparation or biopsy or positive ANA test. Exacerbation (involving renal, cardiac, pulmonary, gastrointestinal or central nervous systems) must have occurred within the thirty- (30) day period immediately preceding application for Unemployability status.

11. Neurological System

a. Central Nervous System Vascular Accident

Two of the following must be met:

- (1) ineffective speech or communication
- (2) significant disorganization of motor function in one or more extremities interfering with locomotion or use of fingers, hands, and arms, or

(3) significant mental status abnormalities.

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11. Neurological System, continued

b. Epilepsy – Major Motor Seizures

Major motor seizures (or partial complex) documented by EEG and by clinically detailed description of a typical seizure pattern, including all associated phenomena and occurring more frequently than once a month in spite of at least one month of prescribed treatment. **One of the following** must be met:

- (1) daytime episodes (loss of consciousness and convulsive seizures), or
- (2) nocturnal episodes manifesting residuals which interfere significantly with activity during the day.

c. Epilepsy – Minor Seizures

Minor seizures (petit mal, psychomotor or focal) documented by EEG and by detailed description of a typical seizure pattern, including all associated phenomena and occurring more frequently than once weekly in spite of at least one month of prescribed treatment. **One of the following** must be met:

- (1) alteration of awareness, or
- (2) loss of consciousness and transient post ictal manifestations of unconsciousness and transient postictal manifestations of unconventional behavior or significant interference with activity during the day.

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11. Neurological System, continued

d. Parkinsonian Syndrome

The criteria in **(1) or (2)** must be met. If either is met the clinical picture **must result in (3):**

- (1) significant rigidity, bradykinesia, or tremor in two extremities; or
- (2) significant rigidity, bradykinesia, or tremor in one extremity, if in dominant hand with significant loss of dexterity, and
- (3). resulting in sustained disturbance of gross and dexterous movements, or gait and station.

e. Spinal Cord or Nerve Root Lesions

Spinal cord or nerve root lesions, due to any cause with disorganization of motor function (significant and persistent disorganization of motor function in a single extremity, resulting in sustained disturbance of gross and dexterous movements or gait and station).

f. Multiple Sclerosis

Disorganization of motor function with **one of the following:**

- (1) significant and persistent disorganization of motor function in two extremities, or one dominant upper extremity, resulting in sustained disturbance of gross and dexterous movements, or gait and station, or marked motor fatigability; or
- (2) impairment of central visual acuity. Remaining vision in the better eye after best correction must be 20/100

or less; or

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11. Neurological System, continued

- (3) contraction of peripheral visual fields. Contraction of peripheral vision fields in the better eye muscle with **one of the following:**

- (a) to 20 degrees or less from the point of fixation;
- (b) so the widest diameter subtends an angle no greater than 25 degrees; or
- (c) to 25 percent or less visual field efficiency.

g. Myasthenia Gravis

The following criteria in **(1) or (2)** must be met, **while receiving prescribed treatment:**

- (1) significant difficulty with speaking, swallowing or breathing; or
- (2) significant motor weakness of muscles of extremities on repetitive activity against resistance.

h. Myotonic Muscular Dystrophy

Myotonic muscular dystrophy with disorganization of motor function (significant and persistent disorganization of motor function in two extremities resulting in sustained disturbance of gross and dexterous movements, or gait and station).

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11. Neurological System, continued

i. Peripheral Neuropathies

Peripheral neuropathies with disorganization of motor function (significant and persistent disorganization of motor function in one extremity, resulting in sustained disturbance of gross and dexterous movements, or gait and station) in spite of prescribed treatment.

j. Subacute Combined Cord Degeneration

Subacute combined cord degeneration (pernicious anemia) with disorganization of motor function described in **(1)** and **(2)** below and not significantly improved by prescribed treatment:

- (1) significant and persistent disorganization of motor function in one extremity, resulting in sustained disturbance of gross and dexterous movements, or gait and station; and
- (2) unsteady, broad-based or ataxic gait causing significant restriction of mobility substantiated by appropriate posterior column signs.

k. Cerebral Trauma

Evaluate under the provisions for Cerebral Nervous System Vascular Accident (11.a) or Epilepsy (11.b) or (11.c), or Dementia with or without Delirium (12.b).

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12. Mental Disorders

a. Definitions

The following definitions should be used when referencing this section.

- (1) **Need for medical evidence:** The existence of a medically determinable impairment must be established by medical evidence consisting of clinical signs, symptoms and/or laboratory test findings. These findings may be intermittent or persistent depending on the nature of the disorder. Clinical signs are medically demonstrable phenomena that reflect specific abnormalities of behavior, affect, thought, memory, orientation or contact with reality. These signs are typically assessed by a psychiatrist. Symptoms or complaints are presented by the individual. Signs and symptoms generally cluster together to constitute recognizable clinical syndromes (mental disorders). Both symptoms and signs which are part of any diagnosed mental disorder must be considered in evaluating severity.
- (2) **Assessment of severity:** For mental disorders, severity is assessed in terms of the functional limitations imposed by the impairment. Where “marked” is used as a standard for measuring the degree of limitation, it means more than moderate, but less than extreme. A marked limitation may arise when several activities or functions are impaired or even when only one is impaired, so

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12. Mental Disorders, continued

long as the degree of limitation is such as to seriously interfere with the ability to function independently, appropriately and effectively.

- (a) Activities of daily living including adaptive activities such as cleaning, shopping, cooking, taking public transportation, paying bills, maintaining a residence, caring appropriately for one's grooming and hygiene, using telephones and directories, using a post office, etc. In the context of the individual's overall situation, the quality of these activities is judged by their independence, appropriateness and effectiveness. It is necessary to define the extent to which the individual is capable of initiating and participating in activities independent of supervision or direction.

"Marked" is not the number of activities that are restricted but the overall degree of restriction or combination of restrictions which must be judged.

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12. Mental Disorders, continued

- (b) Social functioning refers to an individual's capacity to interact appropriately and communicate effectively with other individuals. "Marked" is not the number of areas in which social functioning is impaired, but the overall degree of interference in a particular area or combination of areas of functioning.
- (c) Concentration, persistence and pace refer to the ability to sustain focused attention sufficiently long to permit the timely completion of tasks commonly found in work settings. In activities of daily living, concentration may be reflected in terms of ability to complete tasks in everyday household routines. Deficiencies in concentration, persistence and pace are best observed in work and work-like settings.
- (d) Documentation: The presence of a mental disorder should be documented primarily on the basis of reports from individual providers, such as psychiatrists, and facilities such as hospitals and clinics. Adequate descriptions of functional limitations must be obtained from these or other sources which may include programs and facilities where the individual has been observed over a considerable period of time.

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12. Mental Disorders, continued

Information from both medical and non-medical sources may be used to obtain detailed descriptions of the individual's activities or daily living; social functioning, concentration, persistence and pace; or ability to tolerate increased mental demands (stress). This information can be provided by programs such as community mental health centers, day care centers, sheltered workshops, etc. It can also be provided by others, including family members, who have knowledge of the individual's functioning. In some cases, descriptions of activities of daily living or social functioning given by individuals or treating sources may be insufficiently detailed and/or may be in conflict with the clinical picture otherwise observed or described in the examination of reports. Evidence may include treatment notes, hospital discharge summaries, and work evaluation or rehabilitation progress notes if these are available. It is necessary to resolve any inconsistencies or gaps that may exist in order to obtain a proper understanding of the individual's functional restrictions.

Some individuals may attempt to work or may actually have worked during the periods of time pertinent to the determination of disability. This may have been an independent attempt at work, or it may have been in conjunction with a community mental health or other

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sheltered program that may have been of either short or long duration. Information concerning the individual's behavior during any attempt to work and the circumstances surrounding termination of the work effort are particularly useful in determining the individual's ability or inability to function in a work setting.

- (e) Chronic Mental Impairments: Particular problems are often involved in evaluating mental impairments in individuals who have long histories of repeated hospitalizations or prolonged outpatient care with supportive therapy and medication. Individuals with chronic psychotic disorders commonly have their lives structured in such a way to minimize stress and reduce their signs and symptoms. Such individuals may be much more impaired for work than their signs and symptoms would indicate. The results of a single examination may not adequately describe these individuals' sustained ability to function. It is therefore vital to include all pertinent and available information relative to the individual's condition, especially at times of increased stress.
- (f) Effects of Medication: Attention must be given to the effect of medication on the individual's signs, symptoms and ability to function. While psychotropic medications may control certain primary manifestations

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12. Mental Diseases, continued

of a mental disorder, e.g., hallucinations, such treatment may or may not effect the functional limitations imposed by a mental disorder. In cases where overt symptomology is attenuated by psychotropic medications, particular attention should be included on the functional restrictions that may persist. These functional restrictions are important for the measure of impairment severity.

Neuroleptics, the medicines used in the treatment of some mental illnesses, may cause drowsiness, blunted affect or other side effects involving other body systems. Such side effects must be considered in evaluating overall impairment severity. Where adverse effects of medications contribute to the impairment severity and the impairment does not meet the listings but is nonetheless severe, such adverse effects must be considered in the assessment of the disability.

- (g) Effect of Treatment: It must be remembered that with adequate treatment, some individuals suffering with chronic mental disorders not only have their signs and symptoms ameliorated but also return to a level function close to that of their premorbid status.

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12. Mental Diseases, continued

b. Dementia With or Without Delirium

Psychological, cognitive or behavioral abnormalities associated with a dysfunction of the brain. History and physical examination or laboratory tests demonstrate the presence of specific organic factor judged to be etiologically related to the abnormal mental state and loss of previously acquired functional abilities.

The required level of severity for these disorders is met when the requirements **in both (1) and (2)** are satisfied.

- (1) demonstration of loss of specific cognitive abilities or affective changes and the medically documented persistence **of at least one of** the following:
- (a) disorientation to time and place;
 - (b) substantial memory loss impairment;
 - (c) perceptual or thinking disturbances (e.g. hallucinations, delusions);
 - (d) change in personality;
 - (e) disturbance in mood;
 - (f) emotional lability (e.g. explosive temper outbursts, sudden crying, etc.) and impairment in impulse control; or
 - (g) loss of measured intellectual ability of at least fifteen (15) IQ points from premorbid levels or overall impairment index clearly within the moderately to severely impaired range on neuropsychological testing (e.g. the Luria-Nebraska, Halstead-Reitan, etc.);

AND

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12. Mental Diseases, continued

(2) Resulting in **at least one of** the following

- (a) marked restriction of activities of daily living;
- (b) marked difficulties in maintaining social functioning;
- (c) deficiencies of concentration, persistence or pace resulting in frequent failure to complete tasks in a timely manner (in work settings or elsewhere); or
- (d) repeated episodes of deterioration or decompensation in work or work-like settings, which cause the individual to withdraw from that situation or to experience exacerbation of signs and symptoms (which may include deterioration of adaptive behaviors).

c. Schizophrenic, Paranoid and Other Psychotic Disorders

Characterized by the onset of psychotic features with deterioration from a previous level of functioning.

The required level of severity for these disorders is met when the requirements **in both (1) and (2) or (3)** are met:

- (1) Medically documented persistence, either continuous or intermittent of **one of the following**:
 - (a) delusions or hallucinations;
 - (b) catatonic or other grossly disorganized behavior;

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12. Mental Diseases, continued

- (c) incoherence, loosening of associations, illogical thinking, or poverty or content of speech if associated with **one of the following**:
 - (i) blunt affect
 - (ii) flat affect
 - (iii) inappropriate affect; or
- (d) Emotional withdrawal and/or isolation, **AND**
- (2) resulting in **at least one of the following**:
 - (a) marked restriction of activities of daily living;
 - (b) marked difficulties in maintaining social functioning;
 - (c) deficiencies of concentration, persistence or pace resulting in frequent failure to complete tasks in a timely manner (in work settings or elsewhere); or
 - (d) repeated episodes of deterioration or decompensation in work or work-like settings, which cause the individual to withdraw from that situation or to experience exacerbation of signs and symptoms (which may include deterioration of adaptive behaviors),

OR

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- (3) medically documented history of one or more episodes of acute symptoms, signs and functional limitations which at the time met the requirements in (1) and (2) of this listing, although these symptoms or signs are currently attenuated by medication or psychosocial support, and **one of the following**:
 - (a) repeated episodes of deterioration or decompensation in situations, which cause the individual to withdraw from that situation or to experience exacerbation of signs and symptoms (which may include deterioration of adaptive behaviors); or
 - (b) documented current history of two or more year's inability to function outside of a highly supportive living situation.

d. Affective Disorders

Characterized by a disturbance of mood, accompanied by a full or partial manic or depressive syndrome.

Mood refers to a prolonged emotion that colors the whole psychic life; generally involving either depression or elation.

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12. Mental Diseases, continued

The required level of severity for these disorders is met when the requirements **in both (1) and (2)** are met:

(1) medically documented persistence must be met by **one of (a), (b) or (c):**

(a) depressive syndrome characterized by **at least three of the following:**

- (i) anhedonia or pervasive loss of interest in almost all activities
- (ii) appetite disturbance with change in weight
- (iii) sleep disturbance
- (iv) psychomotor agitation or retardation
- (v) decreased energy
- (vi) feelings of guilt or worthlessness
- (vii) difficulty concentrating or thinking
- (viii) thoughts of suicide, or
- (ix) hallucinations, delusions or paranoid thinking

OR

(b) manic syndrome characterized by **at least two of the following:**

- (i) hyperactivity
- (ii) pressure of speech
- (iii) flight of ideas
- (iv) inflated self esteem
- (v) decreased need for sleep, or

(vi) easy distractibility

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12. Mental Diseases, continued

- (vii) involvement in activities that have a high probability of painful consequences which are not recognized, or
- (viii) hallucinations, delusions or paranoid thinking,

OR

- (c) bipolar syndrome with a history of episodic periods manifested by the full symptomatic picture of both manic and depressive syndromes (and currently characterized by either or both syndromes), **AND**
- (2) resulting in **at least one of the following**:
- (a) marked restriction of activities of daily living
 - (b) marked difficulties in maintaining social functioning
 - (c) deficiencies of concentration, persistence or pace resulting in frequent failure to complete tasks in a timely manner (in work settings or elsewhere)
 - (d) repeated episodes of deterioration or decompensation in work or work-like settings, which cause the individual to withdraw from that situation or to experience exacerbation of signs and symptoms (which may include deterioration of adaptive behaviors)

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12. Mental Diseases, continued

e. Mental Retardation and Autism

Mental retardation refers to a significantly subaverage general intellectual functioning with deficits in adaptive behavior initially manifested during the developmental period (before age 22). (Note: The scores specified below refer to those obtained on the WAIS, and are used only for reference purposes. Scores obtained on other standardized and individually administered tests are acceptable, but the numerical values obtained must indicate a similar level of intellectual functioning.) Autism is a pervasive developmental disorder characterized by social and significant communication deficits originating in the developmental period.

The required level of severity for this disorder is met when **one of the following** is met:

- (1) mental incapacity evidenced by dependence upon others for personal needs (e.g.: toileting, eating, dressing, bathing, or an inability to follow directions), such that the use of standardized measures of intellectual functioning is precluded;
- (2) a valid verbal, performance or full scale IQ of 59 or less
- (3) a valid verbal, performance or full scale IQ of 60 to 69 inclusive and a physical or other mental impairment imposing additional or significant work-related limitation of function, or
- (4) a valid verbal, performance or full scale IQ of 60 to 69 inclusive or in the case of autism, gross deficits of social and communicative skills with **one of the**

following:

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- (a) marked restriction of activities of daily living
- (b) marked difficulties in maintaining social functioning
- (c) deficiencies of concentration, persistence or pace resulting in frequent failure to complete tasks in a timely manner (in work settings or elsewhere);
- (d) repeated episodes of deterioration or decompensation in work or work-like settings, which cause the individual to withdraw from that situation or to experience exacerbation of signs and symptoms (which may include deterioration of adaptive behaviors).

f. Anxiety Related Disorders

In these disorders, anxiety is either the predominant disturbance or it is experienced if the individual attempts to master symptoms; for example, confronting the dreaded object or situation in a phobic disorder or resisting the obsessions or compulsions in obsessive compulsive disorders.

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12. Mental Diseases, continued

The required level of severity for these disorders is met when the requirements **in both a and b.** are met, OR when the requirements **in both a. and c.** are met:

a. Medically documented findings of **one of the following (1), (2), (3):**

(1) generalized persistent anxiety accompanied **by two of the following** signs or symptoms:

- (a) motor tension
- (b) autonomic hyperactivity
- (c) apprehensive expectation
- (d) vigilance and scanning

(2) a persistent fear of a specific object, activity or situation

(3) recurrent severe panic attacks manifested by a sudden, unpredictable onset of intense apprehension, fear, terror and sense of impending doom occurring on the average of at least once a week

(4) recurrent obsessions or compulsions that are sources of marked distress

(5) recurrent and intrusive recollections of a traumatic experience which are a source of marked distress,

AND

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b. Resulting in **at least one of the following:**

- (1) marked restriction of activities of daily living
- (2) Marked difficulties in maintaining social functioning
- (3) deficiencies of concentration, persistence or pace resulting in frequent failure to complete tasks in a timely manner (in work settings or elsewhere);
- (4) Repeated episodes of deterioration or decompensation in work or work-like settings, which cause the individual to withdraw from that situation or to experience exacerbation of signs and symptoms (which may include deterioration of adaptive behaviors); or

c. resulting in complete inability to function independently outside the area of one's home.

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12. Mental Diseases, continued

g. Psychophysiological Disorders

Physical symptoms for which there are no demonstrable organic findings or known physiological mechanisms. The required level of severity for these disorders is met when the requirements **in both (1) and (2)** are met.

(1) Medically documented findings of **one of the following**:

- (a) a history of multiple physical symptoms of several years duration, beginning before age 30, that have caused the individual to take medicine frequently, see a physician often and alter life patterns significantly; or
- (b) persistent non-organic disturbance **of one of** the following:
 - (i) vision
 - (ii) speech
 - (iii) hearing
 - (iv) use of a limb
 - (v) movement and its control (e.g. coordination disturbance, psychogenic seizures, akinesia, dyskinesia)
 - (vi) sensation (e.g. diminished or heightened); or

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12. Mental Diseases, continued

- (c) unrealistic interpretation of physical signs or sensations associated with the preoccupation or belief that one has a serious disease or injury;

AND

- (2) Resulting in **two of** the following:

- (a) marked restriction of activities of daily living
- (b) marked difficulties in maintaining social functioning
- (c) deficiencies of concentration, persistence or pace resulting in frequent failure to complete tasks in a timely manner (in work settings or elsewhere); or
- (d) repeated episodes of deterioration or decompensation in work or work-like settings, which cause the individual to withdraw from that situation or to experience exacerbation of signs and symptoms (which may include deterioration of adaptive behaviors).

h. Personality Disorders

A personality disorder exists when personality traits are inflexible and maladaptive and cause either significant impairment in social or occupational functioning or subjective distress. Characteristic features are typical of the individual's long term functioning and are not limited to discrete episodes of illness.

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12. Mental Diseases, continued

The required level of severity for these disorders is met when the requirements **in both (1) and (2)** are met.

- (1) deeply ingrained, maladaptive documented findings of **one of the following**:
 - (a) seclusiveness or autistic thinking;
 - (b) pathologically inappropriate suspiciousness or hostility
 - (c) oddities of thought, perception, speech and behavior;
 - (d) persistent disturbances of mood or affect;
 - (e) pathological dependence, passivity or aggressivity; or
 - (f) intense and unstable interpersonal relationships and impulsive and damaging behavior, AND

- (2) resulting in **two of the following**:
 - (a) marked restriction of activities of daily living
 - (b) marked difficulties in maintaining social functioning
 - (c) deficiencies of concentration, persistence or pace resulting in frequent failure to complete tasks in a timely manner (in work settings or elsewhere);
 - (d) repeated episodes of deterioration or decompensation in work or work-like settings, which cause the individual to withdraw from that situation or to experience exacerbation of signs and symptoms (which may include deterioration of adaptive behaviors).

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12. Mental Diseases, continued

i. Substance Addiction Disorders

Physical changes or behavioral changes associated with the regular use of substances that affect the central nervous system when accompanied by an impairment listed elsewhere in these standards.

The required level of severity for these substance addiction disorders is met when the requirements **in any of the following disorders (1) through (9)** are met.

- (1) organic mental disorders. Evaluate under Dementia with or without Delirium (12.b);
- (2) depressive syndrome. Evaluate under Affective Disorders (12.d);
- (3) anxiety disorders. Evaluate under Anxiety Related Disorders (12.f);
- (4) personality disorders. Evaluate under Personality Disorders (12.h);
- (5) peripheral neuropathies. Evaluate under Neurological System Impairments (11);
- (6) liver damage. Evaluate under Digestive System Impairments: Diseases of the Liver (5.b);
- (7) gastritis. Evaluate under Digestive System Impairments: Diseases of the Liver (5.b);
- (8) pancreatitis. Evaluate under Digestive System Impairments: Gastrointestinal Disorders (5.a);
- (9) seizures. Evaluate under Neurological System Impairments Epilepsy (11.b) or (11.c).

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13. Immuno-Suppressive Disorders

a. Human Immunodeficiency Virus (HIV)

HIV infection by definitive diagnosis is documented by **one of the following**:

- (1) HIV antibodies
- (2) HIV antigen
- (3) other tests that are highly specific for detection of HIV (e.g. polymerase chain reaction (PCR); or
- (4) other methods of detection consistent with the prevailing state of the medical knowledge and clinical practice that are consistent with all other evidence, and
- (5) **one of the following (a) through (n):**

(a) Bacterial infections:

- (i) mycobacterial infection (e.g. caused by *M. avium-intracellulare*, *M. kansasii*, or *M. tuberculosis*) at a site other than the lungs, skin, or cervical or hilar lymph nodes; or pulmonary tuberculosis resistant to treatment
- (ii) nocardiosis
- (iii) salmonella bacteremia, recurrent non-typhoid
- (iv) syphilis or neurosyphilis - evaluate sequelae under the criteria for the affected body system, e.g. Special Senses and Speech (2.), Cardiovascular System (4.), Neurological (11.); or

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13. Immuno-Suppressive Disorders

- (vi) multiple or recurrent bacterial infection(s), including pelvic inflammatory disease, requiring hospitalization or intravenous antibiotic treatment 3 or more times in 1 year.
- (b) Fungal infections:
 - (i) aspergillosis
 - (ii) candidiasis, at a site other than the skin, urinary tract, intestinal tract, or oral or vulvovaginal mucous membranes, or candidiasis involving the esophagus, trachea, bronchi, or lungs
 - (iii) coccidioidomycosis, at a site other than the lungs or lymph nodes
 - (iv) cryptococcosis, at a site other than the lungs (e.g. cryptococcal meningitis)
 - (v) histoplasmosis, at a site other than the lungs or lymph nodes; or
 - (vi) mucormycosis
- (c) Protozoan or helminthic infections:
 - (i) cryptosporidiosis, isosporiasis, or microsporidiosis, with diarrhea lasting for one month or longer;
 - (ii) pneumocystis carinii pneumonia or extrapulmonary pneumocystis carinii infection;
 - (iii) strongyloidiasis, extraintestinal; or

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- (iv) toxoplasmosis or an organ other than the liver, spleen, or lymph nodes.
- (d) Viral infections:
 - (i) cytomegalovirus disease at a site other than the liver, spleen, or lymph nodes;
 - (ii) herpes simplex virus causing **one of the following**:
 - mucocutaneous infection (e.g. oral, genital, perianal) lasting for one month or longer;
 - infection at a site other than the skin or mucous membranes (e.g., bronchitis, pneumonitis, esophagitis, or encephalitis); or
 - disseminated infection; or
 - (iii) herpes zoster, either disseminated or with multi dermatomal eruptions that are resistant to treatment
 - (iv) progressive multifocal leukoencephalopathy; or
 - (v) hepatitis, as described under the criteria in (E)(2)

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13. Immuno-Suppressive Disorders

- (e) Malignant neoplasms:
 - (i) carcinoma of the cervix, invasive, FIGO stage II and beyond
 - (ii) karposi's sarcoma with **one of the following:**
 - extensive oral lesions
 - involvement of the gastrointestinal tract, lungs, or other visceral organs; or
 - involvement of the skin or mucous membranes, as described under the criteria in **13.a.6.**
 - (iii) lymphoma (e.g., primary lymphoma of the brain, Burkitt's lymphoma, immunoblastic sarcoma, other non-Hodgkin's lymphoma, Hodgkin's disease); or
 - (iv) squamous cell carcinoma of the anus.

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13. Immuno-Suppressive Disorders, continued

- (f) Conditions of the skin or mucous membranes (other than described above in **13.a.2.(b.)**, **13.a.4.(b.)**, or **13.a.4.(c.)**) with extensive fungating or ulcerating lesions not responding to treatment (e.g. dermatological conditions such as eczema or psoriasis, vulvovaginal or other mucosal candida, condyloma caused by human papillomavirus, genital ulcerative disease), or evaluate under the criteria in Skin (section 8)
- (g) hematologic abnormalities:
 - (i) anemia (hematocrit value less than 30 percent)
 - (ii) granulocytopenia (absolute neutrophil count less than or equal to 1000/mm³)
 - (iii) thrombocytopenia (platelet count less than or equal to 40,000/mm³).
- (h) Neurological abnormalities:
 - (i) HIV encephalopathy, characterized by cognitive or motor dysfunction that limits function and progresses
 - (ii) other neurological manifestations of HIV infection (e.g., peripheral neuropathy) as described under the criteria in Neurological (section 11).

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13. Immuno-Suppressive Disorders, continued

- (i) HIV wasting syndrome, characterized by involuntary weight loss of 10 percent or more of baseline or other significant involuntary weight loss in the absence of a concurrent illness that could explain the findings with **one of the following**:
 - (i) chronic diarrhea with two or more loose stools daily lasting for 1 month or longer;
 - (ii) chronic weakness and documented fever greater than 38 deg C (100.4 deg F) for the majority of 1 month or longer
- (j) diarrhea, lasting for 1 month or longer, resistant to treatment and requiring intravenous hydration, alimentation or tube feeding.
- (k) cardiomyopathy, as described under the criteria in Cardiovascular (section 4).
- (l) nephropathy, as described under the criteria in Genitourinary (section 6).
- (m) **One or more of the following** infections (other than described in **13.a.1.(a.)**) resistant to treatment or requiring hospitalization or intravenous treatment twice in six months (or evaluate sequelae under the criteria for the affected body system):

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P-8080.25 D. SAGA Medical Criteria - Listings (continued)

13. Immuno-Suppressive Disorders, continued

- (i) sepsis
 - (ii) meningitis
 - (iii) pneumonia
 - (iv) septic arthritis
 - (v) endocarditis
 - (vi) radiographically documented sinusitis

- (n) repeated manifestations of HIV infection (including those listed in **(13.a.1.-13.)** but without the requisite findings, e.g., carcinoma of the cervix not meeting the criteria in **13.a.5.**, diarrhea not meeting the criteria in **13.a.10.**, or other manifestations, e.g., oral hairy leukoplakia, myositis) resulting in significant, documented, symptoms or signs (e.g., fatigue; fever, malaise, weight loss, pain, night sweats) **and one of the following at the marked level:**
 - (i) restriction of activities of daily living
 - (ii) difficulties in maintaining social functioning
 - (iii) difficulties in completing tasks in a timely manner due to deficiencies in concentration, persistence, or pace.

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P-8080.25 D. SAGA Medical Criteria - Listings (continued)

14. Neoplastic Diseases - Malignant

Intractable pain and/or ongoing therapy side effects, disease process or treatment which has caused a disability covered elsewhere in these standards.

15. Medically Equivalent Impairment(s) and Combinations of Impairments

If an impairment is not included in the medical standards but is equal in severity to a listed medical standard, and is supported by documented clinical and laboratory findings, it will be considered to equal the medical standard most analogous to it.

A medical finding of equal clinical significance may be substituted for a required medical finding as listed in the medical standards.

If there is more than one impairment, and none of them meets or equals a medical standard, the signs, symptoms and clinical findings will be considered in combination with each other to determine whether the combination of impairments is medically equivalent to a medical standard. The medical standard most closely analogous to the combined impairments shall be used.

In making determinations within this standard, the description of symptoms, including pain, will be taken into consideration if such symptoms are the result of a physical or mental impairment and are confirmed by medically acceptable clinical and/or laboratory findings. An applicant must have a physical or mental impairment that could reasonably produce such symptoms.

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P-8080.25 D. SAGA Medical Criteria - Listings (continued)

16. Vocational Grid

AGE	EDUCATION	PREVIOUS WORK EXPERIENCE	DECISION
18 – 44	illiterate or unable to communicate in English	unskilled or none	employable
18 – 44	less than 12 th grade - at least literate	unskilled or none	employable
18 – 44	less than 12 th grade	skilled or semi-skilled - skills not transferable	employable
18 – 44	less than 12 th grade	skilled or semi-skilled - skills transferable	employable
18 – 44	high school graduate or more	unskilled or none	employable
18 – 44	high school graduate or more	skilled or semi-skilled - skills not transferable	employable
18 – 44	high school graduate or more	skilled or semi-skilled - skills transferable	employable
45 – 49	illiterate or unable to communicate in English	unskilled or none	unemployable
45 – 49	less than 12 th grade - at least literate	unskilled or none	employable
45 – 49	less than 12 th grade	skilled or semi-skilled - skills not	employable

		transferable	
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16. Vocational Grid, continued

AGE	EDUCATION	PREVIOUS WORK EXPERIENCE	DECISION
45 – 49	less than 12 th grade	skilled or semi skilled - skills transferable	employable
45 – 49	high school graduate or more	unskilled or none	employable
45 – 49	high school graduate or more	skilled or semi skilled - skills not transferable	employable
45 – 49	high school graduate or more	skilled or semi skilled - skills transferable	employable
50 – 54	illiterate or unable to communicate in English	unskilled or none	unemployable
50 – 54	less than 12 th grade - at least literate	unskilled or none	unemployable
50 – 54	less than 12 th grade	skilled or semi-skilled - skills not transferable	unemployable
50 – 54	less than 12 th grade	skilled or semi-skilled - skills transferable	employable
50 – 54	high school graduate or more - does not provide for direct entry into skilled work	unskilled or none	unemployable
50 – 54	high school graduate	unskilled or none	employable

	or more - provides for direct entry into skilled work		
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P-8080.25 D. SAGA Medical Criteria - Listings (continued)

16. Vocational Grid, continued

AGE	EDUCATION	PREVIOUS WORK EXPERIENCE	DECISION
50 – 54	high school graduate or more - does not provide for direct entry into skilled work	skilled or semi-skilled - skills not transferable	unemployable
50 – 54	high school graduate or more - does not provide for direct entry into skilled work	skilled or semi-skilled - skills transferable	employable
50 – 54	high school graduate or more - provides for direct entry into skilled work	skilled or semi-skilled - skills not transferable	employable
55 & over	illiterate or unable to communicate in English	unskilled or none	unemployable
55 & over	less than 12 th grade - at least literate	unskilled or none	unemployable
55 & over	less than 12 th grade	skilled or semi-skilled - skills not transferable	unemployable
55 & over	less than 12 th grade	skilled or semi-skilled	employable

		- skills transferable	
55 & over	high school graduate or more - does not provide for direct entry into skilled work	unskilled or none	unemployable

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P-8080.25 D. SAGA Medical Criteria - Listings (continued)

16. Vocational Grid, continued

AGE	EDUCATION	PREVIOUS WORK EXPERIENCE	DECISION
55 & over	high school graduate or more - provides for direct entry into skilled work	unskilled or none	employable
55 & over	high school graduate or more - does not provide for direct entry into skilled work	skilled or semi-skilled - skills not transferable	unemployable
55 & over	high school graduate or more - does not provide for direct entry into skilled work	skilled or semi-skilled - skills transferable	employable
55 & over	high school graduate or more - provides for direct entry into skilled work	skilled or semi-skilled - skills not transferable	employable

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- E. Reconsideration Petitions
 - 1. Determine if the individual can file a petition now according to policy.
 - 2. Accept an individual's written request for a reconsideration or give the individual a W-1060, "Petition for Reconsideration of Employability Status" form when the applicant/recipient requests a reconsideration.
 - 3. Send a letter to an individual who is not eligible to file a petition explaining why.
 - 4. When a petition is submitted, review it to see if it contains the following information:
 - the individual's name, date of birth, social security number, signature and date.
 - a statement written by or for the individual explaining why he or she should be considered unemployable.
 - 5. Send a letter to the individual when any of the required elements are missing.
 - Explain what is missing and give the client ten days to send it.
 - Consider the original date of the petition as the date the petition was received as long as the individual cooperates in providing the missing information.
 - 6. Submit the petition, along with the statement and any documentation, to the Adult Services Division, Adult Entitlements Unit, Central Office.
 - Central office staff will:
 - * evaluate the petition; and

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E.

Reconsideration Petitions (continued)

- * send a letter to the individual granting or denying the petition; and
 - * notify the Regional office of its decision to grant or deny the petition.
 - * Grant assistance to the individual who is found unemployable within ten days of the date the decision is received in the Regional office.
8. Issue a corrective payment retroactive to the earlier of the following:
- the first day of the month in which the individual filed the petition when he or she is not receiving SCA; or
 - the first day of the month in which the individual was determined to be unemployable when he or she is already in receipt of SCA.
9. Set an alert to discontinue SCA when the time period granted by the petition has expired.
10. Do not discontinue SCA if the individual:
- is now unemployable based on a medical review or other change in circumstance; or
 - has a long-term or short-term impairment according to criteria stated in policy.

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Special Programs

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Chapter:

State-Administered General Assistance

Program:

**SCA
SMA**

Subject:

Technical Eligibility Requirements

8080.30 A. General Principles

Except as stated in this chapter, the technical eligibility requirements related to citizenship status, residency, concurrent assistance, felony and striker status are the same as in the TFA program. There are no technical eligibility requirements regarding student status or voluntary quit. In addition, there are rules regarding institutional status. (Cross Reference UPM Section: 3000)

B. Citizenship and Non-Citizen Status

The rules regarding citizenship and non-citizen status are as follows:

1. The SCA rules are identical to the TFA rules found at 8540.40.
2. For SMA, citizenship and non-citizen requirements are met if individuals would meet these requirements under either the SMANC program (Cross Reference: 8016) or the MA program (Cross Reference: 3005.08), except that there is no eligibility for persons who do not meet the requirements and who have an emergency medical condition. In addition, citizenship and special identity verification requirements do not apply. (Cross Reference: 1599.05 and 3099.04)

C. In-State Residence

1. The TFA residency requirements apply to the SAGA program, except that, in addition, an individual who maintains a domicile in another state is considered to be a resident of that state. (Cross Reference: 8540.45)
2. An individual who is temporarily absent from the state is considered to have abandoned Connecticut residency when he or she:
 - a. Establishes a residence in that state, even if he or she continues to maintain a Connecticut residence and/or intends to return to Connecticut; or
 - b. has been granted any public benefits in the other state.
3. There is neither a durational residency requirement nor a requirement that an individual reside in a permanent dwelling or have a fixed mailing address. (Cross Reference: 8540.45)

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8080.30 D. Institutional Status

1. An individual who is a resident of an institution may be eligible for cash or medical assistance, subject to the institutional requirements for AABD/MA found at 3015.05. In addition, in the SAGA program:
 - a. an applicant is ineligible for SCA if he or she is a resident of a general hospital;
 - b. a recipient is eligible for SCA if he or she is a resident of a general Hospital, provided he or she is expected to return home within 90 days of the admission date;
 - c. a resident of a long-term care facility is ineligible for SCA when the facility is:
 - (1) a skilled nursing facility; or
 - (2) an intermediate care facility.
 - d. a resident of a rated boarding home where he or she is receiving treatment for alcohol and/or substance abuse is ineligible for SCA for dates of stay on and after August 1, 1997.
2. There is no technical eligibility requirement regarding institutional status for SAGA families. Eligibility factors regarding an institutionalized family assistance unit member are found in Assistance Unit Composition (Cross Reference: 2000 and 8080.20) and Categorical Eligibility Requirements (Cross Reference: 2500 and 8080.25).

E. Concurrent Assistance

1. An individual may receive SCA concurrently with any of the following:
 - a. Food Stamps;
 - b. Medicaid;
 - c. SMANC;
 - d. CADAP;

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- 8080.30 E. 1. Concurrent Assistance (continued)
- f. SLMB;
 - g. QMB;
 - h. CEAP;
 - i. Essential services;
 - j. Child Care Certificate benefits;
 - k. Social Security Retirement and/or survivor benefits (provided the individual is not also disabled);
 - l. cash benefits issued by another state, subject to the rules governing residency and treatment of income. (Cross Reference: 5000 and 8080.50)
2. An individual may not receive SCA concurrently with any of the following:
- a. TFA;
 - b. RCA;
 - c. AABD;
 - d. SSI;
 - e. SSDI;
 - f. SCA as a member of more than one assistance unit;
3. An individual may receive SMA concurrently with any of the following:
- a. QMB;
 - b. SLMB;
 - c. medical assistance from another state, subject to the rules governing

residency.

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8080.30 E. Concurrent Assistance (continued)

4. An individual may not receive SMA concurrently with any of the following:
 - a. Medicaid;
 - b. SMANC;
 - c. SMA as a member of more than one assistance unit;
 - d. SMA under more than one coverage group;
 - e. CADAP;
 - f. ConnPace;
 - g. SSI;
 - h. SSDI.
5. There is no technical eligibility requirement concerning the fraudulent receipt of assistance in two or more states. (Cross Reference: 8540.50 and 8080.70)

F. Felony Status

The SCA rules regarding felony status are identical to the TFA rules found at 8540.20

G. Strikers

The technical eligibility requirements regarding strikers are identical to the TFA rules found at 8540.55 except that the following rules govern an individual's striker status:

1. When the striker is a birth or adoptive parent or stepparent who lives in the home, the assistance unit is ineligible for SCA. The striker need not be a member of the assistance unit.

2. When the striker is a non-parent caretaker, only the striker is ineligible for SCA.

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8080.30 G. Strikers (continued)

3. When the striker lives with his or her spouse, neither the striker nor the spouse is eligible for SCA.
4. When the striker is an adult child in a family assistance unit, only the striker is ineligible for SCA.

 | H. Transfers of Assets – SAGA Medical Assistance

1. Applicants for SAGA medical assistance who assign, transfer or dispose of property for less than fair market value during the three month period prior to the month of application are ineligible for assistance.
2. Any assignment, transfer or other disposition of property, on the part of the transferor, shall be presumed to have been made for the purpose of establishing eligibility unless such person provides convincing evidence to establish that the transaction was exclusively for some other purpose.
3. The number of months of ineligibility due to such disposition shall be determined by dividing the fair market value of such property, less any consideration received in exchange for its disposition, by five hundred dollars.
4. The period of ineligibility shall begin in the month in which the person would be otherwise eligible for SAGA medical assistance.

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P-8080.30 A. Citizenship

1. Record pertinent statements from the assistance unit regarding which members are citizens and which are non-citizens. (Cross Reference: 3005)
2. Verify citizenship status or non-citizen status of each member of the assistance unit for whom verification is required as found in the verification chapter on citizenship status. (Cross Reference: 3099.03)
3. For each non-citizen who is sponsored require:
 - name and address of the sponsor; and
 - a statement from the sponsor about his or her ability to support the non-citizen.
4. Deny assistance to:
 - ineligible non-citizens;
 - non-citizens who refuse or fail to verify status;
 - individuals required to verify citizenship who fail or refuse to do so.
5. Remember to screen a Medicaid application for any non-citizen who requires treatment of an emergency medical condition and who does not otherwise meet eligibility criteria regarding citizenship status.

B. Residency in State

1. Follow the basic procedures to establish residency for AFDC to determine whether the assistance unit meets in-state residency requirements. (Cross Reference: P-3010.05)
2. Determine if the assistance unit has a domicile in another state. Consider the following:
 - did the assistance unit recently move to Connecticut;
 - does the assistance unit continue to pay rent or mortgage or upkeep to maintain their former residence;

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P-8080.30 B. Residency in State (continued)

- does someone else pay to maintain a residence in another state for the benefit of the assistance unit;
 - is the assistance unit here for a specific purpose only, such as to attend college or to obtain medical treatment.
- 3. Consider that an assistance unit that continues to pay rent or a mortgage and/or otherwise maintains a primary residence in another state is considered to have a domicile there and is a resident of that state.
- 4. Deny assistance to an assistance unit that has a domicile in another state.
- 5. Consider the following factors when deciding whether or not an individual who is absent from the State intends to remain a resident of Connecticut. Remember that there is no specific maximum time period required for an absence to be considered temporary.
 - Can the individual establish a specific reason for leaving Connecticut and indicate a return date?
 - Does the individual still continue to pay rent or a mortgage on an established place of residence in the State?
 - Has the individual purchased bus or plane tickets or made other plans which show that he or she plans to return to the State within a definite time period?
 - Does the individual plan to return to the State within a time period which is related to the reason for his or her temporary absence?
 - Does the individual routinely leave Connecticut for extended periods of time?
 - Has the individual moved his or her belongings from an apartment or living arrangement in the State to one in another state?
 - Has the individual registered to vote or registered a vehicle in another state?

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P-8080.30 | B. Residency in State (continued)

- Has the individual secured employment in another state?
- 6. Decide whether or not the individual continues to be eligible based on consideration of the above factors.
 - Consider an individual who can state a specific reason for absence and who can give a date or time period for return to be temporarily absent and still a resident of this State.
 - Consider an individual who cannot state a specific reason for absence, who states he or she wants to return sometime, but does not know when, to be indefinitely absent and not a resident of this State.
 - Use the degree to which the individual has set up another living arrangement in the other state, and the degree to which he or she has abandoned the living arrangement in this State, to support or refute the individual's statement about the reason for the absence and the intent to return.
- 7. Consider an individual who has applied for or is granted Medicaid or other public assistance benefits in another state as having the intention to remain a resident of that state.

| C. Institutional Status

- 1. Determine that an applicant who is a patient in a hospital is ineligible for cash assistance.
- 2. If a recipient is a patient in a hospital, find out the estimated length of his or her admission.
 - If the admission is anticipated to last 90 days or less, determine that the individual is eligible for cash assistance.
 - If the admission is anticipated to last more than 90 days, consider that the recipient is not eligible for cash assistance.

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P-8080.30| C. Institutional Status (continued)

3. Determine that an individual who is a resident of a LTCF:
 - is not eligible for cash assistance;
 - is eligible for medical assistance;
 - is not eligible for payment of the cost of his or her care in the LTCF.
4. Consider that an individual who is a resident of a rated facility for the treatment of alcohol and/or substance abuse is not eligible for SCA for dates of stay on and after 8/1/97.

| D. Concurrent Assistance

1. When an assistance unit or a member of the assistance unit qualifies for assistance under other federally-funded programs administered by the Department such as TFA, AFDC, RCA or Medicaid, and also qualifies for SCA or SMA:
 - explain the programs to the individual;
 - inform the individual that eligibility under one of the federally-funded programs listed must be considered first when he or she appears to meet the eligibility requirements of that program;
 - deny or discontinue SCA or SMA assistance to the individual or assistance unit; and
 - grant assistance to the individual or assistance unit under the appropriate program; and
 - coordinate the effective date of one program with the discontinuance of the other program when necessary.
2. Remember that an individual who qualifies for Medicaid but does not meet categorical eligibility requirements for a federally-funded cash assistance program can receive SCA.

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P-8080.30 | D. Concurrent Assistance (continued)

3. When an individual qualifies as an assistance unit member in more than one SCA unit:
 - refer to assistance unit requirements at 8080.20 to make sure there is a choice;
 - explain to the individual the differences between being in one unit rather than the other.
4. When an eligible individual moves from one active assistance unit to another:
 - discontinue assistance to the individual as of the end of the month during which he or she leaves the unit or the first month in which it is administratively possible to do so, whichever is earlier;
 - grant assistance to the individual as a member of the second assistance unit as of the month following the month of discontinuance from the first assistance unit.
5. Follow AFDC and MA procedures at P-3030.10 when the assistance unit was receiving assistance from another state.

| E. Striker Status

1. Follow AFDC procedures at P-3035 for handling cases that involve a striker.
2. When the striker is a stepparent, consider eligibility for the assistance unit as if the striker is a parent.
3. Determine that, in a family assistance unit, if the striker is an adult child (i.e., between the ages of eighteen and twenty-one), only the striker is ineligible.
4. Determine that the spouse is also ineligible for cash assistance when the striker is married and living with his or her spouse.
5. Determine eligibility for Medicaid or SMA for all ineligible cash assistance

unit members.

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Chapter: State-Administered General Assistance				Program: SCA SMA	
Subject: Procedural Eligibility Requirements					

8080.35 A. General Principles

Except as specified in this chapter, the procedural requirements for the SAGA cash program are the same as for AFDC, and those for the SAGA medical program are the same as for MA (Cross Reference: 3500) . There are no rules regarding employment and training requirements for SCA. There are additional SCA requirements requiring assignment of retroactive SSI payments and participation in substance abuse and/or mental health treatment. The Department is responsible for informing applicants and recipients of all procedural requirements and of the consequences for failing to comply with such requirements.

B. Securing Support

1. The rules for securing support from all legally liable relatives are identical to the AFDC/MA rules discussed in section 3515 with respect to the following:
 - a. determining who is liable for support;
 - b. assignment of support rights for SMA;
 - c. cooperation in securing support;
 - d. establishing paternity; and
 - e. good cause for not cooperating.
2. Assistance unit members are not required to assign support rights for SCA.
3. An individual demonstrates cooperation with securing support by doing the following:
 - a. providing known information and documentary evidence at hand or readily obtainable; and
 - b. appearing as a witness in court or in any other proceedings related to obtaining support, and providing information or attesting to the lack of information in such proceedings under oath; and
 - c. reporting the receipt of any direct support payments received while in receipt of benefits.

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8080.35 C. Assignment

1. The SAGA program rules governing assignments are identical to AFDC rules except that the assignment covers:
 - a. the rights to payment from medical insurance on behalf of all members of the assistance unit from all third parties except Medicare; and
 - b. medical support rights. (Cross Reference: 3520.05).

D. Assignments of Retroactive SSI Benefits--SCA

Individuals who apply for SSI benefits must assign their interest in potential retroactive benefits to qualify for SCA. The assignment is valid:

- a. for one year; or
- b. until the individual has been denied benefits and has not filed a timely appeal; or
- c. until he or she has exhausted all levels of appeal, whichever occurs first.

E. Penalty for Refusing to Assign

1. An assistance unit member who refuses to grant an assignment in a decedent estate or the net proceeds of a cause of action is ineligible for SCA and SMA.
2. An assistance unit member who refuses to grant an assignment of potential retroactive SSI benefits is ineligible for SCA.
3. If the individual is an adult member of an assistance unit, only that person is ineligible. The eligibility of dependent children is not affected by failure to meet this requirement.

F. Cooperation

1. The SAGA program rules related to cooperation with the eligibility processes, including penalties and good cause for noncompliance are identical to the AFDC requirements found at 3525.05.

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8080.35 F. Cooperation (continued)

2. The rules related to cooperation in pursuing potential or inaccessible income are identical to the rules for AFDC found at 3525.10, except that applicants for and recipients of SCA and/or SMA must:
 - a. apply for, or cooperate in applying for, potential benefits from any source including SSI, and other cash programs administered by the Department; and
 - b. cooperate in obtaining any inaccessible income of assistance unit members; and
 - c. apply for or cooperate in applying for potential medical benefits from any source, including Medicaid or other medical assistance programs administered by the Department.
3. Cooperation requirements related to pursuing assets for the SAGA program include:
 - a. taking reasonable measures to pursue any inaccessible assets of:
 - (1) an assistance unit member; and
 - (2) the spouse of an assistance unit member; and
 - (3) the parent(s) of an assistance unit member when he or she is under the age of eighteen; and
 - b. complying with the Department's request for information and/or action, including but not limited to:
 - (1) information about the asset;
 - (2) names and addresses of people involved;
 - (3) a petition to the probate court or other court of competent jurisdiction;
 - (4) an application for compensation equal to the value of the assistance unit's interest;

- (5) a letter of demand or inquiry to the current holder of an asset; and

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8080.35 F. 3. Cooperation (continued)

- c. failure to cooperate in pursuing assets as required by the Department will result in:
 - (1) counting the full value of an asset as available to the assistance unit when the asset value is known; or
 - (2) ineligibility of the adult member who fails to cooperate when the asset value is not known.

G. Granting a Security Mortgage

The rules for granting a security mortgage against non-home property are identical to those in AFDC, except that the requirement applies to both SCA and SMA (cross reference: 3530).

H. Enrollment in Health Insurance

- 1. The enrollment requirements for SMA are identical to the requirements for MA found at 3545.
- 2. The non-relative caretaker who is a member of the assistance unit and who fails to enroll himself or herself, or who fails to enroll an assistance unit member, child or spouse is ineligible for SMA.

I. Digital Imaging Process

The rules for the digital imaging process are identical to the AFDC rules discussed at 3555 except that the following individuals are required to participate in the digital imaging process:

- 1. all adult members of a SCA assistance unit who are applying for or receiving assistance for themselves; and
- 2. all adult members of a SMA assistance unit who are applying for or receiving ongoing medical assistance for themselves; and
- 3. all minors who are applying for or receiving assistance for themselves.

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8080.35 J. Evaluation and Treatment Requirement

1. Evaluation Requirement

- a. When there is an indication of substance abuse and/or mental illness, an individual is required to be evaluated to determine the need for treatment.
- b. Substance abuse may be indicated by any of the following:
 - (1) medical indications, including admissions for detoxification or other substance abuse-related illnesses;
 - (2) convictions for, or related to, drug and/or alcohol use;
 - (3) loss of employment due to alcohol or drug use;
 - (4) inability to perform work activities due to alcohol or drug use;
 - (5) first-hand observations or reports from other individuals or sources indicating active use of substances;
 - (6) the individual states that he or she has an alcohol or substance abuse problem, and/or is determined to be abusing alcohol and/or other substances.
- c. Mental illness may be indicated by any of the following:
 - (1) medical indications, including admissions for psychiatric treatment;
 - (2) first-hand observations or reports from other individuals or sources indicating the individual has mental illness;
 - (3) the individual states that he or she has mental health problems.

2. Treatment Requirement

- a. An individual is required to participate in appropriate treatment as a condition of eligibility for SCA when he or she:

(1) is a substance abuser, regardless of his or her employability status;
and/or

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8080.35 J. 2. Treatment Requirement (continued)

- (2) is determined to be a transitional individual solely on the basis of mental illness.
- b. The Department of Mental Health and Addiction Services (DMHAS) or its designee has responsibility for:
 - (1) evaluating whether an individual suffers from serious mental illness and/or alcohol or substance abuse; and
 - (2) determining an individual's need for treatment; and
 - (3) assessing the appropriate modality and length of treatment; and
 - (4) selecting or approving the appropriate provider of treatment; and
 - (5) monitoring an individual's progress and compliance with required treatment; and
 - (6) confirming an individual's compliance with the treatment requirements; and
 - (7) evaluating an individual's ability to manage his or her benefits.

3. Who Must Participate

- a. The following individuals must participate with a substance abuse evaluation and treatment when required:
 - (1) all individuals aged sixteen or older who are applying for or receiving cash assistance on their own behalf;
 - (2) all individuals applying for or receiving cash assistance as members of assistance units comprised solely of eighteen to twenty-one year-olds and their parents;
 - (3) all eighteen to twenty-one year-olds when they live with their parents.
- b. The following individuals must participate with mental health treatment

when required:

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8080.35 J. 3. Who Must Participate (continued)

- (1) individuals who are determined to be transitional because of mental illness only; and
- (2) who meet the conditions described in a.

c. A person with mental illness is exempt from the participation requirement when:

- (1) the individual's ability to comply is substantially impaired by his or her specific condition; and
- (2) DMHAS determines that the individual's failure to comply is not wilful.

4. Compliance with Treatment Requirement

When an individual is required to participate in treatment, he or she must:

- a. submit to an evaluation by DMHAS or its designee of his or her need for treatment when requested; and
- b. comply with all appointments, testing or other requirements of DMHAS; and
- c. verify that he or she is on a waiting list for or is actively engaged in treatment with a provider approved by DMHAS when treatment is deemed necessary; and
- d. comply with the requirements of his or her treatment plan as determined by DMHAS, its designee and the provider.

5. Penalty for Non-Compliance with Treatment

An individual who wilfully refuses or fails to comply with treatment is ineligible for cash assistance as follows:

- a. the penalty period begins with the first month following the month in which the ten-day notice of adverse action expires;

- b. the penalty continues until it is documented that the individual is actively participating in prescribed treatment;

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8080.35 J. 5. Penalty for Non-Compliance with Treatment (continued)

- c. a month during which an individual is ineligible for assistance does not count as a month of assistance received when calculating his or her time limits.

K. Verification of Compliance with Treatment

1. The Department of Mental Health and Addiction Services (DMHAS) or its designee verifies an individual's compliance with the treatment requirement.
2. DMHAS informs the Department when an individual:
- a. leaves treatment against medical advice;
 - b. refuses to enter or complete prescribed treatment;
 - c. is admitted to or discharged from a rated boarding facility for the treatment of alcohol and/or substance abuse.

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P-8080.35 A. Social Security Numbers

Follow the AFDC policies for SCA and the MA policies for SMA with respect to Social Security numbers (Cross Reference: 3505).

B. Securing Support from an Absent Parent

1. Use the AFDC procedures at P-3515.10 for establishing paternity.
2. Use the AFDC procedures at P-3515.15 for evaluating good cause claims.
3. Remember that support rights are not assigned for SCA.
4. Inform the caretaker that he or she is required to cooperate in obtaining support for any child for whom assistance is requested.
5. Emphasize that cooperation with DSS regarding child support matters is an eligibility requirement.
6. Describe the function of the Bureau of Child Support Enforcement as the division responsible for all continuing contacts with absent parents of recipient children.
7. When appropriate, describe the function of the Bureau of Child Support Enforcement in establishing paternity.
8. Do not delay granting assistance pending investigation of good cause claims, or because support is being evaluated.
9. When the minor children in the assistance unit are approved for SAGA benefits only, refer the caretaker to the Child Support Unit by doing the following:
 - ° Complete the W-1063, "SAGA Child Support Referral and Update", indicating whether the caretaker is a recipient. List all minors for whom assistance is being received.
 - * Attach copies of all pertinent documents such as birth certificates, orders for support or acknowledgements of paternity.
 - * Arrange for the caretaker to see the Child Support worker immediately if possible.

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P-8080.35 B. 9. Securing Support from An Absent Parent (continued)

- * If an interview cannot be completed at that time, send the W-1063 directly to the Child Support Unit.
- When the minor children in the assistance unit are approved for SCA and Medicaid, refer the caretaker to the Child Support Unit by doing the following:
 - * Complete a W-348A for each legally liable relative and indicate "RELATED SAGA CASH AU" prominently in the top margin of the form.
 - * Attach copies of all pertinent documents to the W-348.
 - * When the regional office procedures are to make electronic child support referrals in lieu of the W-348, follow the instructions in the first section of this step.
- 10. Consider that the caretaker is complying with child support requirements unless otherwise informed by the Child Support Unit.
- 11. Explain the obligation to report any direct support payments received from an absent parent to the eligibility worker and to the Support Unit.
- 12. If the caretaker refuses to cooperate, deny or discontinue cash and/or medical assistance for the appropriate household member(s).
- 13. Notify the Support Unit when:
 - there is a change in direct support payments; or
 - the assistance unit moves; or
 - a member of the assistance unit is disqualified or removed from assistance; or
 - assistance to the unit is discontinued.
- 14. Refer to the MA procedures at P-3515.07 for securing medical support from legally liable relatives.

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P-8080.35 C. Securing Support from An Absent Spouse

1. Complete a W-348A with the household's assistance for every absent spouse of an assistance unit member who is not the parent of a child in the assistance unit.
2. Route the original W-348A with a W-109 to the Resources Unit and retain a copy in the case record.
3. Send relative forms W-100 and W-35 to each absent spouse.
4. Explain that direct support from the spouse of a member of the assistance unit must be reported to the eligibility worker or the Resource worker.
5. Refer to the recovery policy at 7520 and 8080.75 regarding the method and amount of recovery from legally liable relatives' support.
6. Route returned W-100's and W-35's to the Resource Unit.
7. Notify the Resource Unit when:
 - there is a change in direct support payments; or
 - the assistance unit moves; or
 - the assistance unit member for whom the LLR is responsible is disqualified or removed from assistance; or
 - when assistance to the member is discontinued.
8. Refer to the MA procedures at P-3515.07 for securing medical support from legally liable relatives.

D. Assignment

1. Refer to the procedures at P-3520.05 regarding assignments of pending lawsuits or inheritances.
2. For any individual who has a pending SSI application, inform him or her that an assignment of the potential retroactive benefits is required for cash assistance.

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P-8080.35 D. Assignment (continued)

3. Explain that Social Security will reimburse the Department only for the amount of cash assistance paid to or on behalf of the individual while his or her application is pending.
4. Complete the W-650ALT, "Authorization for Reimbursement to the State of Connecticut from S.S.I. Retroactive Payment" and make 3 copies of the form.
5. Obtain the individual's original signature on each of the 4 copies of the authorization.
6. Distribute the copies as follows:
 - give one copy to the applicant/recipient;
 - retain one copy for the case record;
 - send one copy to the local office of the Social Security Administration;
 - send one copy to Central Office, to the attention of Financial Management and Operations, Benefit Accounting.
7. For an applicant, hold up authorization of assistance until the assignment has been completed. Keep in mind the standard of promptness for eligibility processing.
8. For a recipient, discontinue the individual's cash assistance when an individual refuses or fails to complete the assignment.
9. Remember that only the adult member who failed to complete the assignment is ineligible for assistance.

E. Cooperation

1. Follow the AFDC procedures regarding cooperation with eligibility processes (Cross Reference: P-3525.05).
2. Remind the assistance unit that cooperation includes:

- pursuing eligibility for any and all other appropriate DSS cash or medical programs; and

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P-8080.35 E. Cooperation (continued)

- providing information regarding the assets of a legally liable relative; and
 - pursuing any inaccessible assets of a legally liable relative of an assistance unit member.
3. Remember that any adult member who fails to cooperate is ineligible for assistance.

F. Granting a Security Mortgage

1. Follow the AFDC procedures regarding granting a security mortgage (Cross Reference: P-7500 and P-8080.75).
2. Remember that granting a security mortgage is also required as a condition of eligibility for SMA.

G. Declaration of Citizenship and Non-Citizen Status

1. Obtain the signature of the head of the assistance unit on the application.
2. If the application was requested by a hospital or medical treatment facility, accept the signature of the individual who signed the application on behalf of the assistance unit.
3. Remember that you do not need a signature for each assistance unit member.
4. Have the head of the assistance unit sign a W-1603, "Declaration of Citizenship and Non-Citizen Status" when a request is made to add a member to the assistance unit.
5. Do not add the member to the assistance unit if the declaration is not signed.

H. Enrollment in Health Insurance

1. Follow the MA procedures regarding penalties related to failure to enroll in

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P-8080.35 H. Enrollment in Health Insurance (continued)

2. Remember that only the head of the family assistance unit is subject to a penalty for failure to enroll himself or herself or the dependent children in the assistance unit.

I. Digital Imaging

1. At time of application, inform the assistance unit of the requirement to cooperate with the digital imaging process.
2. Determine which members of the assistance unit must be digitally imaged.
3. Remember that the requirement applies to all adult members of the assistance unit, including:
 - adult children between the ages of 18 and 21; and
 - eligible minors who are applying for or receiving assistance for themselves; and
 - emancipated minors receiving aid as a member of a family assistance unit.
4. Remember that the requirement also applies to individuals who are applying for SMA unless:
 - the individual and/or the assistance unit requests medical assistance only for the month of application and/or the retroactive period; or
 - the individual and/or the assistance unit is determined to be eligible only for assistance in the month of application and/or the retroactive period.
5. Do not require an individual to be digitally imaged before emergency food and/or medical assistance is authorized.
6. Inform the assistance unit regarding which members are required to be digitally imaged on the W-1348, including the name of each assistance unit

member who must cooperate.

7. Complete a W-685 for all mandatory participants.

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P-8080.35 I. Digital Imaging (continued)

8. Inform the regional digital imaging coordinator if special arrangements must be made to accommodate an individual who cannot come to the office to be digitally imaged.
9. For an applicant, postpone the eligibility determination until the W-685 is returned by the digital imaging operator confirming that the individual has cooperated.
10. Deny or discontinue assistance to an individual who fails to appear for imaging or refuses to be digitally imaged when required until he or she cooperates with the requirement.
11. Remember that only the person who fails to cooperate is ineligible for assistance.
12. Do not require an individual to be re-imaged except under the circumstances specified in policy.

J. Treatment Requirement

1. At the time of application, redetermination or other contact, inform the assistance unit of the availability of substance abuse and mental health evaluation and treatment services.
2. Advise the assistance unit that substance abuse treatment is mandatory for cash assistance for all members unless they are exempt.
3. Advise the assistance unit that treatment for mental illness is required for individuals who are transitional solely because of mental illness.
4. Follow policy to determine whether the assistance unit is exempt from the requirement. Remember that adult children between the ages of 18 and 21 can be required to participate, even if their parents and siblings are exempt.
5. Refer an individual to DMHAS for evaluation using the W-1064, "DMHAS Evaluation/Treatment Referral" when the individual:

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○ states that he or she is scheduled to begin or is already involved in substance abuse and/or mental health treatment;

○ shows signs of possible substance abuse and/or mental illness.

6. A W-1064 should also be sent to the DMHAS staff for the following:

- when the individual's eligibility changes from active to disqualified or discontinued; or

^o when the individual's eligibility changes from closed to active.

7. Complete a W-1064B, "Consent for Release of Confidential Information", indicating the purpose of the disclosure.

- Obtain the individual's signature.

o Accept the signature of his or her conservator or power-of-attorney when applicable.

- o Remember to include the date that the release is signed.

○ Attach the original to the referral and keep a copy for the case record.

8. Remind the individual of the importance of compliance with this requirement and of the penalty for noncompliance.

9. Deny SCA to an individual who refuses to sign the consent form.

10. Delay the granting of assistance until DMHAS has confirmed:

- the individual appeared for evaluation; and

- he or she is appropriate for treatment; and

- treatment is required for the individual; and
- he or she has agreed to cooperate.

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P-8080.35 J. Treatment Requirement (continued)

11. For an applicant, deny cash assistance when DMHAS reports that the individual:
 - failed to appear for his or her evaluation;
 - has been determined by DMHAS to be a substance abuser who has refused treatment;
 - is a transitional individual with mental illness who is neither actively engaged in treatment nor on a waiting list for appropriate treatment;
 - is in a rated facility for the treatment of alcohol and/or substance abuse.
12. For a recipient, discontinue cash assistance when:
 - DMHAS reports that the individual is not complying with the treatment requirement;
 - there is notification that the individual has entered a rated facility for the treatment of alcohol and/or substance abuse.
13. Remember that only the individual who fails to comply is subject to a penalty.
14. Do not reinstate cash assistance to an individual who has been discontinued for noncompliance with the treatment requirement unless DMHAS confirms that the individual is actively involved in treatment.

K. Verifying Cooperation

1. Follow the policy at 3599.05 concerning applying for a SSN.
2. Follow AFDC procedures at P-3599.15 concerning cooperation with pursuit of support. Determine that a person is cooperating with the Child Support

Unit unless otherwise informed.

3. Follow AFDC procedures at P-3599.25 concerning cooperation with eligibility processes.

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P-8080.35 K. Verifying Cooperation (continued)

4. Remember that there is no good cause for failure to cooperate with eligibility for other cash or medical programs administered by the Department.
5. Follow the procedures at P-3599.30 concerning verification of enrollment in health insurance.
6. Accept the returned W-685, "Digital Imaging Turnaround Document" with either "match" or "no match" checked as verification that the individual has complied with the process.
7. Consider that an individual is cooperating with the treatment requirement unless otherwise informed by DMHAS.

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8080.40 A. General Provisions

Except as stated in this chapter, the treatment of assets in SAGA is the same as the AFDC program (Cross Reference: 4000).

B. Assets Not Counted Toward the Asset Limit

The Department does not count the assistance unit's equity in an asset if the asset is excluded by state law or is otherwise inaccessible to the unit.

C. Asset Limits

1. The asset limit for SCA is \$250 per person, up to a maximum of \$1,000 per needs group (Cross Reference: 8080.55 for needs group composition).
2. The asset limit for SMA is \$1,000 per needs group.
3. There is no asset limit for assistance units receiving the medical extension.

D. Excluded Payments

The following payments are excluded as assets:

1. any payment received under Title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970;
2. the amount of any federally insured grant, loan, or work/study payment to any undergraduate student that is designated for books, tuition or fees;
3. payments to volunteers under Title I of Public Law 93-113, pursuant to Section 4040(g) of Public Law 93-113;
4. the value of supplemental food assistance under the Child Nutrition Act of 1966 as amended, and the special food service program for children under the National School Lunch Act, as amended (Public Law 92-433 and Public Law 93-150);
5. the value of the U.S. Department of Agriculture donated foods (surplus commodities);
6. any benefits received under Title VII, Nutrition Program for the Elderly, of the Older Americans Act of 1965, as amended;

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8080.40 D. Excluded Payments (continued)

7. HUD retroactive tax and utility cost subsidy payments pursuant to settlement of Underwood v. Harris (Civil No. 76-0469, D.D.C.) against HUD, for the month in which received and for the following month only;
8. disaster assistance paid under the Disaster Relief Act of 1974, as amended, including the Individual and Family Grant program, and comparable disaster assistance provided by states, local governments and private organizations;
9. payments or allowances made under any federal, state or local laws for the purpose of energy assistance.

E. Deemed Assets

Except for the following rules, the treatment of deemed assets, including the assets of sponsors of non-citizens, is the same as it is in AFDC (Cross Reference: 4025):

1. assets are deemed from stepparents and recipients of SSI or AABD;
2. all countable assets are deemed to the assistance unit;
3. all countable assets of a disqualified person are deemed to the assistance unit, regardless of the reason for the disqualification;
4. the unborn child is not included in a pregnant woman's needs group.

F. Asset Disregards

There are no asset disregards.

G. Treatment of Specific Types

1. Income Versus Assets

Money which is received as income during a month is not considered an asset until the month following receipt unless the source of the money is a liquidated asset.

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8080.40 G. Treatment of Specific Types (continued)

2. Earned Income Tax Credit Payments and IRS Refunds

- a. EITC payments and income tax refunds are treated as lump-sum payments; and
- b. the payments are considered income in the month of receipt, and, to the extent retained, an asset as of the following month.

3. Burial Funds and Prepaid Funeral Arrangements

The full amount of all burial funds and prepaid funeral arrangements are countable unless they are irrevocable or otherwise inaccessible.

4. Home Property

Home property is treated the same as it is in AFDC, except that:

- a. the Department places a lien as of the effective date the assistance unit receives benefits from the Department; and
- b. the Department places a lien for both SCA and SMA. (Cross Reference: 4030.20 for discussion of home property and 8080.75 regarding rules for Recovery).

5. Non-Home Property

Non-home property is treated the same as it is in AFDC (Cross Reference: 4030.65)

6. Motor Vehicles

Motor vehicles are treated exactly as they are in AFDC, with the following exceptions:

- a. for SCA, up to \$4,500 of the equity of one motor vehicle is excluded; or
- b. up to \$4,500 of the equity is excluded if the motor vehicle has been modified for operation by or transportation of a physically handicapped member of the assistance unit; and

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8080.40 G. 6. Treatment of Specific Types (continued)

- c. for SMA up to \$4,500 of the equity of one motor vehicle per needs group is excluded.

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Section:
Special Programs

Type:
PROCEDURES

Chapter:
State-Administered General Assistance

Program:
SCA
SMA

Subject:
Treatment of Assets

P-8080.40 A. Comparing the Unit's Assets to the Asset Limit

1. Determine which assets owned by the assistance unit are counted assets according to policy.
2. Compute the assistance unit's equity in each counted asset by first determining the asset's fair market value. Use sources such as, but not limited to:
 - NADA "blue" book of trade-in values for automobiles;
 - real estate conveyance records;
 - marketing appraisals;
 - bank records;
 - passbooks;
 - records of stock transactions;
 - property appraisals performed by the Department;
 - tax assessment records.
3. From the figure obtained in step 2 subtract the value of any encumbrances against the asset, to determine equity value.
4. If the asset is held jointly, and the assistance unit proves that it owns only a portion of the asset, prorate the result obtained in step 3 to determine the assistance unit's equity.
5. Follow the same process for all counted assets owned by the assistance unit.
6. Add up the value of the unit's counted assets.
7. Determine what assets, if any, are deemed available to the assistance unit.

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P-8080.40 A. Comparing the Unit's Assets to the Asset Limit (continued)

8. Add up the value of the unit's deemed assets.
9. Combine the results of step 6 and step 8.
10. Determine the needs group size by adding together the number of assistance unit members and the number of deemors who are part of the needs group according to policy.
11. Determine the appropriate asset limit for the SCA unit based on the needs group size.
12. Determine that the asset limit for a SMA unit is \$1,000 regardless of the needs group size.
13. Compare the total assets found in step 9 to the appropriate asset limit.
14. If the unit's assets are in excess of the limit, deny or discontinue assistance, as appropriate.
15. If the unit's assets are equal to or less than the asset limit, proceed with the eligibility determination.
16. For eligible cases, if the unit has inaccessible assets which may become available prior to the next scheduled redetermination, set an alert for a month prior to the expected date of availability.
17. If an asset is excluded only temporarily, set an alert for a month prior to the end of the period of exclusion.

B. Determining the Earliest Date of Eligibility

1. If the assistance unit has excess assets, do not grant SCA effective prior to the date the unit properly reduces its assets to an amount equal to or less than the appropriate asset limit. Do not grant SMA until the first day of the month that the unit properly reduces its assets.
2. If the assistance unit does not properly reduce its assets during the application period, deny the application because of excess assets.

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Treatment of Assets

P=8080.40 C. Discontinuing Benefits Because of Excess Assets

1. If the assistance unit acquires an asset sometime during a month and thereby exceeds the asset limit, issue an adverse action.
2. Explain that an overpayment may exist, as appropriate.
3. If the assistance unit requests a Fair Hearing within 10 days of the notice date, continue benefits as outlined in policy.
4. If the assistance unit does not request a Fair Hearing within 10 days or the Fair Hearing decision upholds the Department, discontinue benefits as described above, or per the hearing decision instructions.
5. Compute an overpayment based on ineligibility beginning with the first day of the month of the initial excess up to and including the date of discontinuance.
6. If the assistance unit properly reduces excess assets during the month the excess occurs, document the case record regarding how the unit spent the excess. Continue benefits if the unit is otherwise eligible. There is no overpayment.
7. If the assistance unit improperly reduces excess assets, follow the AFDC transfer of assets procedures described in Section P-3025.

D. Determining Ownership

1. Follow the AFDC procedures at P-4010.05 when deciding who is the owner of record versus the legal owner of an asset.
2. Follow the AFDC procedures at P-4010.10 when considering assets held jointly.

E. Treating Inaccessible Assets

1. If the assistance unit claims that an otherwise counted asset is inaccessible, inform the unit that it must:

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P-8080.40 E. Treating Inaccessible Assets (continued)

- ° prove that the asset is inaccessible, if the unit does not want the asset counted; and
 - ° cooperate with the Department in attempting to gain access to the asset.
- 2. Refer the case to the Resource Unit. The resource unit will:
 - ° determine whether the asset is inaccessible, if there is still a question regarding the availability of the asset; and
 - ° take appropriate action, if necessary, to help the unit gain access to the asset.
- 3. If the asset is determined not to be inaccessible, count the unit's equity in the asset toward the asset limit.
- 4. If the asset is determined to be inaccessible, do not count the unit's equity in the asset as long as the asset remains inaccessible.
- 5. Do not grant assistance when the Resource Unit decides the asset is available to the unit.
- 6. If the asset becomes available, recompute the unit's eligibility and pursue any overpayment.

F. Excluding Assets

- 1. Evaluate each asset owned by the assistance unit or deemor to determine whether the asset is excluded.
- 2. If the asset is excluded, document the case record regarding the reason for the exclusion, and do not count the value of the asset toward the asset limit.
- 3. If the asset is not excluded, count the value of the asset toward the asset limit, unless the asset is inaccessible to the assistance unit or deemor.

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Treatment of Assets

P-8080.40 G. Deeming Assets

1. Deeming Assets of a Non-citizen

- Ask the non-citizen who his sponsor is.
- Determine if the non-citizen is subject to the deeming rules, as described in policy.
- If the non-citizen is subject to the deeming rules, inform the non-citizen that the sponsor's income and assets must be verified as a condition of the non-citizen's eligibility.
- If information regarding the sponsor's income or assets is not provided, deny the non-citizen because of failure to provide information necessary to determine eligibility.
- Use the AFDC procedures at P-4025.45 to determine the amount of the amount of the sponsor's assets which is to be deemed to the non-citizen.

2. Deeming From Disqualified Individuals

- Determine whether there are any disqualified individuals living with the assistance unit, as described in policy.
- If no, stop here. If yes, follow the AFDC procedures at P-4025.15.

3. Deeming From a Spouse, Parent or Step-parent

- Establish whether or not the individual lives with his or her spouse, parent or step-parent.
- Deem the assets of a deemor who receives a public assistance cash benefit or SSI.
- If the individual is living with his or her spouse in the community:
 - * add up all counted assets of both spouses;
 - * compare this amount with the asset limit for a needs group of two.

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P-8080.40 G. 3. Deeming From a Spouse, Parent or Step-parent (continued)

- * Do not deem assets from spouse to spouse beginning in the month following the month of separation.
- * Consider an asset totally available to each spouse for an indefinite period if the spouses are co-owners of the asset.
- ° If the individual is living with an ineligible parent or step-parent deem all countable assets to the assistance unit.

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Chapter:
State-Administered General Assistance

Program: SCA

Subject:
Standards of Assistance

8080.45 A. Provisions

The Department recognizes certain essential expenses as need requirements in the cash assistance programs. In the SAGA program, payment standards for basic needs are established according to the type of assistance unit and the circumstances of a particular assistance unit.

1. Needs include the payment standard established for all assistance units within the same category and special needs that relate to the specific needs of a particular assistance unit.
2. For all SCA assistance units, the payment standard is used in the applied income test and in any gross income test.
3. Assistance units are only eligible for the special needs described in this subject.
4. Eligibility for special needs is determined according to the rules in the TFA program (Cross Reference: 8562).

B. Payment Standards

1. Family Assistance Units

The payment standard for family assistance units is equal to 73% of the TFA standard of need based on the appropriate region and assistance unit size, minus \$50.00 (Cross Reference: 8562).

2. Individuals Living With a TFA Assistance Unit

- a. The payment standard for the following individuals is based on the standard for a family assistance unit when the individual lives with a TFA assistance unit and:

- (1) is a child between the ages of 18 and 21 of a member of the TFA assistance unit; or
- (2) is the ineligible spouse of a member of the TFA unit.

- b. The payment standard for these individuals is the incremental difference between:

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8080.45 B. 2. Individuals Living With a TFA Assistance Unit (continued)

- (1) the TFA payment standard for the TFA assistance unit; and
- (2) the TFA payment standard for the number of people in the TFA assistance unit and the individual.

3. Pregnant Women

The payment standard for a pregnant woman is the standard for a family assistance unit of one when:

- a. she does not live with her spouse; and
- b. she has no other children under age twenty-one who live with her who must be included in her assistance unit.

4. Married Couples

Married couples who live together are separate assistance units when there are no minor children in the home. The payment standard for each spouse is equal to one half the payment standard for a family assistance unit of two.

5. Unemployable Individuals

The payment standard for all unemployable individuals is \$206 unless they are residents of rated boarding facilities. Effective July 1, 2008, and every July 1st thereafter, this payment standard shall be increased by the most recent Consumer Price Index increase.

6. Transitional Individuals

- a. The payment standard for transitional individuals who have a shelter obligation is \$206 unless:
 - (1) they are residents of emergency shelters; or
 - (2) they are residents of rated boarding facilities.
- b. The payment standard for transitional individuals who have no shelter obligation is \$52.
- c. The payment standard for transitional individuals in emergency shelters is \$52.

Effective July 1, 2008, and every July 1st thereafter, the above payment standards for transitional individuals shall be increased by the most recent

Consumer Price Index increase.
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8080.45 B. 7. Individuals in Rated Boarding Facilities

When an individual lives in a rated boarding facility, the payment standard is the monthly rate established by the Department for the facility.

- a. The following types of rated boarding facilities are eligible for SCA payment:
 - (1) private homes licensed by the Department of Mental Retardation (DMR);
 - (2) homes for the aged licensed by the Department of Public Health (DPH);
 - (3) permanent family homes licensed by the Department of Children and Families (DCF);
 - (4) other room and board facilities that are:
 - (a) licensed by an appropriate department of the State; and
 - (b) approved for payment by the Department.
- b. The Department does not pay boarding homes licensed for the treatment of alcohol and/or substance abuse treatment for dates of stay on and after August 1, 1997.
- c. The following rules apply to individuals in rated boarding facilities:
 - (1) the payment standard for assistance units residing in a rated boarding facility is the monthly rate established by the Department for the facility;
 - (2) when the facility rate is less than the payment standard for an unemployable or transitional individual, the difference is not paid to the individual;
 - (3) there is no personal needs allowance;
 - (4) assistance units are considered to be maintaining residence in the facility if they are not maintaining a separate residence in the community;
 - (5) assistance units that are temporarily absent from the facility are considered to be maintaining permanent residence in the facility if both of the following conditions are met:

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8080.45 B. 7. Individuals in Rated Boarding Facilities (continued)

- (a) the unit does not enter into another permanent housing agreement during the period of absence; and
- (b) the unit is expected to return to the facility within a reasonable period of time, as defined by the Department.
- (6) the monthly need standard is prorated on a per diem basis in any month that the assistance unit does not maintain residence in the facility for the entire calendar month.
- (7) the period of absence is considered to be reasonable if the unit is expected to return to the residence by the last day of the month following the month that the unit temporarily left the residence;
- (8) the payment standard is not prorated as long as the facility remains the residence for the entire calendar month.

8. Standard of Assistance in the Month of a Move

The payment standard for assistance units that move during a month is based on the standard already paid for that month or on the new standard, whichever is higher.

9. Temporary Absences

Assistance units that are temporarily absent from non-rated housing are considered to be residents of non-rated housing if all of the following criteria are met:

- a. a non-rated housing unit is maintained as a permanent residence of the assistance unit;
- b. the assistance unit intends to return to non-rated housing;
- c. the assistance unit does not establish a permanent housing arrangement with a rated housing facility.

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Program:

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Subject:

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8080.45 C. Special Needs

Only the following special needs are provided to family and individual assistance units:

1. Emergency Housing

Except as noted below, emergency housing for families and individuals is provided following the rules in the TFA program (Cross Reference: 8562.30).

The standards of assistance for emergency shelter are the following:

- a. when no meals are provided, the standard is the actual amount charged, not to exceed \$11.00 per night per person; or
- b. when meals are provided, the standard is the actual amount charged not to exceed \$11 per night per person plus \$1 per person for each meal provided.

2. Meals-on-Wheels

- a. Meals-on-Wheels are provided to families and individuals under the same conditions as in the TFA program.
- b. The standard of assistance for meals on wheels is the per diem rate for either single or double meal delivery multiplied by the number of meal deliveries received in the month (Cross Reference: 8562.40).

3. Moving Expenses

Assistance is provided for the cost of moving household furnishings and personal belongings under the same conditions as in the TFA program (Cross Reference: 8562.45).

4. Repair or Replacement of Essential Household Items/Replacement of Essential Clothing

- a. Essential household items and clothing are only repaired or replaced when they are destroyed or damaged by a catastrophic event.

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8080.45 C. 4. Repair or Replacement of Essential Household Items/Replacement of Essential Clothing (continued)

- b. The same household items that can be repaired or replaced in the TFA program can be repaired or replaced in the SAGA cash program.
- c. The rules for replacing the items and the standards of assistance are the same as in the TFA program. (Cross Reference: 8562.50 and 8562.55).

5. Security Deposit - Heating Services

- a. The cost of a security deposit that is required to obtain heating service is provided under the same conditions as in the TFA program.
- b. The standards of assistance for a security deposit on heating service is the same as in the TFA program. (Cross Reference: 8562.65).

6. Security Deposits – Housing

Security deposits for housing are not provided as part of SAGA benefits. Effective July 1, 2000, applicants and recipients of SAGA may qualify for a security deposit guarantee as described in sections 17b-802-1 to 17b-802-12, inclusive, of the Regulations of Connecticut State Agencies.

7. Storage Charges

- a. The cost of commercial storage of furnishings, appliances and furniture is recognized as a non-recurrent special need when:
 - (1) an assistance unit is in emergency housing; and
 - (2) there is no other source of payment.
- b. The cost of storage may include reasonable charges for preparation of the household goods.
- c. The Department provides assistance for the cost of storage for a period not to exceed the period during which the assistance unit qualifies for emergency housing.

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Program:

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Subject:

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8080.45 C. 7. Storage Charges (continued)

- d. The standard of assistance for the cost of storage of essential furnishings, appliances and furniture is the lower of the two cost estimates provided by the assistance unit.

D. SMA Income Standards

The income standards for SMA are equal to the Medicaid Medically Needy Income Limit (MNIL) which varies according to the size of the assistance unit and the region of the state in which the assistance unit resides. (Cross Reference: 4530).

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9000

Section:

Special Benefits

Type:

POLICY

Chapter:

Program:

AFDC

AABD

MA

Subject:

SNAP

9000 Besides providing financial and medical assistance and SNAP benefits to eligible assistance units, the Department, under certain circumstances, provides these special benefits:

- payments for funeral and burial expenses;
- payments for out-of-state transportation;
- payments for Medicare part B coverage;
- payments for property repairs;
- payments for attorneys' fees in successful appeals of SSI/OASDI terminations; and
- payments for health and hospital insurance premiums.

The special benefits described in this section for the AABD program are only available for assistance units residing in rated or non-rated housing.

This section describes the situations in which the Department provides these special benefits to its recipients and describes how the actual payment amount is computed.

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Date: 10-1-91**Transmittal: UP-91-40****9005**

Section:**Special Benefits****Type:****POLICY**

Chapter:**Funeral and Burial Expenses****Program:****AFDC
AABD**

Subject:

9005 The Department makes a payment for funeral and burial expenses on behalf of an AFDC or State Supplement recipient under certain circumstances. This chapter describes the situations in which the Department makes such a payment. The chapter also describes how the Department computes the amount of the payment, as well as what costs are included as funeral and burial expenses.

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9005.05

Section:
Special Benefits

Type:
POLICY

Chapter:
Funeral and Burial Expenses

Program: **AFDC**
 AABD

Subject:
General Provisions

9005.05 A. Situations in Which Payments are Made

The Department makes a payment for funeral and burial expenses on behalf of an AFDC or AABD recipient upon the death of such recipient if:

1. the deceased is receiving AFDC or AABD benefits from the Department at the time of his or her death; and
2. the deceased has either no private burial arrangement or an arrangement valued at less than \$1,800; and
3. the amount of the deceased's burial arrangement is less than the actual cost of funeral and burial.

B. Amount of Payment

1. The maximum payment the Department makes for funeral and burial expenses is equal to the lesser of the following amounts:
 - a. \$1,800; or
 - b. the actual cost of the funeral and burial.
2. The amount of the Department's payment for funeral and burial expenses is reduced by the value of any combination of the following assets owned by the deceased:
 - a. burial fund;
 - b. irrevocable burial fund;
 - c. face value of life insurance policies.
3. The Department's payment for funeral and burial expenses is not reduced by:
 - a. the value of any other personal or real property which the deceased leaves as part of his or her estate; or
 - b. the value of any contributions made by any person for the cost of the deceased's funeral and burial; or
 - c. the value of other government benefits, such as Social Security and

Veteran's death benefits.

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Chapter:

Funeral and Burial Expenses

Program:

**AFDC
AABD**

Subject:

General Provisions

9005.05 C. Expenses Which are Covered

The Department's payment for funeral and burial expenses covers those costs normally incurred in the individual's funeral and burial. Such costs include, but are not limited to, the following:

1. transportation of the deceased from the place of death to the funeral home, and from the funeral home to the burial place;
2. wake;
3. church services;
4. burial plot;
5. opening and closing of grave;
6. other cemetery or cremation charges.

D. Restriction to Payment

The Department does not pay for the burial of a stillborn child under this special benefit.

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Chapter:
Funeral and Burial Expenses

Program: AFDC AABD

Subject:
Paying for Funeral and Burial Expenses

- P-9005.05
1. Review the recipient's case record to see whether the recipient has any burial funds, life insurance policies, or other assets.
 2. If the deceased has any jointly held assets, or is the beneficiary of a trustee account, ask the co-owner or trustee if he or she is releasing the asset to the funeral home to pay for burial expenses. If so, treat such assets as burial funds. If not, see step 8.
 3. If the deceased has assigned assets which are being held by the Department's Central Office, request that C.O. release the appropriate amount for burial expenses.
 4. Based on the above information, inform the funeral home if the Department will make a payment for burial expenses, as described in step 5. If a payment is allowed, continue with step 6.
 5. Upon receiving an itemized bill that states "certified under penalty of false statement as to its accuracy and notarized,...", a copy of the "original" funeral contract and a copy of the recipient's death certificate from the funeral home, authorize payment to the funeral home. Compute the amount of the payment as follows:

Either \$1,800..... (maximum payment) or actual funeral burial cost if less than \$1,800
Minus.....value of any burial funds
Minus.....value of any irrevocable burial funds
Minus.....face value of any life insurance policy
 6. Keep copies of the bill, death certificate, copy of the "original" funeral contract and authorization for the case record and Resources record.
 7. Resources will authorize payment to the funeral home through EMS.
 8. If the deceased has assets, which are not being released to the funeral home to cover burial expenses, refer the case to DAS-Financial Services Center for recovery.

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9010

Section:

Special Benefits

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POLICY

Chapter:

Out-of-state Transportation

Program:

AFDC

AABD

MA

Subject:

9010 The Department makes a payment for out-of-state transportation on behalf of an AFDC, AABD or MA recipient under certain circumstances.

 This chapter describes the situations in which the Department makes such a payment.
 The chapter also describes how the Department computes the amount of the payment.

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Section:

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POLICY

Chapter:

Out-of-State Transportation

Program:

AFDC

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MA

Subject:

General Provisions

FS

9010.05 A. Situations in which Payments are Made

The Department makes a payment for transportation to another state or country on behalf of an AFDC, AABD or MA recipient if:

1. the recipient is receiving AFDC, AABD or MA benefits from the Department at the time of the move; and
2. the recipient has neither the income nor the assets to pay for the move; and
3. the Department determines that the move is in the best interest of both the recipient and the state of Connecticut; and
4. the recipient has relatives who are able, or friends who express willingness to aid in his or her support in the other state or country; or
5. the recipient has other private means of support in the other state or country.

B. Appropriateness of the Payment

The following are factors which the Department considers in determining whether a move to another state or country is in the best interest of the recipient and the state. This list is not all-inclusive:

1. whether the majority of the recipient's family and friends live in Connecticut or in the other state or country;
2. whether the recipient has any employment history, opportunity for employment, or other plan for self-sufficiency as a resident of Connecticut or of the other state or country;
3. whether the recipient wants to establish a permanent residence in Connecticut or in the other state or country.

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POLICY

Chapter:

Out-of-State Transportation

Program:

AFDC

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Subject:

General Provisions

FS

9010.05 C. Amount of Payment

1. The Department's maximum payment for out-of-state transportation of behalf of an AFDC, AABD or MA recipient is equal to the most economical rate for air or land transportation, whichever is appropriate.
2. The payment for out-of-state transportation is to cover the cost of transporting only the recipient, and does not cover the cost of moving or storing home furnishings, furniture, or other personal property.
3. The Department's payment for out-of-state transportation is reduced by the amount of any income or assets the recipient has to pay for the move, including an amount equal to the amount of income the recipient receives upon selling home furnishings or other personal property prior to the move. The Department requests that the recipient sell those items which he or she does not take to the new residence.

D. Restrictions to Payment

1. The Department pays the cost of the principal mode of transportation across the state line.
2. The Department does not pay the cost of secondary transportation necessary to use the principal mode of transportation.

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PROCEDURES

Chapter:

Out-of-state Transportation

Program:

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AABD
MA**

Subject:

Preparing the Authorization Packet

- P-9010.05
1. Instruct the recipient to provide written verification that he or she has a means of support at the new residence.
 2. Refer the case to a Department of Human Resource service worker, who completes Form W-713, "Request for Voluntary Transfer," and a social summary sheet describing the recipient's situation, and containing the following information:
 - why the recipient wants to relocate;
 - how the recipient plans to support himself or herself at the new residence;
 - whether the recipient has any assets, including furniture, which can be used in paying for out-of-state transportation;
 - whether the recipient plans to settle permanently at the new residence;
 - whether the recipient has received this special benefit in the past from the Department.
 3. When the social summary sheet, W-713, and the recipient's verification of support letter are returned, make copies of the three documents for the case record and send a packet to Central Office Resources Unit, to the attention of the transfer agent.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 10-1-91

Transmittal: UP-91-40

P-9010.10

Section:

Special Benefits

Type:

PROCEDURES

Chapter:

Out-of-state Transportation

Program:

**AFDC
AABD
MA**

Subject:

Providing the Benefit

P-9010.10 Central Office Resources:

1. examines the packet submitted by the District Office worker; and
2. investigates whether the recipient has received this benefit previously; and
3. evaluates the need for the benefit; and
4. determines the principal mode of transportation over the state line, if the request is approved; and
5. refers the case to the State Comptroller's Office, which purchases the ticket for the recipient; and
6. notifies the District Office if the benefit has been provided and the recipient has left the state.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-97**Transmittal: UP-97-19****9015**

Section:**Special Benefits****Type:****POLICY**

Chapter:**Medicare A and B Premiums****Program:****MA**

Subject:

9015 The Department pays for Medicare A and B premiums on behalf of certain MA recipients who are also recipients of AFDC, TFA, AABD, and MA only recipients who are entitled to such coverage.

This chapter describes the situations in which the Department pays for Medicare Part A and Part B on behalf of these individuals.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 3-1-99

Transmittal: UP-99-4

9015.05

Section:

Special Benefits

Type:

POLICY

Chapter:

Medicare A and B

Program:

MA

Subject:

General Provisions

9015.05 A. Part A Coverage

1. The Department pays for Medicare Part A coverage on behalf of an individual eligible as a Qualified Medicare Beneficiary if the individual is entitled to Part A coverage but would have to purchase the coverage privately. (cross reference: 2540.94)
2. The Department pays for Medicare Part A coverage on behalf of an individual who is eligible as a Qualified and Disabled Working Individual (QDWI). (cross reference: 2540.90)

 B. Part B Coverage

1. The Department pays for Medicare Part B coverage on behalf of the following individuals whom the Social Security Administration has established as entitled to such coverage:
 - a. Medicaid recipients who also receive AFDC;
 - b. Medicaid recipients who also receive TFA;
 - c. Medicaid recipients who also receive AABD;
 - d. an MA only recipient if such recipient:
 - (1) is receiving SSI; or
 - (2) loses SSI eligibility because of OASDI cost-of-living increases received after April 1977; or
 - (3) loses SSI eligibility because he or she is performing Substantial Gainful Activity after January 1, 1981; or
 - (4) is eligible for MA as a Qualified Medicare Beneficiary, Specified Low Income Medicare Beneficiary or Additional Low Income Medicare Beneficiaries (Cross References: 2540.94, 2540.95, 2540.97 and 2540.98).
2. The amount of the Department's payment for Medicare Part B coverage made on behalf of eligible recipients is equal to the actual cost of the coverage, except in the case of certain Additional Low Income Medicare Beneficiaries, on whose behalf the Department pays for the transfer of Medicare's home health care costs from Part A to Part B (cross reference: 2540.98).

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 3-1-99	Transmittal: UP-99-4	9015.05 page 2
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Section: Special Benefits	Type: POLICY
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Chapter: Medicare A and B	Program: MA
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Subject: General Provisions
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9015.05 B. Part B Coverage (continued)

3. Payment for Medicare Part B is made directly to the Social Security Administration on behalf of the eligible recipient.
4. If an individual qualifies for Medicaid both as a Qualified Medicare Beneficiary and under another coverage group, the Department pays for the Part B premium based on the individual's QMB eligibility.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-89

Transmittal: UP-90-8

P-9015.05

Section:
Special Benefits

Type:
PROCEDURES

Chapter:
Medicare A and B Premiums

Program: **AFDC**
 AABD
 MA

Subject:
Providing the Benefit

P-9015.05 General Procedures

1. When granting an application, enter the following information correctly and accurately on the authorization form:
 - recipient's legal name; and
 - recipient's date of birth; and
 - recipient's sex; and
 - recipient's Social Security number and health insurance claim number, if he or she has one.
 - assistance unit number (in the case number field); and
 - recipient's client I.D. member (in the explanation section).
2. Check SDX, BENDEX and other sources periodically to verify that the above information is correct on the recipient's eligibility file.

Medicare Part A

1. Maintain a list of individuals aged 65 and over who are not entitled to SSA cash benefits, but who have Part B coverage. Such individuals are entitled to Part A but would have purchase it themselves.
2. Stop here. Procedures for referring individuals described in step 1 to the Social Security Administration for Part A will be included when the Department receives instructions from the Health Care Finance Administration.

Medicare Part B

1. Use the following guidelines to determine who may be eligible for the Part B Buy-In.
 - individuals who receive or have applied for and have been found eligible for Part A

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-89

Transmittal: UP-89-9

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Section:
Special Benefits

Type:
PROCEDURES

Chapter:
Medicare A and B Premiums

Program: **AFDC**
 AABD
 MA

Subject:
Providing the Benefit

P-9015.05 Medicare Part B (continued)

- the following individuals who have Medicare Part A:
 - * AFDC recipients
 - * AABD recipients
 - * MA recipients receiving SSI
 - * MA recipients under the "Severely Impaired" coverage group (2540.76)
 - individuals eligible for MA as QMB's, including individuals in LTCF'S whose Part B premium is being deducted from gross income in the post-eligibility treatment of income computation.
2. Determine whether the individual is eligible for payment of the Part B premium as either a QMB or a non-QMB. Remember to examine the income and asset criteria in evaluating QMB eligibility.
 3. If the individual is eligible for the Part B Buy-In only as a non-QMB, in the explanation section of the W-52, write in, "Buy-In Part B effective (date)."
 4. If the individual is eligible for the Part B Buy-In as a QMB only, or as both a QMB and a non-QMB, authorize the Buy-In under the QMB coverage group. Print the letters QMB at the top of the W-52 and in the explanation section of the W-52 write in, "Buy-In Part B effective (date) -QMB."
 5. If an individual who had been receiving Part B Buy-In benefits as a non-QMB now qualifies for that benefit as a QMB, note on the W-52 that the coverage is now based on QMB eligibility. In the explanation section write, "Change Part B status to QMB effective (date)."

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 1-1-89

Transmittal: UP-89-9

P-9015.05 page 3

Section:
Special Benefits

Type:
PROCEDURES

Chapter:
Medicare A and B Premiums

Program: **AFDC**
 AABD
 MA

Subject:
Providing the Benefit

P-9015.05 Medicare Part B (continued)

6. Likewise, for an individual losing eligibility for Buy-In Part B under the QMB coverage group, but retaining eligibility for the Part B Buy-In under another group, write, "Change Part B status to non-QMB" in the explanation section of the W-52.
7. If an individual is totally ineligible for the Part B Buy-In, note this in the explanation section of the W-52 as follows:

 "Deny Payment for Part B Buy-In - (reason) ;" or

 "Discontinue Payment for Part B Buy-In effective (date) (reason) ."
 Remember to give proper notice for discontinuances.
8. For active cases involving LTCF recipients, if the purchase of Part B results in the recipient's applied income increasing, send appropriate notice before adjusting the payment to the LTCF (Cross Reference: 1570).

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 10-1-91**Transmittal: UP-91-40****9025**

Section:**Special Benefits****Type:****POLICY**

Chapter:**Property Repairs****Program:****AFDC
AABD**

Subject:

9025 This chapter describes the situations in which the Department pays for property repairs on behalf of recipients of AFDC and AABD.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 01-01-07

Transmittal: UP-07-07

9025.05

Section:

Special Benefits

Type:

POLICY

Chapter:

Property Repairs

Program:

**AFDC
AABD**

Subject:

General Provisions

9025.05 A. Eligibility Factors

The Department makes a payment for property repairs on behalf of the assistance unit if the unit requests such assistance and:

1. the unit is receiving AFDC or AABD; and
2. the unit has an equitable interest in the property; and
3. the property is the unit's home property; and
4. the property is in such need of repair that the unit could not continue to live there safely; and
5. the unit would have to rent quarters if the repairs were not made; and
6. the cost of rental quarters projected over a two year period would exceed the cost of repair plus any other costs attributable to continued occupancy of the property over the same period.

B. Conditions for Payment

The Department does not authorize payment for property repairs unless:

1. the Department verifies the need for the repair; and
2. the assistance unit obtains at least three bids for the cost of the repair; and
3. the Department establishes that the winning bid is reasonable.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 10-1-91

Transmittal: UP-91-40

9025.05 page 2

Section:

Special Benefits

Type:

POLICY

Chapter:

Property Repairs

Program:

**AFDC
AABD**

Subject:

General Provisions

9025.05 C. Amount and Method of Payment

1. The amount of the Department's payment is equal to the cost of repair, based on the lowest reasonable bid provided by the unit, that is needed for the unit to continue living in the property.
2. The Department issues a vendor payment to the contractor after verifying that he or she has satisfactorily made the necessary repair.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 10-1-91

Transmittal: UP-91-40

P-9025.05

Section:

Special Benefits

Type:

PROCEDURES

Chapter:

Property Repairs

Program:

**AFDC
AABD**

Subject:

Authorizing the Payment

- |
- P-9025.05
1. Make sure that the property is home property owned by the recipient. If the recipient is receiving AFDC, explain that the Department requires a security mortgage to cover the cost of the payment for the repair.
 2. Make a home visit to verify the nature of the problem and determine whether the repair is necessary for the recipient to continue living in the home. That is, make sure the repair is to correct or prevent a structural problem rather than something simply cosmetic. If not, deny the request.
 3. Check to see if the repair could be covered under the recipient's homeowner's insurance policy.
 4. Tell the recipient to obtain at least three written bids for the repair.
 5. When the recipient submits the bids, compare the bids with the estimated cost of rent for two years, as described in policy. If the repair would not be cost effective, deny the request.
 6. If the bids are reasonable and the repairs would be cost effective, send copies of the bids along with a summary of the situation to the Chief of Resources at Central Office.
 - | 7. If Central Office Resources approves the repair and selects the contractor for the repair, contact the contractor and authorize the job. If the recipient is receiving AFDC, have him or her grant the Department a security mortgage covering the cost of the repairs.
 8. Once the job is completed, make a home visit to verify that the repair has been satisfactorily made. Ask the recipient whether he or she is satisfied.
 9. If the job has been completed satisfactorily, send a copy of the bill to Central Office Resources, which verifies that the repair has been satisfactorily made and authorizes P.A. Accounting to issue a vendor payment to the contractor.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 12-1-87	Transmittal: UP-87-19	9035
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Section:	Type:
Special Benefits	POLICY

Chapter:	Program:
Attoreny's Fees in SSI/OASDI	AABD

Subject:

9035 This chapter describes the conditions under which the Department pays attorneys' fees on behalf of AABD recipients who successfully appeal Social Security Administration decisions to terminate OASDI disability benefits and/or SSI disability benefits.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 12-2-87	Transmittal: UP-87-19	9035.05
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Section: Special Benefits	Type: POLICY
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Chapter: Attorneys' Fees in Successful SSI/OASDI Appeals	Program: AABD
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Subject: General Provisions
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9035.05 A. Eligibility Requirements

To be eligible for the payment of attorneys' fees the following requirements must be met:

1. Persons must be receiving AABD when notified that the social Security Administration intends to discontinue SSI disability benefits and/or OASDI disability benefits.
2. The appeal must be successful.
3. The attorney must agree to accept the Department's payment as the full fee for services rendered.

B. Amount of Benefit

The amount of the Department's payment to the attorney is equal to attorneys' fee, but not more than the greater of the following:

1. \$1,000.000; or
2. Twenty-five percent of the amount of the retroactive SSI disability benefit and/or OASDI disability benefit.

C. Recovery of Benefits

The Department does not recover the amount of this benefit from the recipient or from the recipient's estate. (cross reference: Section 7500)

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 10-1-87

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P-9035.05

Section:
Special Benefits

Type:
PROCEDURES

Chapter:
Attorneys' Fees in Successful SSI/OASDI Appeals

Program:
AABD

Subject:
Authorizing Payment

P-9035.05 D.O. Workers

Inform recipients and their attorneys that the C.O. Resources Unit authorized payment and that all verification should be sent to them.

C.O. Resource Unit

1. When all necessary documentation (Cross Reference: 9099.05 page 3) is received, sign the "Invoice-Voucher for Goods or Services Rendered to the State of Connecticut (C.O. 17)" and send it to the State Comptroller to authorize payment.
2. Notify the D.O. Case Maintenance Unit of the success of the appeal and of the amount of retroactive payment, if known, via memorandum.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-97	Transmittal: UP-97-19	9040
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Section: Special Benefits	Type: POLICY
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Chapter: Health and Hospital Insurance Premiums	Program: MA
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Subject:

- | 9040 This chapter describes the conditions under which the Department pays for health and hospital insurance premiums on behalf of recipients of MA recipients.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-97

Transmittal: UP-98-3

9040.05

Section:
Special Benefits

Type:
POLICY

Chapter:
Health and Hospital Insurance Premiums

Program:
MA

Subject:
General Provisions

9040.05 A. Group Health and Hospital Insurance Premiums

The Department pays for health and hospital insurance premiums on behalf of a member of a Medicaid assistance unit when the plan is determined by the Department to be cost-effective, and:

- a. the unit member is enrolled in an employer's group health insurance plan; or
- b. the unit member is enrolled in an employer's group health insurance plan available to retired or former employees; or

B. Individual Health Insurance Premiums

The Department pays for health or hospital insurance premiums under a plan not offered by an employer if the recipient was participating in the insurance plan prior to requesting Medicaid when the plan is determined by the Department to be cost-effective, and:

- a. the insurance is an individual plan covering only the eligible assistance unit members; or
- b. the insurance is a joint insurance plan covering a recipient and his or her spouse.

C. Cost-Effectiveness

- 1. The Department grants assistance for health or hospital insurance premium payments if the insurance plan is determined by the Department to be cost-effective.
- 2. A plan is considered to be cost-effective if the amount paid for the premiums, coinsurance, deductibles and related administrative costs is likely to be less than the Medicaid payments for services covered under the plan.

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Date: 7-1-97

Transmittal: UP-97-19

9040.05 page 2

Section:

Special Benefits

Type:

POLICY

Chapter:

Health and Hospital Insurance Premiums

Program:

MA

Subject:

General Provisions

9040.05 C. Cost-Effectiveness (continued)

3. Cost-effectiveness is determined using, singly or in combination, such factors including, but not limited to:
 - a. covered services;
 - b. age and sex of assistance unit members;
 - c. family size;
 - d. cost of premiums;
 - e. diagnosis;
 - f. prognosis;
 - g. pre-existing conditions;
 - h. future availability of coverage.
4. The cost of premiums used in determining cost-effectiveness includes the premiums paid for ineligible members when their enrollment is necessary for the members of the assistance unit to be enrolled.

D. Amount of Payment

1. The amount of the benefit payment the Department makes for the insurance premium is equal to:
 - a. the cost of the premium obligated by the recipient if the insurance plan covers only the recipient; or
 - b. the prorated amount of the premium obligated by the members of the household who are eligible for Medicaid if enrollment of these recipients is possible without also enrolling ineligible family members; or
 - c. the total cost of the premium which covers all eligible and non-eligible family members, if enrollment of eligible recipients is impossible without enrolling ineligible family members.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 10-1-00

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9040.05 page 3

Section:

Special Benefits

Type:

POLICY

Chapter:

Health and Hospital Insurance Premiums

Program:

MA

Subject:

General Provisions

9040.05 E. Frequency and Method of Payment

1. The Department's method of payment is:
 - a. a vendor payment directly to the insurance company or employer; or
 - b. a reimbursement to the recipient if payment is made through a payroll deduction or has been paid by the applicant or recipient.
2. The frequency of the payment is:
 - a. as required by the insurance company or employer; or
 - b. on a monthly basis as reimbursement to the recipient.

F. Working Individuals with Disabilities

In cases involving Working Individuals with Disabilities, the Department may or may not pay for the individual's health insurance, as follows:

1. If 10% of the individual's excess monthly income described at UPM 2540.85 A. 4. equals or exceeds the monthly cost of the family's health insurance, the individual continues to pay directly for his or her group health insurance.
2. If the cost of the family's health insurance exceeds 10% of the individual's excess monthly income described at UPM 2540.85, the Department helps pay for the individual's group health insurance under the provisions of UPM 9040.05 if this insurance is cost-effective. The amount of the Department's payment is equal to the monthly cost of the cost-effective group health insurance minus 10% of the individual's excess monthly income described at UPM 2540.85 A 4.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-95

Transmittal: UP-95-10

P-9040.05

Section:
Special Benefits

Type:
PROCEDURES

Chapter:
Health and Hospital Premiums

Program: **AABD**
 AFDC
 MA

Subject:
Determining When Payment of Health Insurance Premiums is Cost-Effective

- P-9040.05 1. Explore the possibility of allowing the cost of the insurance premium as a post-eligibility deduction from applied income if the client is residing in a long term care facility or is receiving community based services. If this is appropriate, stop here as no cost-effectiveness determination is needed. Remember however, that the client has the option of having our agency determine cost-effectiveness and pay the premiums directly, even if a post-eligibility applied income deduction can be allowed. **If payment of the insurance is accomplished through a post-eligibility applied income deduction, our agency should not issue direct payment for the same time period.** If a cost-effectiveness determination is needed, proceed to step 2.
2. If available, obtain a copy of the assistance unit's membership card, most recent paystub (if applicable), and premium payment notice.
3. Gather as much information as is available on the insurance and record this on form W-1685, Medical Insurance Information, including:
- the employer's name, address, and telephone number,
 - the names of all individuals covered by the policy, their dates of birth, sex, major illnesses/injuries, and whether or not they are eligible recipients.
- Attach a copy of the card, payment notice, and paystub if available.
4. Route the W-1685 using form W-1685A, Third Party Liability Routing Slip, to the TPL Unit in Central Office, where it will be determined whether it is cost-effective to pay the insurance premiums.
5. The TPL Unit will complete the Cost-Effectiveness Determination section of the W-1685A and return the form to the worker advising whether or not the payment is cost-effective.
6. The TPL Unit will review case conditions to determine if there have been any changes such as premium cost which would affect cost-effectiveness.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 7-1-95

Transmittal: UP-95-10

P-9040.07

Section:
Special Benefits

Type:
PROCEDURES

Chapter:
Health and Hospital Insurance

Program: **AABD**
 AFDC
 MA

Subject:
Authorizing the Payment for Insurance Premiums

- P-9040.07 1. If the payment of health insurance premiums is cost-effective, the TPL Unit will notify the eligibility worker through the return of the W-1685A. The TPL Unit will send form W-231, Notice of Eligibility for Medical Insurance Premium Payments, to the client along with a supply of postage paid envelopes to be used for mailing the insurance bills or proof of payment. A copy of the W-231 will be forwarded to the eligibility worker.
2. The eligibility worker should forward any insurance bills or proof of payment to the TPL Unit.
3. The TPL Unit will complete form W-1685B, Insurance Premium Payment Routing Slip, to authorize payment.
4. When it is determined that payment of health insurance premiums is not cost-effective, the TPL Unit will deny payment of the special benefit to the assistance unit via form W-245, Notice of Denial of Payment for Medical Insurance Premiums. A copy of the W-245 will be forwarded to the eligibility worker.
5. If the client is residing in a long-term care facility or is receiving community based services, explore the possibility of allowing the insurance premium as a post-eligibility deduction (Cross-reference 5035).

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 11-1-95	Transmittal: UP-95-26	9045
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Section: Special Benefits	Type: POLICY
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Chapter: Job Connection Special Benefits	Program: AFDC FS
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Subject:

9045 This chapter describes payments made by the Department to and on behalf of recipients of AFDC and Food Stamps who are participating in a Job Connection Plan. The AFDC rules in this chapter are applicable to all recipients of AFDC under the regular ("control" or "unassigned") version of the program as well as the Family Strength and Pathways waiver versions. AFDC and Pathways recipients are also eligible for child care and transportation special benefits under additional circumstances (cross reference 9865.55 and 9865.57).

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Date: 11-1-95	Transmittal: UP-95-26	9045.05
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Section: Special Benefits	Type: POLICY
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Chapter: Job Connection Special Benefits	Program: AFDC FS
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Subject: General Principles

9045.05 A. Eligible Individuals

1. AFDC Program

Subject to the limitations contained in this chapter, special benefits are available to assistance unit members who meet the following criteria:

- a. participating in an education, training or employment related activity specified by approved Job Connection Plans (cross reference 9505.20) or Self-Sufficiency Plans (cross reference 9865.11, 9865.13); and
- b. having a Job Connection or Self Sufficiency Plan which authorizes the use of special benefits, limited to child care and transportation, to support approved activities.

2. Food Stamp Program

Subject to the limitations contained in this chapter, special benefits are available to Food Stamp assistance unit members who participate in the Job Connection program.

B. Benefits

Job Connection special benefits cover costs associated with participation in certain aspects of the Job Connection program which cannot be met by other resources. If a participant is receiving AFDC and FS concurrently, he or she is only eligible for those benefits available under AFDC.

1. AFDC Program

- a. AFDC unit members participating in the Job Connection program may receive the following special benefits, subject to the limitations specified in this chapter:
 - (1) child care; and
 - (2) transportation.
- b. Assistance unit members who have been disqualified from AFDC for failure to comply with the employment and training requirements are eligible for the same special benefits as those listed above in B,1,a, provided the following are true:

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Date: 11-1-95	Transmittal: UP-95-26	9045.05 page 2
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Section: Special Benefits	Type:	POLICY
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Chapter: Job Connection Special Benefits	Program:	AFDC FS
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Subject: General Principles

9045.05 B. Benefits (continued)

1. AFDC Program (continued)

- b. (1) they are required by the Department to participate in Plan activities for a trial period, not to exceed two weeks; and
- (2) the special benefits are needed to support their Plan activities.

2. FS Program

Benefits for FS unit members participating in the Job Connection program are limited to:

- a. participation allowance;
- b. fees;
- c. dependent care allowance.

C. Payments of Benefits

Payments of benefits are subject to the following restrictions.

1. Restrictions - AFDC

- a. Benefits are only provided when the following is true:
 - (1) their provision is consistent with the Job Connection Plan; and provisions at (A)(1) above; and
 - (2) satisfactory participation and satisfactory progress is being made in the activities listed in the Job Connection Plan; or
 - (3) during a trial period, provided benefits are consistent with the Job Connection Plan and satisfactory participation and satisfactory progress are being made in the Job Connection Plan activity.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 11-1-95

Transmittal: UP-95-26

9045.05 page 3

Section:

Special Benefits

Type:

POLICY

Chapter:

Job Connection Special Benefits

Program:

AFDC

FS

Subject:

General Principles

9045.05 C. 1. Payments of Benefits (continued)

b. Benefits are not provided under the following circumstances:

- (1) when they are for items covered by cash assistance or other special benefits available under other State or federal or other assistance programs; or
- (2) as reimbursement for paid expenses; or
- (3) when service or equivalent services are available free of charge; or
- (4) when they are not for employment, training, or educational activities; or
- (5) for support of Independent Job Search outside of the Job Connection program (cross reference 3510.25; 9505.03).

D. Benefit Error

The rules for the processing of Benefit Error for Job Connection AFDC special benefits are the same as those used for the Work Related Child Care (WRCC) (cross reference: 9050.20) except that non-child care Job Connection special benefits are only recouped from other non-child care Job Connection special benefits.

E. Notice and Fair Hearing Requirements

1. Upon the issuance of special benefits, the Department provides adequate written notice specifying the amount and duration of the benefits, and that the benefits will automatically terminate at the end of the specified time period.
2. The assistance unit is entitled to request a Fair Hearing, if the action results in the following:
 - a. the discontinuance, suspension, or reduction of any Job Connection special benefit; or
 - b. for child care, when the manner or form of payment changes.
3. Discontinuance or reduction of Job Connection special benefit is not delayed pending a Fair Hearing. (cross reference: 1570.20)

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UNIFORM POLICY MANUAL**

Date: 11-1-95	Transmittal: UP-95-26	9045.05 page 4
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Section: Special Benefits	Type: POLICY
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Chapter: Job Connection Special Benefits	Program: AFDC FS
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Subject: General Principles

9045.05 F. Financial Mismanagement

The AFDC rules for restricted payment methods apply to the issuance of Job Connection AFDC special benefits when it has been determined that financial mismanagement exists. (cross reference: 6505.20)

G. On-The-Job-Training (OJT) Participants

OJT participants may receive payment of special benefits for the entire time they are in an OJT program even after AFDC cash benefits have been discontinued, if the reason for discontinuance was excess income or because of the 100 hour rule for unemployed parent cases.

H. Method of Payment

The Department generally issues benefits directly to the client, except in the following situations:

1. when the Department determines that financial mismanagement exists (cross reference: 6505.20); or
2. when child care is provided by either a group day-care home or by a day-care center, licensed by the Department of Public Health; or
3. when child care is provided by a school-based child care program; or
4. when the client requests that a direct payment be made to their child care provider, if the provider is a family day-care home licensed by the Department of Public Health.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
UNIFORM POLICY MANUAL**

Date: 10-1-92

Transmittal: UP-92-33

P-9045.05

Section:
Special Benefits

Type:
PROCEDURES

Chapter:
Job Connection Special Benefits

Program: AFDC

Subject:
Authorizing Job Connection Special Benefits--General Principles

- P-9045.05 1. In general, always take the following steps before authorizing any Job Connection special benefit:
- check the Job Connection Plan (W-1678) and make sure the requested special benefits support an approved activity;
 - do not authorize benefits if payment is available from another source (note the exception for students);
 - remember that for students attending post secondary education or training, Job Connection may serve as the first source of payment for books, child care, and transportation only, provided certain conditions are met (cross reference: 9045.05);
 - remember that students in post secondary education or training who enroll prior to the development of their Job Connection Plan are not eligible for books, tuition, and fees;
 - never authorize a special benefit for an item which is available free of charge.
2. In general, always take the following steps when determining the amount of any Job Connection special benefit:
- only consider expenses which fall within the dates of the client's current Job Connection Plan;
 - deduct payments from other sources which would duplicate the benefit provided by the Job Connection;
 - before determining net benefit amount, deduct previous overpayments using the same rules as those used for the WRCC program (cross reference 9050.20) remembering that, except for child care, any special benefit can be recouped from any other special benefit (note: child care can only be recouped from another child care benefit);
 - remember that there are special rules for former AFDC recipients and OJT participants and for individuals who have been disqualified from AFDC but who are participating for a trial period;
 - determine the amount and frequency of the fees identified, remembering to issue payments using only the nonrecurring payment option on EMS;

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P-9045.05 2. (continued)

- verify any special benefit if questionable;
- obtain estimates if requested payments seem unreasonable based on prevailing market rates;
- determine to whom the payment should be made;
- set alert for a date in advance of when the next payment is due, noting such things as when OJT completion is expected and when eligibility will end for former AFDC recipients;
- complete the appropriate EMS screens to authorize payment;
- generally issue payments to the client, unless there is evidence of mismanagement (note: there are special vendor rules for child care and some transportation special benefits);
- notify the client in writing of any action taken, including a denial of a request, no later than the day the action is taken;
- monitor the amount of payment, remembering the maximum limits allowed in policy;
- issue the benefit within 7 days of receiving all necessary verification.

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9045.10

Section:
Special Benefits

Type:
POLICY

Chapter:
Job Connection Special Benefits

Program: FS

Subject:
Participation Allowances

9045.10 A. FS Program

1. Every FS unit member who participates in education, training or employment-related activities is eligible to receive a participation allowance.
2. This allowance is equal to actual costs, up to a maximum of \$25 per month.
3. This benefit covers the following costs:
 - a. child care;
 - b. transportation;
 - c. clothing;
 - d. equipment and materials;
 - e. medical costs.
4. This benefit is paid for each month of participation in education training or employment-related activities and to participants who begin employment until the first of the following dates:
 - a. the last day of the month immediately following the month in which employment begins; or
 - b. the last day of the month in which the first paycheck is received.

B. Method of Payment

Payment is made to the participant based upon the costs expected to be incurred in a calendar month.

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Job Connection Benefits

Program: AFDC

Subject:
Authorizing Job Connection Special Benefits--Specific Rules

P-9045.10 For certain Job Connection special benefits, remember the following specific rules:

1. Public Transportation
 - use tokens or passes first;
 - determine the need for tokens or passes and add the individual's name to a procurement list;
 - determine amount for public fares if tokens or passes are not available.
2. Medical Expenses
 - have the medical provider follow the procedures for billing Medicaid, including submitting the claim for third party coverage first, and obtaining a price authorization if required;
 - once the Medicaid claim has been denied, and documentation obtained, authorize payment;
 - file the documentation of Medicaid denial.

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Subject: Fees

- 9045.15 A. Fees-AFDC Program
The Department does not pay fees for AFDC recipients as Job Connection special benefits.
- B. Fees Payable--Food Stamp Program
Payments are made to or on behalf of Food Stamp unit members for fees related to participation in education, training or employment-related activities. Payable fees are limited to:
1. tuition costs at State technical colleges and community colleges for a period not to exceed 6 consecutive calendar months to the extent that they are not met by all other scholarships, grants and tuition assistance programs available to the participant;
 2. fees associated with applications or enrollment which are not waived by the institution.
- C. Restrictions-Food Stamp Program
1. Payments are made for education and training only in public institutions.
 2. Fees for services are paid on an individual basis, and not to establish programs for groups of participants.

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Chapter:

Job

Connection

Special

Program:

**AFDC
Benefits**

Subject:

Child Care

9045.20 A. Need for Child Care

1. Child care benefits are available when they are necessary to permit participation under a Job Connection Plan. Child care benefits are not considered necessary under the following conditions:
 - a. when the hours of participation fall within the child's school hours; or
 - b. when there is a parent or legal guardian in the home who is capable of providing care; or
 - c. when child care is provided by a parent or legal guardian who is not living in the home; or
 - d. when child care is provided by an assistance unit member.
2. Child care benefits are also available to support a Plan during a trial period for those disqualified for failure to comply with the employment and training requirements.

B. General Principles

1. The Department informs assistance units that they have the choice of either Job Connection special benefit payments or the AFDC earned income deduction, when appropriate. (cross reference: 5035.05)
2. The Department examines eligibility for the AFDC earned income deduction for assistance units which request Job Connection child care but fail to establish eligibility for it.
3. An assistance unit is not eligible for Job Connection child care retroactively if the unit's AFDC eligibility has already been determined using the day care deduction due to one of the following reasons:
 - a. the assistance unit failed to establish eligibility for Job Connection child care in a timely manner, but was entitled to a deduction from earnings at the time AFDC eligibility was determined; or
 - b. the assistance unit elected to receive a day care deduction instead of Job Connection child care payments in the prior period.
4. Monthly reporting assistance units which are suspended for one month because of excess income remain eligible for Job Connection child care benefits during the month of suspension.

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9045.20 B. General Principles (continued)

5. Payments for child care are made to enable the participant to actively seek employment, including, but not limited to, the following:
 - a. when the participant has scheduled job interviews; or
 - b. when the participant is participating in an independent job search.
6. Payments for child care are also made when needed to support an approved Job Connection activity which is part of an approved Job Connection Plan.
7. Eligibility for child care ends on the last day of the month in which a nonfinancial eligibility factor causes ineligibility, provided that eligibility existed on the first day of the month.
8. Payments for child care can be made for up to one month before participation, or during gaps in participation not to exceed one month provided that the lack of payment would cause a child care arrangement to be lost.

C. Child Care Providers

1. The assistance unit qualifies for this special benefit only when the child care is provided by a person who can reasonably be expected to provide safe and competent care in one of the following settings:
 - a. the child's home; or
 - b. a family day-care home registered by the Department of Public Health (DPH); or
 - c. a day-care center licensed by the Department of Public Health (DPH); or
 - d. the home of the child's relative who is providing the care; or
 - e. a home other than the child's, if care is provided for less than 3 hours per day; or

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9045.20 C. 1. Child Care Providers (continued)

- f. a group day-care home licensed by DPH; or
 - g. a summer school or summer camp; or
 - h. employer provided child care program in the work site; or
 - i. a school-based child care program which is exempt from DPH registration and licensing requirements.
- 2. When required by State law to be licensed by DPH, child care providers must comply with licensing requirements before payments can be made.
 - 3. The Department does not provide benefits for any month in which the child received care in a setting that did not meet the DPH licensing requirements.

D. Eligible Children

- 1. The child who requires day care must be entitled to AFDC as a dependent child, or a child who would be eligible for AFDC except for the receipt of one of the following:
 - a. foster care payments under Title IV-E; or
 - b. Supplemental Security Income.

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9045.20 D. Eligible Children (continued)

2. The child who requires day care must be at least one of the following:
 - a. less than 13 years of age; or
 - b. physically or mentally incapable of caring for himself or herself; or
 - c. under supervision of a court which orders child care.
3. A child who is eligible due to a physical or mental disability, or due to court supervision, must meet the AFDC age requirements. (cross reference: 2525)
4. A child who is eligible on the first day of the month remains eligible for the entire month.

E. Procedural Requirements

1. As a condition of payment, the assistance unit is required to provide a current, signed child care provider agreement.
2. Assistance units are required to report actual child care costs on a monthly basis.
3. Assistance units must report any changes in circumstances to the Department within 10 days of the date of the change.

F. Standard of Assistance

1. The standard of assistance for child care is determined prospectively in the month child care starts.
2. The standard of assistance for child care is also determined prospectively in any month an ongoing change occurs, if consideration of the change would result in at least a \$50 difference in the benefit.
3. The standard of assistance for child care is determined retrospectively based on the prior month's actual cost of care in any month it is not prospectively determined.

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9045.20 F. Standard of Assistance (continued)

4. For each child who has no special child care needs, the standard of assistance is equal to the amount the assistance unit is obligated to pay for child care up to the lower of the following amounts:
 - a. the hourly local market rate, as determined by the Department, multiplied by the number of hours per month charged by the provider; or
 - b. \$325 per month.
5. For each child who has special child care needs, the standard of assistance is equal to the amount the assistance unit is obligated to pay for child care, up to the lower of the following amounts:
 - a. the hourly local market rate, as determined by the Department, multiplied by the number of hours per month charged by the provider; or
 - b. \$435 per month.
6. A child is considered to have special child care needs if he or she needs extraordinary supervision due to one of the following reasons:
 - a. a medical condition or physical handicap; or
 - b. a behavioral or psychological problem; or
 - c. environmental problems.
7. The standard of assistance for a summer camp or a summer school cannot exceed the standard for the number of hours that would be used if the child were cared for in another allowable setting.
8. Families entitled to WRCC and Job Connection child care benefits in the same month may not receive more than \$325 per child, or in the case of a special needs child, \$435 per child, in combination from both programs.

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9045.20 G. Benefit Calculation

1. The Department does not consider charges for an arrearage when calculating the actual cost of care.
2. Anticipated child care costs are calculated based on information contained in the provider agreement form concerning the prearranged charges.
3. Child care payments from other sources made directly to or on behalf of the client, with the exception of financial aid administered by a school, are deducted from the standard of assistance for the month which they are meant to cover.
4. Overpayments which are to be recouped from the Job Connection child care award are deducted prior to determining the net benefit amount using the same rules as those used for the Work Related Child Care (WRCC). (cross reference: 9050.20)

H. Benefit Issuance

1. Payments are issued to the provider under the following conditions:
 - a. when child care is provided either by a group day-care home or by a day-care center, licensed by the Department of Public Health (DPH); or
 - b. when child care is provided by a school-based child care program; or
 - c. when requested by the client, if child care is provided by a family day-care home registered by the Department of Public Health (DPH); or
 - d. in cases of financial mismanagement. (cross reference: 6505.20)
2. Payments are issued to the assistance unit if services are performed by a relative, in the child's home, in a setting which is not school-based, or in a setting which is not a group day care home or a day care center licensed by DPH.
3. Requests for direct payments to the provider must be made in writing.
4. The assistance unit may withdraw the direct payment request at any time.

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9045.20 H. Benefit Issuance (continued)

5. Ongoing Job Connection child care benefits are issued monthly on a nonrecurring basis.

I. Benefit Error

The rules for the processing of Benefit Error are the same as those used for Work Related Child Care (WRCC). (cross reference: 9050.20)

J. Notice and Fair Hearing Requirements

1. The Department provides adequate notice no later than the date of a discontinuance, suspension, or reduction of a child care payment.
2. The assistance unit is entitled to request a Fair Hearing within sixty (60) days of the date the Department reduces or terminates the assistance unit's Job Connection payment.
3. The Fair Hearing request must be made in writing and must be signed by a member of the assistance unit.
4. Action to discontinuance or reduce Job Connection child care benefits is taken even if a Fair Hearing is requested. (cross reference: 1570.20)

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P-9045.20 Take the following steps when processing child care special benefits.

A. Remember That Not All Job Connection Activities
Can Be Supported By Child Care

Do not issue child care to support a Job Connection activity when any of the following situations exist:

- the hours of Job Connection participation fall within the child's school hours; or
- there is a parent or legal guardian in the home who is capable of providing care; or
- child care is provided by an assistance unit member.

B. Make Sure the Child Meets Certain Conditions to be Eligible for Child Care

1. Issue child care only if the child is entitled to AFDC as a dependent child, or a would be eligible for AFDC except for the receipt of foster care payments under Title IV-E or Supplemental Security Income.
2. Also remember that the child must be at least one of the following:
 - less than 13 years of age; or
 - physically or mentally incapable of caring for himself or herself and meets the AFDC age requirements; or
 - under supervision of a court which orders child care and meets the AFDC age requirements.
3. Assume that a child who meets any of the above conditions on the first of the month, continues to meet the condition for the entire month.

C. Include Child Care as Part of the Job Connection Plan

1. Once a Job Connection Plan is written, only issue a special benefit if child care is needed to support a Job Connection activity. This includes Job Connection activities which take place during a trial period.

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P-9045.20 C. Include Child Care as Part of the Job Connection Plan (cont.)

2. As part of the Job Connection Plan, determine the amount of child care which is needed to allow the client to participate in his or her activity. Include time spent in the following ways when determining the amount of child care which is needed:
 - reasonable travel time from the day care provider to the Job Connection activity; and
 - reasonable travel time from the activity to the child care provider; and
 - breaks throughout the day caused by such things as class schedules, lunch, or supper periods; and
 - reasonable study time during the academic day.
3. In general, once the amount of needed child care is established in the Plan, base child care payments on that need.
4. Inform the client of the weekly amount of child care benefits that can be provided. Explain that the maximum monthly benefits will be determined by the number of Fridays in the month times the weekly maximum. In no instance will we pay more than the monthly cap of \$325/\$435.
5. Explain that if the client has extra child care needs in a given week, the established weekly amount can be exceeded, as long as the total payment for the month remains at or below the monthly cap.

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P-9045.20 D. Check for Certain Provider Requirements

1. Determine if child care is being provided in one the following arrangements:
 - the child's home; or
 - a family day-care home licensed by the Department of Social Services (DSS); or
 - a day-care center licensed by the Department of Health and Addiction Services (DPHAS); or
 - the home of the child's relative who is providing care; or
 - a home other than the child's, if care is provided for less than 3 hours per day; or
 - a group day-care home licensed by DPHAS; or
 - a summer school or summer camp; or
 - an employer provided child care program at the work site; or
 - a school-based child care program which is exempt from DSS and DPHAS licensing requirements.

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P-9045.20 D. Check for Certain Provider Requirements (continued)

2. If the child care arrangement meets the provider requirements, have the client complete a provider agreement form (W-1679).
3. Upon receipt of form W-1679, check the section regarding the provider's registration or license.
4. If form W-1679 indicates that the child care provider is not licensed by DSS or DPHAS, determine if licensing by DSS or DPHAS is required by State law.
5. Use the following criteria to determine if DSS or DPHAS licensing is required:
 - ° Generally, DSS licensing is required when one but not more than 6 children unrelated to the provider are being cared for in a home other than their own for at least 3 or more hours per day. This is commonly referred to as a **family day-care home**. (Please note, prior to agency merger on 7/1/93 licensing of **family day-care homes** was done by DHR and referred to as family day-care home registration.)
 - ° Generally, DPHAS licensing is required when the provider cares for 7 but not more than 12 related or unrelated children. This is commonly referred to as a **group day-care home**.
 - ° Generally, DPHAS licensing is required when the provider cares for 13 or more related or unrelated children in a home other than their own. This is commonly referred to as a **day-care center**.

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P-9045.20 D. Check for Certain Provider Requirements (continued)

6. If the child care provider has no license from DPHAS, but is required to have one by State law, do the following:
 - advise the client that benefits cannot be issued unless the provider is licensed by DPHAS. If the client still wants to use their current arrangement, refer him or her to DPHAS for more information on licensing;
 - if requested, assist the client in finding an alternative child care arrangement until their current child care provider can become licensed.
7. If the child care provider is required by State law to be licensed by DSS but is not, do the following:
 - advise the client that benefits cannot be issued unless the provider has initiated the DSS licensing process. If the client still wants to use their current arrangement, refer him or her to the DSS Day Care Unit for more information on licensing requirements;
 - find out if the provider has initiated the licensing process with DSS;
 - if the licensing process has been started, issue benefits and set an alert for 30 days from the start of payments to check on the progress of the licensing process with DSS;

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P-9045.20 D. 7. Check for Certain Provider Requirements (cont.)

- if necessary, assist the client in finding an alternative child care arrangement until his or her current child care provider can begin the licensing process by DSS.

E. Choose the Budgeting Method

The Prospective Method

1. Use the prospective method to calculate benefits in the following months:
 - when the need for child care initially begins due to the start of a Job Connection activity; and
 - in the second month of child care if month one was a partial month; or
 - in the month an ongoing change occurs, if the change causes at least a \$50 increase or decrease in benefits for that month; or
 - in the month following the change, if the change causes at least a \$50.00 increase or decrease in benefits for the subsequent month and is ongoing.
2. In general, consider a change to be ongoing if the change in circumstances will continue for the foreseeable future.
3. Use your best estimate of what the charges are expected to be when calculating a prospective child care benefit. Refer to the Job Connection Plan to help estimate need in a prospective month.

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P-9045.20 E. Choose the Budgeting Method (cont.)

The Retrospective Method

1. Use the retrospective method to calculate benefits at any other time, including months in which the child care cost fluctuates due to such things as an illness, a vacation, 5 weeks in a month, a temporary reduction in hours, or normal fluctuations or patterns in the Job Connection Activity.
2. Use verification of the prior month's actual cost when determining need retrospectively.
3. Do not change to prospective budgeting when rates return to a normal pattern following a fluctuation. (e.g. If the normal rate is \$300, and there is a one month dip to \$175, neither the \$175 month nor the following month is prospective.)

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P-9045.20 F. Calculate the Benefit

After the need for child care has been established in the Job Connection Plan, calculate the amount of the benefit. Remember that once you determine the local market rate maximum (step 3) it need not be calculated each month unless the Job Connection Plan is modified because of a change in child care need or because the number of Fridays in the month have changed.

1. Remember that charges for an arrearage are excluded from both the prospective and retrospective determinations.
2. Determine if care is provided on a full-time basis (100 hours per month or more), or part-time (less than 100 hours per month) separately for each child.
3. Calculate the local market rate monthly maximum by multiplying the weekly hours of approved care times the number of Fridays in the month by the appropriate full-time or part-time hourly local market rate. (See P-9050.25 for hourly local market rates.)
4. Allow the actual charge up to the local market rate maximum or \$325 per month per child, or \$435 per month per child for a special needs child, whichever is lower. (See Interim Change rules regarding the handling of unreported and reported changes/ P-9045.20 pages 9 and 10.)
5. Add the allowable cost for all of the children together.
6. With the exception of financial aid administered by a school, deduct child care payments from other sources from the standard of assistance for the time periods which the payment's are meant to cover (refer to Transmittal UP-90-22 for EMS procedures). Remember, applying for student loans is not required.
7. Do not allow the total of child care paid in a given month under the Job Connection program and under WRCC to exceed the appropriate \$325 or \$435 monthly per child maximum. If this occurs, reduce the amount remaining in step 5 to bring the total benefits from both sources to the appropriate limit.
8. Identify any outstanding child care overpayments which occurred solely as the result of prospectively estimating the actual cost of care. Subtract the entire overpayment, up to the net benefit amount remaining in step 6.

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P-9045.20 F. Calculate the Benefit (cont.)

9. If an overpayment is to be recouped by award reduction, multiply the net benefit calculated in step 6 by 10 percent to determine the maximum amount that can be deducted from the award. (cross reference: 9050.20)
10. Subtract the amount of the overpayment up to the 10 percent maximum from the net benefit in step 6. The remainder is the assistance unit's child care benefit. (cross reference: 9050.20)
11. Document the amount deducted for an overpayment and the overpayment balance whenever recoupment is accomplished manually. Refer to the benefit error procedures for details.
12. Document the calculations used to determine the benefit amount in the case record.

G. Interim Changes

1. Increases Not Previously Reported

- a. If the verification of the prior month's actual cost shows an increase which was not previously reported, issue benefits based on the need as identified in the Job Connection Plan.
- b. After the benefit is paid, follow up with case management to determine if the change is from an increase in needed child care which is permitted per the Job Connection Plan, or an allowed change in rates, and if the change is ongoing.
- c. If the increase is permitted, issue a supplemental for that month.

2. Decreases Not Previously Reported

- a. If the verification of the prior month's actual cost decreases, issue benefits based on the lower amount.
- b. Follow up with case management to see if the change results in a decrease in needed child care which is permitted per the Job Connection Plan, or from a change in rates, and if the change is ongoing.

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PROCEDURES

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Job Connection Special Benefits

Program: AFDC

Subject:
Processing Child Care Benefits

P-9045.20 G. 2. Decreases Not Previously Reported (cont.)

c. If the decrease is not permitted and affects satisfactory progress, conduct Conciliation and refer for sanctioning if appropriate.

3. Increases or Decreases Previously Reported

If the verification of the prior month's actual costs shows either an increase or decrease which was previously reported and acceptable per the Job Connection Plan, choose the correct budgeting method and issue benefits accordingly.

H. Issue the Benefit

1. Issue payments one month at a time, except when payments are made for a prospectively budgeted two month period at the start of child care or when a change has occurred.
2. Remember that participants in an OJT program may continue to receive benefits even after AFDC has been discontinued.
3. If the recipient begins employment which is part of an OJT program, set alert for one month prior to OJT completion for possible Job Connection child care discontinuance.
4. Issue payment for child care directly to the provider by vendor when the following is true:
 - when care is provided by either a group day-care home or by a day-care center licensed by the Department of Public Health and Addiction Services (DPHAS); or
 - when child care is provided by a school-based child care program; or
 - when requested by the client, if child care is provided by a family day-care home licensed by DSS; or
 - in cases of financial mismanagement. (cross reference:6505.20).

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P-9045.20 H. Issue the Benefit (cont.)

5. Providing financial mismanagement does not exist, generally issue payment for child care directly to the assistance unit when child care is provided in any of the following settings:
 - in the child's home;
 - by a relative;
 - in a family day-care home, providing the client has not requested that vendor payments be made directly to the provider.
6. When a request has been made for child care and eligibility has not been established, notify the client in writing about the Department's decision.
7. Remember that cases suspended for one month due to excess income are eligible for child care benefits.

I. Gaps in Training or Education

Use the following rules when issuing child care before training or education begins or during gaps in training or education:

- only issue child care benefits during gaps or before education or training begins if the lack of payment would cause child care to be lost;
- only issue child care benefits for up to thirty days during gaps in training or education. Begin counting the thirty days with the first day the client is not participating in training or education;
- only issue child care benefits for up to thirty days prior to the start of training or education. Using the anticipated day that training or education will begin, count back thirty days to determine the period in which benefits may be issued;
- remember that temporary interruptions in child care which occur within a given month are normally handled through the retrospective budgeting process in the following month, rather than as a gap;

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Job Connection Special Benefits

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Processing Child Care Benefits

P-9045.20 I. Gaps in Training or Education (cont.)

- remember that ongoing changes in child care that affect the benefit by at least \$50.00 are normally handled in the current month through prospective budgeting, rather than as a gap;
- use the actual amount charged by the provider when determining the payment amount, rather than the amount paid by the client.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Date:	11-1-95	Transmittal:	UP-95-26	9045.25
Section:				Type:
	Special Benefits			POLICY
Chapter:				Program:
	Job Connection Special Benefits			AFDC
Subject:				
	Transportation			

9045.25 A. Types of Transportation Benefits

The Department pays for transportation expenses necessary for the individual to participate in education, training, or employment-related JOBS activities. These expenses are paid as indicated for the following modes of transportation:

1. Private Automobiles

For private automobiles, when public transportation is unavailable or inaccessible, the Department pays the following:

- a. 20 cents per mile, for the round trip from the participant's home to the Job Connection activity, including that portion necessary for child care, with the following conditions:
 - (1) not to exceed 50 miles per day; and
 - (2) with a minimum payment of \$2.00 per day; and
 - (3) for automobiles owned or borrowed by a member of the assistance unit; or
 - (4) for reimbursement to someone not in the assistance unit who transports a participant with his or her own motor vehicle.
- b. the Department does not pay any other automotive expenses, including the following:
 - (1) automobile insurance premiums; or
 - (2) automobile personal property taxes; or
 - (3) automobile repair costs; or
 - (4) motor vehicle registration fees.

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Date: 11-1-95

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Section:
Special Benefits

Type:
POLICY

Chapter:
Job Connection Special Benefits

Program: AFDC

Subject:
Transportation

9045.25 A. 2. Types of Transportation Benefits (continued)

a. Bus Fares

The Department pays for bus fares, at the cost charged, not to exceed \$10.00 per day.

B. Restrictions

The Department does not pay any other transportation expenses, including the following:

1. tickets for motor vehicle violations;
2. air fare;
3. train fare;
4. taxi fare;
5. van pool or car pool fees;
6. expenses for automobiles used when the participant is self-employed;
7. transportation expenses for individuals participating in supervised job search or Job Search Skills Training activities when the contractor makes transportation available to the participant.

C. Method of Payment

1. Payments for the following transportation costs are made directly to the participant:
 - a. mileage;
 - b. bus fare.
2. Passes or tokens are provided for bus fares, when available.

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P-9045.25

Section:
Special Benefits

Type:
PROCEDURES

Chapter:
Job Connection Special Benefits

Program: FS

Subject:
Participation Allowance

P-9045.25 FS

1. Determine the participant's expenses related to their participation in the current calendar month.
2. Calculate payment equal to the actual cost of expenses up to \$25 per month.
3. Prepare the appropriate forms to authorize payment of the participation allowance.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 10-1-91

Transmittal: UP-91-40

9099

Section:

Special Benefits

Type:

POLICY

Chapter:

Verification

Program:

**AFDC
AABD**

Subject:

9099 This chapter describes the information which the recipient must supply and that which the Department verifies before granting a special benefit to the assistance unit.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 06-01-10

Transmittal: UP-10-12

9099.05

Section:

Special Benefits

Type:

POLICY

Chapter:

Verification

Program:

**AFDC
AABD
MA**

Subject:

General Principles

9099.05 | The recipient shall provide certain information to the Department to establish eligibility for a special benefit. Also, the Department verifies certain information before issuing any of the special benefits described below to an AFDC, AABD or MA recipient who is otherwise eligible for the benefit.

A. Funeral and Burial Expenses

1. The Department verifies the total amount of the deceased's burial funds and life insurance policies.
2. If the total amount of the deceased's burial funds and life insurance policies is less than \$1,800 the Department verifies:
 - a. the actual cost of the funeral and burial; and
 - b. what services are included in this cost.

B. Out-of-State Transportation

1. The Department verifies the cost of the move, based on the most economical rate.
2. The recipient shall provide the following information to the Department:
 - a. the amount of the recipient's income and assets, including the value of any furniture and appliances owned by the recipient and not being taken to the new residence; and
 - b. that the recipient has relatives or friends at the new residence who are willing to aid in the recipient's support; or
 - c. that the recipient has an employment opportunity or other private means of support at the new residence.
3. If the recipient fails to provide the information described above, the Department does not issue the benefit to the recipient.

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Chapter: Verification	Program: AFDC AABD MA
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9099.05 C. Medicare Part B

The Department verifies:

1. that the recipient is entitled to Medicare Part B coverage; and
2. the cost of Medicare Part B Coverage.

D. Property Repairs

1. The Department verifies:
 - a. that the assistance unit owns the property and is using it as its principal residence; and
 - b. the need for the repair, including the fact that the assistance unit would have to move out of the property if the repair were not made; and
 - c. that the contractor has satisfactorily made the repair.
2. The recipient shall provide three bids to verify the cost of the repair.
3. If the recipient fails to provide the necessary bids, the Department does not provide the benefit.

E. RESERVED

F. Attorneys' Fees in Successful SSI Appeals

1. The following points shall be verified in order for payment to be made:
 - a. that the Social Security Administration's decision to discontinue disability benefits has been successfully appealed; and
 - b. that the amount of payment made by the Department will be accepted by the attorney as payment in full for services rendered.
2. In order for a payment of more than \$1,000.00 to be made, the amount of OASDI/SSI retroactive benefits awarded to the recipient shall be verified.

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POLICY

Chapter:

Verification

Program:

**AFDC
AABD
MA**

Subject:

General Principles

9099.05 G. Hospital and Health Insurance Premiums

1. Group Health and Hospital Insurance Premiums

The Department verifies:

- a. the amount of the premium; and
- b. payment, if already paid by the applicant or recipient; and
- c. who is covered or eligible to be covered by the plan; and
- d. policy information such as insurance company, employer name and membership and group numbers.

2. Individual Health and Hospital Insurance Premiums

The Department verifies:

- a. that the recipient was participating in the insurance plan prior to applying for AABD; and
- b. the amount of the premium; and
- c. payment, if already paid by the applicant or recipient; and
- d. who is covered by the insurance plan; and
- e. policy information such as insurance company and membership numbers.

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Date: 10-1-91

Transmittal: UP-91-40

P-9099.05

Section:
Special Benefits

Type:
PROCEDURES

Chapter:
Verification

**Program: AFDC
AABD
MA**

Subject:
Acceptable Means of Verification

P-9099.05 The following are examples of acceptable means of verification which the recipient needs to provide before he or she receives a special benefit.

Funeral and Burial Expenses

1. Copies of life insurance policies and burial funds covering the recipient who has died.
2. Statement from the funeral home detailing:
 - costs of the funeral; and
 - services included in these costs.

Out-of-State Transportation

1. Means of support at the new residence:
 - a letter from a relative at the new residence which states that the relative is willing and able to support the recipient; or
 - a letter from an employer at the new residence which states that the recipient has a job opportunity at the new residence.
2. Value of furniture and appliances owned by the recipient and not being taken to the new residence:
 - landlord's statement that the major appliances are not the recipient's but are furnished with the apartment;
 - sales receipt for any of the recipient's furniture not being taken to the new residence;
 - receipt for any item of furniture sold by the recipient prior to the proposed move.

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Section:
Special Benefits

Type:
PROCEDURES

Chapter:
Verification

Program: **AFDC**
 AABD
 MA
 SNAP

Subject:
Acceptable Means of Verification

P-9099.05 Property Repairs

Three written bids stating what work is to be done and what the cost of the repair will be.

Attorneys' Fees in Successful SSI Appeals

1. The court decision is acceptable verification of the success of the appeal.
2. A statement on the "Invoice-Voucher for Goods or Services Rendered to the State of Connecticut (CO-17)" or any other statement signed by the attorney is acceptable verification that the attorney will accept the Department's payment as the full fee for services.
3. A document from the Social Security Administration is acceptable verification of the retroactive benefits awarded.

Health and Hospital Insurance Premiums

1. Copy of the insurance plan.
2. Membership card or other documentation showing:
 - effective date of coverage;
 - persons covered by the plan;
 - amount and frequency of premiums;
 - medical services covered under the plan.
3. A written or oral statement from the employer or insurance company noting the beneficiaries, insurance company and membership numbers.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Date: 11-1-95	Transmittal: UP-95-26	9505
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Section: Special Services	Type: POLICY
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Chapter: Job Connection Services	Program: AFDC
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Subject: Introduction

9505 The Job Connection Services are designed to assist families toward self-sufficiency. Employment is the first step toward that goal for all participants. The main elements of the process are orientation, assessment, job search, the Job Connection Plan, provision of special benefits, and conciliation. The services policy in this section is applicable to "control" and "unassigned" AFDC recipients not subject to Family Strength and Pathways waiver provisions. Services policy applicable to AFDC-Family Strength and Pathways recipients can be found at 9865.

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Section:				Type:
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Chapter:				Program:
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Subject:				
	General Provisions			

9505.01 A. Eligible Individuals

1. Recipients are eligible for any services provided through the Job Connection, subject to limitations discussed below.
2. Orientation is the only service which applicants are eligible to receive.
3. Access to services is not restricted based on performance in Independent Job Search (cross reference 3510.25, 9505.03).

B. Limitations

1. Not every individual is entitled to receive Job Connection Services.
2. Provision of services is limited, based on the availability of resources.
3. The Department determines which eligible individuals receive services.
4. All services are not available in all regions.

C. Services Provided

Subject to the limitations cited in (B)(1),(2) and (3) above and Job Connection Plan requirements, the Department provides or arranges for the provision of the following activities and services statewide:

1. Educational activities below the post-secondary level, including but not limited to:
 - a. high school completion;
 - b. preparation for general equivalency diploma (GED);
 - c. English as a Second Language (ESL) instruction;

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9505.01 C. Services Provided (continued)

2. Job skills training, including vocational training;
3. Job readiness activities in combination with other activities;
4. Job development and job placement services in combination with other activities;
5. Job search activities, including individual job search and Job Search Skills Training (JSST);
6. Alternative Work Experience.

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Date: 11-1-95

Transmittal: UP-95-26

9505.04

Section:
Special Services

Type:
POLICY

Chapter:
Job Connection Services

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AFDC

Subject:
Definitions

9505.04 Alternative Work Experience

Alternative Work Experience is a Job Connection work activity in which participants take part in unpaid jobs in the public or private sector, including volunteer jobs and internships.

Case Manager

The case manager is the individual who, as an employee or agent of the Department, has responsibility to provide case management services to a participant in Job Connection activities.

English as a second language (ESL)

ESL is an educational activity designed to increase English proficiency skills of participants whose native language is not English.

Employable individual

An employable individual is one who possesses the education, skills or training necessary to obtain employment in the current local labor market.

Independent Job Search

Independent Job Search is an unstructured activity in which a participant engages in self-directed job seeking. Independent Job Search is not a JOBS activity but is an AFDC eligibility requirement (cross reference 3510.25). Performance in Independent Job Search is considered in determining employability under the assessment but is not used to limit access to assessment or other JOBS services (cross reference 9505.01; 9505.15).

Individual Job Search

Individual Job Search is a JOBS activity in which a participant engages in job search as a component in the JOBS employability plan or as authorized as an up front activity.

Job ready individual

A job ready individual is an employable individual without barriers that would preclude the acceptance and/or maintenance of employment.

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Subject:
Definitions

9505.04 Job Search Skills Training (JSST)

Job Search Skills Training is a highly structured and supervised group JOBS activity which may include skill development for performing self-directed job seeking, and cooperation with a program of job development and job placement.

JOBS Education, training and employment program activities

Activities or programs involving classroom instruction, vocational skill training, on-the-job training, work experience, higher education, individual job search, or job search skills training, necessary to obtain employment or improve employability are considered to be JOBS education, training and employment program activities.

On-The-Job Training (OJT)

On-the-job training is a work activity in which a participant enters subsidized employment and, while in such employment, receives support, supervision and training essential to the job. The intent of on-the-job training is to enable the participant to obtain unsubsidized employment.

Satisfactory Participation

A client's participation in the minimum level of scheduled hours or other objective measure, as required to successfully complete a planned activity constitutes satisfactory participation in Job Connection activities.

Satisfactory Progress

Satisfactory Progress is the minimum progress a client must sustain in education, skill training, or work activities as measured by standards set in conjunction with the school, employer or other program operator conducting the activity.

Self-Initiated Participant

A Self-Initiated Participant is an AFDC recipient who is enrolled in an approvable education or training program prior to contact with the Job Connection program.

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Definitions

9505.04

Work Activity

A work activity is a Job Connection activity with a focus on employment or employment search. Work activities may include the following: unsubsidized employment; subsidized employment, including On-the-Job Training and Work Supplementation, alternative work experience, community work experience, volunteer work, internships, work study employment, VISTA participation, Job Corps participation, National Service Program participation, and job search.

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Section: Special Services	Type: POLICY
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Chapter: Job Connection Services	Program: AFDC
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Subject: Job Connection Information
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- 9505.05 A. Job Connection information is provided to all AFDC applicants in writing at time of application.
- B. Individuals may also be given information in group or individual orientation sessions.
- C. All of the following topics are covered in writing and at orientation sessions:
1. labor market information;
2. opportunities for job search assistance;
3. opportunities for education, training, and employment;
4. availability of child care and other support services;
5. special benefits;
6. transitional services;
7. responsibilities of the Department;
8. rights and responsibilities of participants;
9. exemptions from employment and training requirements;
10. penalties for failing to comply with program requirements;
11. procedures for participation.
- D. The Department notifies each AFDC recipient, in writing, within one month of the determination of eligibility, of the opportunity to indicate a desire to participate in the Job Connection. Notification includes a clear description of how to enter the program.

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Date: 8-1-92**Transmittal: UP-92-27****P-9505.05**

Section:
Special Services**Type:**
PROCEDURES

Chapter:
Job Connection Services**Program:**
AFDC

Subject:
Setting Priorities for Provision of Services

- P-9505.05
1. Provide special benefits and supportive services to people with active Job Connection Plans before establishing new Plans.
 2. Conduct assessments, create Plans and provide special benefits and supportive services to people who have made arrangements to participate in programs which are run by outside agencies and funded by the Department, including DIM funded CETO groups.
 3. Conduct assessments, create Plans and provide special benefits and supportive services to additional clients only if this can be done while quality services are being maintained for the current caseload.
 4. Maintain a prioritized list of AFDC recipients who do not have a Job Connection Plan, in the order which follows:
 - a. minor parents who are not exempt or, if exempt, who volunteer;
 - b. eighteen and nineteen year old parents who indicate a desire to participate - whether or not they are required to - and who fall in any of the following target groups:
 - individuals who have received AFDC for any 36 of the preceding 60 months;
 - custodial parents under the age of 24 who have not completed a high school education and, at the time of application for AFDC, are not enrolled in high school (or a high school equivalency course of instruction) or who had little or no work experience in the preceding year;
 - people who are the heads of families in which the youngest child is within two years of being ineligible for Aid to Families with Dependent Children due to age requirements;
 - principal wage earners in families with an unemployed parent;
 - c. those twenty or older who indicate a desire to participate and who fall into any of the target groups listed in b, above;
 - d. those who are required to participate and who fall in any of the target groups listed in b, above;
 - e. all others who indicate a desire to participate;

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Section:
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Type:
PROCEDURES

Chapter:
Job Connection Services

Program:
AFDC

Subject:
Setting Priorities for Provision of Services

P-9505.05 4. (continued)

- f. all others who are required to participate;
 - g. volunteers who have lost priority.
- 5. Notify individuals who are on the waiting list that they will receive services as soon as resources are available.
- 6. If a voluntary participant stops participating in any activity specified in his or her Plan without good cause, place his or her name on the priority list at priority g.
- 7. If a mandatory participant who has indicated a desire to participate, decides that he or she no longer has a desire to participate, place his or her name on the priority list at priority f, as long as a Job Connection Plan has not yet been written. Please note: If a mandatory participant stops participating in any activity specified in his or her Plan without good cause, begin disqualification procedures, including conciliation if appropriate.
- 8. As slots become available, take clients from the priority list, in priority order, to complete the Job Connection questionnaire and to attend orientation.
- 9. Before removing a name from the priority list, review the clients status to be sure that he or she has the correct priority status.
- 10. When there is a compelling reason to do so, allow clients from a lower priority the opportunity to take part in the Job Connection program, with managerial approval. Do this either on an individual basis or for special groups of individuals.

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Date: 8-1-92

Transmittal: UP-92-27

P-9505.10

Section:
Special Services

Type:
PROCEDURES

Chapter:
Job Connection Services

Program:
AFDC

Subject:
Orientation and Program Information

- P-9505.10
1. Provide written Job Connection information to all AFDC applicants.
 2. When AFDC is granted, mail the recipient a description of how to request participation in the Job Connection Program.
 3. As slots become available, provide program information through group or individual orientation to individuals who are taken from the priority list.
 4. Provide a Job Connection questionnaire to each person who is taken from the priority list.
 5. Use group orientation as the primary tool to provide information and encourage participation in the Job Connection program, as follows:
 - use group dynamics to stimulate discussion about career aspirations and about what is needed to reach these goals, and to motivate the group members to participate in Job Connection;
 - explain the responsibilities, benefits, services and opportunities available through Job Connection;
 - administer ECS, Connecticut Competencies, or other educational assessment tool, if appropriate. (See 9505.15 for more information.)
 6. When group orientation will create a delay in providing services and the delay will cause the participant to lose a program slot or suffer an unnecessary delay in receipt of services, use individual orientation to provide information.
 7. If English is not the primary language of the individual, arrange for an interpreter at the orientation session.
 8. Update EMS, listing the date that the orientation session was attended.
 9. If a client who has indicated a desire to participate does not demonstrate a reasonable effort to complete the Job Connection questionnaire, or to attend orientation, or otherwise indicates that he or she no longer has a desire to participate, place his or her name on a prioritized waiting list.
 10. Begin conciliation or disqualification procedures for anyone who was taken from the priority list as a mandatory participant if he or she fails to attend a scheduled orientation session or to return the Job Connection questionnaire without good cause. (See 3510 for more information.)

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Date: 11-1-95		Transmittal: UP-95-26		9505.15	
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Chapter: Job Connection Services				Program: AFDC	
Subject: Assessment					

- 9505.15 A. An assessment is performed before the Job Connection Plan is developed. Assessment includes the following:
1. consideration of employability based on:
 - a. prior work experience; and,
 - b. performance in job search activities, including a good faith effort as evidenced by objective criteria; and,
 - c. relevant skills; and,
 - d. the individual's educational needs.
 2. consideration of the family's needs, including child care; consideration of the individual's preferences to the maximum extent possible.
- B. Assessment is not delayed or withheld due to performance in Independent Job Search (cross reference 9505.04.
- C. Assessment information received from outside sources may be used as part or all of the assessment, if the information is less than six months old and is relevant.
- D. The assessment is updated at least once a year.

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Section:
Special Services**Type:**
PROCEDURES

Chapter:
Job Connection Services**Program:**
AFDC

Subject:
Conducting the Assessment

- P-9505.15
1. Schedule individual assessment interviews for clients who have attended orientation and have completed a Job Connection questionnaire.
 2. Conduct an assessment using the following guidelines:
 - Explain the reason for assessment.
 - Encourage the client to ask questions.
 - Review the Job Connection Questionnaire with the client, clarifying information and obtaining additional information.
 - Explore the client's personal interests and dislikes, educational background, and the health and needs of his or her children.
 - Explore the client's strengths and skills to learn what may be transferable to employability.
 3. Use assessment tools in a language other than English, if available and needed by the participant.
 4. Use the Employment Competency System (ECS) appraisal, Connecticut Competencies, and/or other appropriate tools, to conduct basic educational assessment to determine functional grade level.
 - If the client tests below the 8.9 grade level, but is a high school graduate, consider mitigating circumstances that may have caused him or her to do poorly on the test such as personal problems that may have caused stress, a learning disability, or unsuitable test taking conditions.
 - If mitigating circumstances exist, retest the client using a different assessment tool.
 - If the final assessment indicates a functional grade level of below 8.9, consider including options for increasing the client's functional grade level in the Job Connection Plan.
 5. Use information received from outside sources for part or all of the assessment, but only if the information is comparable, relevant and less than 6 months old.
 6. Use the client's self-declaration of functional level if no other method of educational assessment is available or appropriate.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Date: 8-1-92**Transmittal: UP-92-27****P-9505.15 page 2**

Section:
Special Services**Type:**
PROCEDURES

Chapter:
Job Connection Services**Program:**
AFDC

Subject:
Conducting the Assessment

P-9505.15 (continued)

7. Consider preferences of the recipient and relevant needs of the children in household.
8. Summarize and document assessment findings on the "Assessment Summary Sheet" for use in developing the Job Connection Plan, with special emphasis on readiness for employment.
9. Review with the participant the tasks that he or she needs to complete and those the Case Manager needs to complete. Be sure that the participant clearly understands what is to be accomplished before the next contact.
10. If the Job Connection Plan cannot be completed at the time of assessment, schedule the client for an appointment to complete the Plan no later than thirty days after the assessment.
11. Set a tickler for eleven months to update the assessment.

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Date:	11-1-95	Transmittal:	UP-95-26	9505.20
Section:	Special Services			Type: POLICY
Chapter:	Job Connection Services			Program: AFDC
Subject:	Job Connection Plan			

9505.20 A. Development of a Job Connection Plan

The Department develops a Job Connection Plan in conjunction with the individual. The Plan is based on the results of the assessment. It takes into account the projected availability of jobs in the local labor market and, to the maximum extent possible, the preferences of the participant.

B. General Requirements

1. All Job Connection Plans must include the following:
 - a. the goal of unsubsidized employment;
 - b. the support services necessary for Job Connection participation;
 - c. the services, child care and transportation benefits that will be provided by the Department;
 - d. a schedule of the required activities and activity dates and a description of what constitutes satisfactory progress and satisfactory participation for each required activity;
 - e. notes on the relevant needs of children in the household, if appropriate;
 - f. additional family-related and individual activities which may be undertaken to promote family self-sufficiency.
2. Job Connection Plans may not require any of the following:
 - a. more than two hours travel time per day;
 - b. remaining away from home overnight;
 - c. anything which would jeopardize the health or safety of an individual.

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AFDC

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9505.20 B. General Requirements (continued)

3. Child care and transportation benefits are made available to support specified Plan activities as appropriate (cross reference 9045.05).

C. Special Requirements for Approval of Plans

Individuals in the following circumstances meet the requirements for Job Connection Plans, including employment and training requirements applicable to mandatory participants (cross reference 3510).

1. Individuals participating in activities specified by Job Connection Plans written prior to 7-1-95, other than Adult Basic Education, English as a Second Language instruction, or Higher Education other than Community-Technical College enrollment, may continue to have such participation constitute an approvable Job Connection Plan, subject to special benefit rules at 9045, if the activities can be completed no later than 6-30-96.
2. Individuals participating in Adult Basic Education or English as a Second Language enrollment specified by Job Connection Plans written prior to 7-1-95 may continue to have such participation constitute an approvable Job Connection Plan, subject to special benefit rules at 9045, if the activities can be completed no later than 12-31-95.
3. Individuals attending state Community-Technical Colleges as specified by Plans written prior to 7-1-95 may continue to have such participation constitute an approvable Job Connection Plan through completion, subject to special benefit rules at 9045.
4. Individuals who have not previously participated in Job Connection, or who have no active Job Connection Plan are required to participate in job search prior to enrollment in education or training activities, unless waived as specified below at (E)(2) or (F)(3).
5. Individuals who have completed all activities to make them employable, or who are employable, must participate in individual job search or Job Search Skill Training not to exceed eight weeks in any twelve month period, or OJT or Alternative work experience, unless already employed.

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9505.20 D. Special Requirements for Unemployed Parents

1. For at least one parent in an unemployed parent household, the Job Connection plan must specify:
 - a. for the first 8 weeks from the date of the grant of cash assistance, participation in Individual Job Search or Job Search Skills training;
 - b. after the first 8 weeks from the date of cash assistance:
 - (1) participation in Alternative Work Experience or On-the-Job Training, for a minimum of 20 hours per week; or
 - (2) unsubsidized employment for a minimum of 16 hours per week.
2. Any combination of unsubsidized employment and Alternative work experience or On-the-Job training is subject to the 16 hours per week requirement.

E. Special Requirements Related to Education and Training

1. Education or training activities are approvable for individuals under the following conditions:
 - a. high school completion or GED studies for individuals under age 20 who are not otherwise exempt; or
 - b. for other individuals:
 - (1) good faith job search efforts are unsuccessful; and
 - (2) the assessment substantiates the need for further education or training; and
 - (3) the education or training is consistent with the employment goal; and
 - (4) to the extent possible, the education or training activity ends in job placement.
2. The requirement at (b)(1) above may be waived at the discretion of regional administrators to allow enrollment in DSS-funded programs if slots are available.

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9505.20 E. Special Requirements Related to Education and Training (continued)

3. Education or training activities may be required for mandatory participants in accordance with the criteria described above in (E)(1).
4. Plans written on or after 7-1-95 may not under any circumstances specify enrollment in higher education.

F. Self-Initiated Activities

1. Higher Education

The Department continues child care and transportation support (cross reference 9045.05) for self-initiated enrollment in higher education only for those individuals who were attending approved programs prior to 7-1-95, provided the following conditions are met:

- a. attendance at a rate considered by the institution to be at least half the full time rate; and
- b. satisfactory progress is maintained.

2. Other education or training activities

- a. self initiation into other activities is only approvable for individuals under the following circumstances:
 - (1) good faith job search efforts are unsuccessful; and
 - (2) the assessment substantiates the need for further education or training to make the individual employable.

3. The requirement at (2)(a)(1) above may be waived at the discretion of regional administrators to allow enrollment in DSS-funded programs if slots are available.

G. Modifying Job Connection Plans

1. Existing Job Connection Plans are reviewed at redetermination and after periods of AFDC ineligibility.
2. The Department may modify existing Job Connection Plans due to budget limitations or changes in federal or State law or regulation without the agreement of the individual.

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Subject: Job Connection Plan

9505.20 H. Effective Dates of Job Connection Plans

1. The effective date of the Job Connection Plan is the earliest of the following:
 - a. the actual date the Plan is signed by the Department
 - b. up to three months prior to the signing of the Plan, but no earlier than the effective date of AFDC, in the following circumstances:
 - (1) a need for special benefits existed; and
 - (2) the requested special benefits become part of the Job Connection Plan.
2. Once established, a Plan remains in effect for as long as the individual receives AFDC, including AFDC receipt after a period of ineligibility.

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Job Connection Services

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AFDC

Subject:
Developing the Job Connection Plan

- P-9505.20
1. Within thirty calendar days of completing the assessment, develop a Plan with the individual, considering the following:
 - work attitudes of the client;
 - the skill level of the client;
 - the family's need for child care and any other supportive services;
 - the local labor market, using any available projections from the Department of Labor or from other reliable sources;
 - expenses of employment (when projecting whether a wage will result in an individual reaching self-sufficiency);
 - the availability of educational, training or employment programs;
 - the success rate of the program.
 2. Using information obtained through assessment, identify an employment goal which meets the following criteria:
 - leading to a wage which is sufficient to support the family without AFDC or Food Stamp assistance;
 - matching an existing or projected labor market demand;
 - reflecting the client's preference as much as possible;
 - being attainable within the timeframe the participant is expected to remain on AFDC.
 3. Discuss the goal with the client to make sure that he or she understands the purpose of the goal and the fact that once the goal is agreed to, it cannot be changed except under the circumstances allowed by policy. (See 9505.20 for more information.)

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Developing the Job Connection Plan

P-9505.20 (continued)

4. Consider that the participant will be employable when his or her education, training and skill level match those required in the local labor market.
5. Consider that the individual will be job-ready when he or she is employable and all barriers to employment, such as child care or transportation problems, have been overcome.
6. If the client is employable but not job-ready, develop a plan to overcome the barriers of employment.
7. List the activities that must be completed prior to employment, including any of the following which are necessary to meet the employment goal:
 - English as a Second Language (ESL);
 - GED;
 - Adult Basic Education (ABE);
 - Vocational Exploration Workshop (VEW), or other vocational exploration program;
 - skill training;
 - post secondary education;
 - job search;
 - volunteer work or internships;
 - on-the-job training.
8. List the activities that the client must undertake to meet the next pre-employment goal or goals. Include activities such as the following:
 - enrolling in education or training;
 - maintaining satisfactory progress and participation (include a definition of the satisfactory progress and participation requirements);
 - scheduling and keeping appointments;
 - taking examinations;

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Developing the Job Connection Plan

P-9505.20 8. (continued)

- completing homework;
 - providing verification or documentation.
9. List additional activities that will assist the client in meeting the pre-employment goal but that are not required to meet the goal. Include activities that address the special educational or other special needs of the children.
10. List activities that you will undertake to help the client meet the goal. Include activities such as the following:
- arranging appointments;
 - providing special benefits;
 - monitoring satisfactory progress and participation;
 - reviewing the Plan periodically;
 - making referrals;
 - acting as the client's advocate;
 - providing information on services or resources.
11. When writing Plans for higher education, begin counting the allowable months with the month the participant begins a class which earns credit toward his or her certificate or degree.
12. Set reasonable activity completion dates.
13. Make sure all required items of the Job Connection Plan are included.
14. Review general, special, and specific requirements for Job Connection Plans. Make sure all activities meet specified criteria.
15. Determine the effective date of the Plan. (See 9505.20 for more information.)

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Developing the Job Connection Plan

P-9505.20 (continued)

16. Review the Plan with the client to make sure that the client understands all aspects of the Plan, including the following:
 - the goal of the Plan;
 - that the Plan is an agreement between the Department and the participant with tasks which must be completed by the participant and tasks which must be completed by you;
 - the requirements for making satisfactory progress and participation;
 - the special benefits and services which will be provided under the Plan.
17. Attempt to resolve any disagreements with the individual about the Plan's content.
18. When the individual agrees to the Plan, ask him or her to sign it.
19. If an interpreter was used, ask him or her to sign the Plan.
20. Sign the Plan as an agent of the Department.
21. Document the case record regarding Plan completion.
22. Place the Plan in the case record, and give the individual a copy.
23. Set a tickler to review the Plan in eleven months or when the current activities are scheduled to be completed, whichever is sooner.
24. Set a tickler for one month from the start date to review schedule of mandatory activities.
25. Consider modifying the Plan when you think it is appropriate and when it is requested the recipient.
26. When the current activities are completed reassess the participant's level of job readiness and schedule new activities as appropriate.

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Date: 8-1-92**Transmittal: UP-92-27****P-9505.25**

Section:
Special Services**Type:**
PROCEDURES

Chapter:
Job Connection Services**Program:**
AFDC

Subject:
Satisfactory Progress and Participation

- P-9505.25
1. If a standard is on file in the DO, use that standard to determine if satisfactory progress and participation are met.
 2. If a standard does not exist, create a standard of satisfactory progress and participation as follows:
 - Consult with program administrators to determine how they measure satisfactory progress and participation in their program.
 - Consider measures which are used by the program - such as grades, attendance, or reasonable time limits for completion of studies - to include in the standard.
 - Set a standard for each program in which a Job Connection participant is enrolled.
 - Include in the standard, a requirement of minimum attendance for the program. Use the standard set by the program administrator or 75% of the scheduled hours, whichever is greater.
 3. Maintain a file of standards of satisfactory progress and participation which apply to local programs to be used by the Job Connection staff throughout the DO or sub-office in developing Job Connection Plans.
 4. If a client's performance does not meet the standards of satisfactory progress or participation due to mitigating circumstances or a period of adjustment, consider satisfactory progress to exist.
 5. If a client fails to meet the standard of satisfactory progress and participation and there is no good cause or mitigating circumstances, begin disqualification procedures, including conciliation.

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Date: 8-1-92**Transmittal: UP-92-27****P-9505.30**

Section:
Special Services**Type:**
PROCEDURES

Chapter:
Job Connection Services**Program:**
AFDC

Subject:
Conciliation

- P-9505.30
1. Use the conciliation process as a means to settle any dispute between you and a recipient on issues related to the Job Connection program or Job Connection special benefits. Also, use the conciliation process when a client fails to comply with a Job Connection requirement or when any aspect of the Job Connection Plan cannot be mutually agreed upon.
 2. When a client requests conciliation, or when you consider conciliation appropriate, schedule a conciliation meeting and notify the client of the date, time, and place of the meeting via the letter component of EMS.
 3. If either you or the client feels it is appropriate, request that the Job Connection Supervisor attend the conciliation meeting to act as a mediator.
 4. If the client does not appear for a scheduled conciliation meeting but has good cause for not attending, reschedule the meeting within the thirty day timeframe.
 5. If the client does not appear for a scheduled conciliation meeting and does not have good cause for not appearing, terminate the conciliation process.
 6. At the conciliation meeting explain the following:
 - the client's rights and responsibilities under the Job Connection program;
 - the penalties for noncompliance with a requirement of the Job Connection program;
 - the client's rights to present his or her case and to have the assistance of another person;
 - the time limits for completion of the conciliation process;
 - the client's Hearing rights.
 7. Work with the client to resolve the dispute.

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Subject:
Conciliation

P-9505.30 (continued)

8. Terminate the conciliation process when one of the following occurs:
 - the client requests an end to the process;
 - you conclude that the issue cannot be resolved through conciliation;
 - thirty days have passed since conciliation was initiated;
 - the dispute has been resolved.
9. If the client wishes to have a Hearing because the dispute cannot be resolved through conciliation, assist the client in requesting a Hearing.
10. Document each step of the conciliation process in the narrative, including the following:
 - the date that conciliation was initiated and by whom;
 - the date of the conciliation meeting;
 - the names of those who attended the meeting;
 - the issue in dispute;
 - the client's claim of good cause, if applicable;
 - the attempts made to settle the dispute;
 - the results of conciliation;
 - the date the conciliation process was terminated.

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Section: Special Services	Type:	POLICY
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Chapter: Job Connection Services	Program:	AFDC
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Subject: Conciliation

9505.40 A. Introduction

Disputes related to an individual's participation in Job Connection may be resolved through the conciliation process. This is an informal process whereby the Case Manager and the individual meet to attempt to resolve misunderstandings and disagreements before an adverse action is taken.

B. General Principles

1. Any dispute related to an individual's participation in Job Connection may be resolved through conciliation.
2. Conciliation can also be requested to settle disputes related to Job Connection special benefits.
3. Conciliation can be requested by the Case Manager or by the individual.
4. The conciliation process must be completed within thirty calendar days from the date conciliation is initiated.
5. Benefits will not be reduced, suspended, or discontinued during conciliation.
6. At the individual's request, a Department supervisor will also attend the conciliation hearing.

C. Conciliation Process

1. Initiating Conciliation

Conciliation is initiated in the following instances:

- a. when a participant fails to comply with any Job Connection requirement;

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Job Connection Services

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Subject:
Conciliation

9505.40 C. 1. Initiating Conciliation (continued)

- b. when an individual disputes any aspect of the Job Connection Services;
- c. when an individual disputes any aspect of Special Benefits provided by the Job Connection.
- d. when any aspect of the Job Connection Plan is not mutually agreed upon.

2. Terminating Conciliation

- a. If the participant fails to appear for a scheduled conciliation meeting and does not contact the Department to reschedule, the Case Manager may terminate the conciliation process.
- b. The participant may terminate the conciliation process at any time.
- c. If the dispute cannot be resolved, the conciliation process will be ended.
- d. The conciliation process will be terminated no later than the thirtieth calendar day after the date of initiation.

3. Effect on Fair Hearings

- a. The participant has a right to a Fair Hearing regardless of the outcome of conciliation.
- b. The participant may request a Fair Hearing during or after the conciliation process.
- c. The time period for requesting a Fair Hearing begins the day after the conciliation process is terminated.

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Job Connection Services**Program: AFDC**

Subject:
Conciliation

9505.40 C. Conciliation Process (continued)

4. Conciliation Meetings

- a. The individual's rights and responsibilities and penalties for non-compliance under Job Connection are explained. The individual is also informed of the date by which the conciliation process must be completed.
- b. The individual has the right to present his or her position.
- c. The individual has the right to bring another person to assist him or her.
- d. The Case Manager and the individual work together in an attempt to resolve the dispute.
- e. If a Department supervisor is involved, he or she acts as a mediator in the process.
- f. All attempts to settle the dispute through conciliation are fully documented.

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Date: 1-1-96

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9620

Section:

Reach For Jobs First

Type:

POLICY

Chapter:

Child Care Assistance

Program:

REACH

Subject:

9620 Families who receive Temporary Family Assistance under the REACH program are entitled to child care benefits when they are necessary to support activities specified in the Employability Plan, or employment. Child care benefits are also available to former Temporary Family Assistance recipients who need child care because they are working.

This chapter discusses eligibility for child care assistance under the REACH program to the extent the requirements are different from the eligibility rules for current and former AFDC recipients who apply for and receive Job Connection, Work-Related or Transitional Child Care benefits.

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9620.05

Section:

Reach For Jobs First

Type:

POLICY

Chapter:

Child Care Assistance

Program:

REACH

Subject:

Eligibility Based on Existing Programs

- 9620.05 A. The rules contained in this chapter pertain only to the following individuals:
1. assistance units who are eligible for Temporary Family Assistance benefits under the REACH program and need child care for approved education and training activities or employment; and
 2. former Temporary Family Assistance recipients who begin working within six months of the date eligibility for Temporary Family Assistance ends.
- B. Except for the rules stated in this chapter, the child care eligibility requirements for current and former Temporary Family Assistance recipients are the same as the requirements for the following special benefits and special programs:
1. active Temporary Family Assistance recipients who need child care to participate in approved employment and training activities are subject to the Job Connection Child Care eligibility requirements (cross reference: 9045);
 2. active Temporary Family Assistance recipients who need child care due to employment are subject to the Work-Related Child Care eligibility requirements (cross reference: 9050);
 3. former Temporary Family Assistance recipients who need child care due to employment are subject to the Transitional Child Care eligibility requirements (cross reference: 8055).

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9620.10

Section:

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Type:

POLICY

Chapter:

Child Care Assistance

Program:

REACH

Subject:

Child Care Benefits for Active Temporary Family Assistance Recipients

9620.10 Except as stated below, the child care rules for active AFDC recipients also apply to REACH Temporary Family Assistance recipients under this subject (cross reference: 9045 and 9050).

A. Eligible Activities

1. Child care benefits are available to families who need child care to participate in approved Employment Services activities that take place out of the child's home.
2. Child care benefits are available to families receiving Temporary Family Assistance who need child care due to employment.

B. Eligible Individuals

1. The child who requires care must be an eligible member of the same assistance unit that receives Temporary Family Assistance, except that the following children are also eligible for child care benefits:
 - a. children who are not eligible for Temporary Family Assistance because they receive Title IV-E foster care payments or SSI;
 - b. a child who has been excluded from the Temporary Family Assistance unit at the option of the caretaker relative.

C. Standard of Assistance

1. The standard of assistance is determined prospectively based on the best estimate of anticipated costs in the following months:
 - a. the month child care assistance begins; and
 - b. the month following the initial month of child care assistance if the cost incurred in the initial month does not represent a full month's cost of care for the child.
2. The standard of assistance is determined retrospectively based on the prior month's actual cost of care in any month it is not determined prospectively in accordance with the above requirements.

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Child Care Assistance

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Subject:

Child Care Benefits for Active Temporary Family Assistance Recipients

9620.10 C. Standard of Assistance (continued)

3. The requirement to determine the standard of assistance prospectively for AFDC recipients when an ongoing change of \$50 or more in child care costs occurs does not apply to Temporary Family Assistance recipients.
4. The local market rates and monthly payment limits used for AFDC child care recipients also apply to REACH Temporary Family Assistance recipients.

D. Benefit Issuance

1. Child care payments are issued directly to the child care provider under the following conditions:
 - a. when the child receives care from a licensed provider, including day care centers and group and family day care homes; and
 - b. when the child receives care from a school-based program or other unlicensed child care provider which is not a relative or in-home child care provider; and
 - c. in cases of financial mismanagement when some or all of the REACH cash assistance grant is paid to a third party.
2. At the discretion of the Department, child care benefits are issued to the caretaker relative or the child care provider when the provider is an unlicensed relative or in-home child care provider.

E. Sanctioned Caretaker Relatives

Eligibility for child care is not affected if the caretaker relative is removed from the Temporary Family Assistance award due to an intentional program violation or other sanction.

F. Overpayments

1. Overpayments are recouped from other child care payments, including payments for Employment Services, Work-Related, Transitional Child Care and benefits issued under the Child Care Certificate program.
2. Child care overpayments can only be recouped from the Temporary Family Assistance benefit at the request of the assistance unit.

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Section:
Reach For Jobs First**Type:**
PROCEDURES

Chapter:
Child Care Assistance**Program:**
REACH

Subject:
Calculating Child Care Payments

- P-9620.10 1. Obtain a completed W-1679 Child Care Agreement form prior to authorizing child care benefits. Check to be certain the provider is operating legally within the state and has a license if one is required.
2. Based on the information contained on the W-1679 and the anticipated work or Employment Services activity schedule, calculate the number of hours of care that are needed. Use a representative average if there are normal fluctuations.
3. Add to the amount obtained in step 2, a reasonable period of time for commuting. This should generally not exceed 2 hours per day.
4. Multiply the sum obtained in steps 2 and 3 by the local market rate for the type of child care setting and age of the child.
5. If the client is a JCCC or WRCC recipient, reduce the amount in item 4 to the \$325 or \$435 per month limit, if necessary. Remember there is no monthly payment limit for TCC waiver families.
6. Compare the amount calculated in step 5 to the actual charges. The benefit is the lower of the actual charge or the amount calculated.
- If this is a TCC case, inform the caretaker relative of the amount of the family fee. Subtract the fee from the amount determined above to determine the TCC benefit.
7. Inform the client of the maximum amount that will be paid for care. You may also talk with the child care provider as long as there is a current W-1679 on record which has been signed by the provider and the client.
8. Give a supply of W-1498 verification forms to the recipient, along with return envelopes.
9. When the W-1498 is received, compare the amount charged to the maximum benefit calculated in step 6. Pay the lower of the two amounts. If the amount charged is higher than the maximum calculated in step 6, issue a benefit up to the maximum, but do not pay the actual charge.

The caretaker relative is responsible for reporting any changes. No further action is required until the caretaker relative contacts you regarding a change.

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Chapter:**Child Care Assistance****Program:****REACH**

Subject:**Calculating Child Care Payments**

P-9620.10 10. Obtain any verification you deem necessary if you suspect that benefits may have been authorized in error. If you do not suspect an error, repeat this process once the W-1498 has been received the next month.

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Section:

Reach For Jobs First

Type:

POLICY

Chapter:

Child Care Assistance

Program:

REACH

Subject:

Transitional Care for Families Discontinued from Temporary Family Assistance

9620.15 Except as stated below, the Transitional Child Care rules for former AFDC recipients also apply to former recipients of Temporary Family Assistance and Family Strength and Pathways cash assistance whose cash benefits are discontinued after 12/31/95 (cross reference 8055).

A. Categorical Eligibility Requirements

1. TCC benefits are available to former Temporary Family Assistance recipients who need child care to accept or retain employment.
2. To be eligible, the employed individual must meet the following requirements:
 - a. be a member of same assistance unit that received Temporary Family Assistance under the REACH program; and
 - b. be employed in the final month of Temporary Family Assistance eligibility; or
 - c. become employed within 6 months of the date the assistance unit's Temporary Family Assistance benefits are terminated.
3. The caretaker relative must have received AFDC, Family Strength, Pathways or Temporary Family Assistance for at least 3 months in the 6 month period immediately prior to the termination of the Temporary Family Assistance.
4. TCC benefits are available to assistance units that meet the above requirements regardless of the reason the Temporary Family Assistance benefits were terminated.
5. Individuals who are eligible or would qualify for TCC are not entitled to assistance under the Child Care Certificate Program.

B. Eligibility Process

1. Eligibility Period

- a. The eligibility period begins in the month following the month Temporary Family Assistance eligibility ends.
- b. Eligibility is not limited to 12 months. Eligible families may receive child care benefits for an indefinite period as long as all eligibility

requirements are satisfied.

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Transitional Care for Families Discontinued from Temporary Family Assistance

9620.15 B. 1. Eligibility Period (continued)

- c. The eligibility period ends once eligibility is interrupted and cannot be reestablished in accordance with the requirements in item B.4., below.
- d. Once the eligibility period ends, the caretaker relative must reapply for and receive Temporary Family Assistance for 3 or more months in a six month period before a new eligibility period is established.

2. Application Process

- a. A written application for TCC must be submitted in person or by mail no later than the last day of the 6th month following the termination of Temporary Family Assistance.
- b. Assistance units that do not file an application within 6 months are ineligible for TCC benefits.

3. Beginning Dates of Assistance

- a. Assistance begins on the date of application for TCC, or on the day all eligibility requirements are satisfied, whichever is later.
- b. If eligibility is interrupted, benefits shall be reinstated if eligibility is reestablished by the last day of the month following the month in which the interruption occurred.
- c. If eligibility is interrupted because employment stops during vacations or other breaks in or between school years, benefits shall be reinstated once the school resumes operation.

4. Payments During Gaps in Employment

- a. Payments for child care services may continue for up to one month following the month eligibility is interrupted if the interruption is due to a temporary loss or break in employment.
- b. For child care to continue during the one month gap period, the assistance unit member who was working must indicate that he or she intends to find another job or that current employment will resume by the end of the next month.

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Transitional Care for Families Discontinued from Temporary Family Assistance

9620.15 B. 4. Payments During Gaps in Employment (continued)

- c. Payments are authorized to the extent necessary to assure the child care slot is retained or to seek new employment.
- d. Gap payments are not authorized if employment is terminated without good cause.
- e. Gap payments terminate if employment does not resume by the end of the one month period or if the assistance unit member no longer intends to work, or is not able to continue working.
- f. The assistance unit may reapply for and receive Temporary Family Assistance during the one month gap period without affecting eligibility for child care benefits.

5. Ending Dates of Assistance

- a. Eligibility ends on the last day of the month during which the assistance unit fails to meet all eligibility requirements.
- b. If payment is continued in accordance with the gap rules contained in B.4. above, eligibility ends if employment does not resume by the end of the month following the month employment was interrupted.
- c. Once the eligibility period ends, the assistance unit is ineligible for TCC until a new eligibility period is established following the receipt of Temporary Family Assistance for 3 or more months in a 6 month period.

6. Reporting Requirements

- a. Assistance units are required to provide the following information to the Department on a monthly basis:
 - (1) the prior month's child care costs; and
 - (2) confirmation of continued employment.
- b. Assistance units are required to report changes which affect payment, eligibility or benefits within 10 days of the date of the change, including changes in address, income, the need for care, living arrangements, and

changes in the child care arrangement.

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9620.15 B. 7. Redeterminations

- a. Eligibility is redetermined at intervals which may not exceed 6 months.
- b. Assistance units are not required to appear for an office interview to complete the redetermination.

C. Assistance Unit Composition

The assistance unit includes all of the following individuals who reside together:

1. the child or children who need child care;
2. other minor children who are the responsibility of the caretaker relative or the caretaker relative's spouse;
3. the caretaker relative and the caretaker relative's spouse;
4. the biological or adoptive parents of the child who needs care.

D. Procedural Eligibility Requirements

Assistance units are required to comply with all child care procedural eligibility requirements and with the requirements of the eligibility process.

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9620.15 E. Income Eligibility Requirements

1. To be eligible for TCC, the assistance unit's gross income must be less than 75 percent of the state median income for the appropriate assistance unit size.
2. The assistance unit is ineligible for TCC if the gross income equals or exceeds 75 percent of the state median income, except when income exceeds the limit for one month due to an extra pay period or a change which lasts for only one month.
3. The total combined earned and unearned income of all members of the assistance unit is compared to the income limit for the appropriate assistance unit size.

F. Fee Requirement

1. The assistance unit is responsible for paying part of the monthly child care costs beginning with the first month of eligibility.
2. The assistance unit's share is a percentage of the total gross earned and unearned income of all assistance unit members as specified in item 5, below.
3. The assistance unit's share is a "per family" fee which is deducted from the monthly benefit prior to issuing payment.
4. Whenever possible, the entire fee is deducted from one child's benefit. If more than one child receives care, the decision on how to apply the fee is made in consultation with the caretaker relative.
5. The monthly fee is determined by comparing the gross income to the state median income (SMI) using the following sliding fee scale:

<u>Gross Assistance Unit Income</u>	<u>AU Share</u>
0% SMI to less than 20% SMI	2%
20% SMI to less than 30% SMI	4%
30% SMI to less than 40% SMI	6%
40% SMI to less than 50% SMI	8%
50% SMI or greater	10%

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9620.15 F. Fee Requirement (continued)

6. The monthly fee is determined when TCC assistance begins and remains in effect until the next scheduled redetermination unless there is an ongoing decrease in income.
7. Increases in income which occur between redeterminations do not affect the amount of the monthly fee; however, the fee is reduced if the gross income decreases and the decrease is ongoing and expected to last for at least 2 consecutive months.

G. Calculation of Benefits

1. Benefits are calculated based on the actual charges for the prior month's child care services.
2. TCC payments for services shall not exceed the 75th percentile local market rate as determined by the Department.
3. The maximum monthly benefit limits of \$325, and \$435 for children with special needs do not apply to former Temporary Family Assistance recipients who receive TCC assistance under this chapter.

H. Benefit Issuance

1. Benefits are post-paid based on the prior month's actual charges.
2. Under the post-payment method of issuance, benefits are paid monthly following the delivery of services.
3. Families who are eligible for TCC benefits in the month immediately following the final month of WRCC eligibility are entitled to a payment for the initial month of TCC. Any duplicate payment which results from the change to post-payments from pre-payments in the WRCC program is subtracted from the final payment when TCC benefits are discontinued.

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9620.15 H. Benefit Issuance (continued)

4. TCC payments are issued directly to the child care provider under the following conditions:
 - a. when the child receives care from a licensed provider, including a day care center, group or family day care home; and
 - b. when the child receives care from a school-based program or other unlicensed child care provider which is not a relative or in-home child care provider; and
 - c. in cases of financial mismanagement. (cross reference 6505.20)
5. At the discretion of the Department, child care benefits are issued to the caretaker relative or the child care provider when the provider is an unlicensed relative or in-home child care provider.

I. Overpayments

1. Overpayments are recouped from other child care payments, including payments for Employment Services, Work-Related, Transitional Child Care and benefits issued under the Child Care Certificate program.
2. Child care overpayments can only be recouped from future Temporary Family Assistance benefit payments at the request of the assistance unit.

**CONNECTICUT DEPARTMENT OF INCOME MAINTENANCE
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Section:
Reach For Jobs First**Type:**
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Chapter:
Child Care Assistance**Program:**
REACH

Subject:
Transitional Child Care Fee Scale

P-9620.15 Sliding Fee Scale For Waiver Participants

1. Use the sliding fee scale on the following pages to determine the family's monthly share of the child care cost.

Remember, the SMI fee scale applies only to families who were participating in the Family Strength, Pathways or Temporary Family Assistance programs. Use the fee scale located at P-8055.45 for families assigned to the control groups and for families who were not participating in a waiver program at the time AFDC was discontinued.
2. Determine the family share by comparing the gross earned and unearned income to the SMI ranges shown on the fee scale.
3. If the monthly income fluctuates, take a representative average to determine the gross income.
4. Once you have determined income range, use the table at the bottom of the page to calculate the family share. The family share ranges between 2 percent and 10 percent of the gross income.
5. Deduct the fee from the standard of assistance prior to issuing the benefit.
6. Inform the assistance unit of the amount of the family share.

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P-9620.15 Sliding Fee Scale For Waiver Participants

GROSS WEEKLY INCOME BY STATE MEDIAN INCOME LEVELS

<u>Family Size</u>	< <u>20% SMI</u>	< <u>30% SMI</u>	< <u>40% SMI</u>	< <u>50% SMI</u>	< <u>75% SMI</u>
1	\$ 125	\$ 187	\$ 249	\$ 311	\$ 467
2	\$ 163	\$ 244	\$ 326	\$ 407	\$ 610
3	\$ 201	\$ 302	\$ 402	\$ 503	\$ 754
4	\$ 240	\$ 359	\$ 479	\$ 598	\$ 897
5	\$ 278	\$ 416	\$ 555	\$ 694	\$ 1,040
6	\$ 316	\$ 474	\$ 632	\$ 789	\$ 1,184
7	\$ 323	\$ 485	\$ 646	\$ 807	\$ 1,211
8	\$ 330	\$ 495	\$ 660	\$ 825	\$ 1,238
9	\$ 338	\$ 506	\$ 675	\$ 843	\$ 1,265
10	\$ 345	\$ 517	\$ 689	\$ 861	\$ 1,291
11	\$ 352	\$ 528	\$ 703	\$ 879	\$ 1,318
12	\$ 359	\$ 538	\$ 718	\$ 897	\$ 1,345

Family Share 0 2% -> | 4% -> | 6% -> | 8% -> | 10% -> |

The family share of the approved cost is a percentage of the assistance unit's gross income:

<u>Family Share</u>	<u>AU Income Range</u>
2%	\$0 to less than 20% SMI
4%	20% to less than 30% SMI
6%	30% to less than 40% SMI
8%	40% to less than 50% SMI
10%	50% to less than 75% SMI

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Transitional Child Care Fee Scale

P-9620.15 Sliding Fee Scale For Waiver Participants

GROSS MONTHLY INCOME BY STATE MEDIAN INCOME LEVELS

<u>Family Size</u>	< <u>20% SMI</u>	< <u>30% SMI</u>	< <u>40% SMI</u>	< <u>50% SMI</u>	< <u>75% SMI</u>
1	\$ 539	\$ 809	\$ 1,078	\$ 1,347	\$ 2,021
2	\$ 705	\$ 1,057	\$ 1,409	\$ 1,762	\$ 2,642
3	\$ 871	\$ 1,306	\$ 1,741	\$ 2,176	\$ 3,264
4	\$ 1,036	\$ 1,554	\$ 2,072	\$ 2,590	\$ 3,885
5	\$ 1,202	\$ 1,803	\$ 2,404	\$ 3,005	\$ 4,507
6	\$ 1,368	\$ 2,052	\$ 2,735	\$ 3,419	\$ 5,128
7	\$ 1,399	\$ 2,098	\$ 2,798	\$ 3,497	\$ 5,245
8	\$ 1,430	\$ 2,145	\$ 2,860	\$ 3,575	\$ 5,362
9	\$ 1,461	\$ 2,192	\$ 2,922	\$ 3,652	\$ 5,478
10	\$ 1,492	\$ 2,238	\$ 2,984	\$ 3,730	\$ 5,595
11	\$ 1,523	\$ 2,285	\$ 3,046	\$ 3,808	\$ 5,711
12	\$ 1,554	\$ 2,331	\$ 3,108	\$ 3,885	\$ 5,828

Family Share 2% -> | 4% -> | 6% -> | 8% -> | 10% -> |

The family share of the approved cost is a percentage of the assistance unit's gross income:

<u>Family Share</u>	<u>AU Income Range</u>
2%	\$0 to less than 20% SMI
4%	20% to less than 30% SMI
6%	30% to less than 40% SMI
8%	40% to less than 50% SMI
10%	50% to less than 75% SMI

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Subject:
Transitional Child Care Fee Scale

P-9620.15 Sliding Fee Scale For Waiver Participants

GROSS ANNUAL INCOME BY STATE MEDIAN INCOME LEVELS

<u>Family Size</u>	< <u>20% SMI</u>	< <u>30% SMI</u>	< <u>40% SMI</u>	< <u>50% SMI</u>	< <u>75% SMI</u>
1	\$ 6,464	\$ 9,696	\$ 12,929	\$ 16,161	\$ 24,241
2	\$ 8,453	\$ 12,680	\$ 16,907	\$ 21,133	\$ 31,700
3	\$ 10,442	\$ 15,664	\$ 20,885	\$ 26,106	\$ 39,159
4	\$ 12,431	\$ 18,647	\$ 24,863	\$ 31,079	\$ 46,618
5	\$ 14,420	\$ 21,631	\$ 28,841	\$ 36,051	\$ 54,077
6	\$ 16,409	\$ 24,614	\$ 32,819	\$ 41,024	\$ 61,535
7	\$ 16,782	\$ 25,174	\$ 33,565	\$ 41,956	\$ 62,934
8	\$ 17,155	\$ 25,733	\$ 34,311	\$ 42,888	\$ 64,332
9	\$ 17,528	\$ 26,292	\$ 35,057	\$ 43,821	\$ 65,731
10	\$ 17,901	\$ 26,852	\$ 35,802	\$ 44,753	\$ 67,130
11	\$ 18,274	\$ 27,411	\$ 36,548	\$ 45,685	\$ 68,528
12	\$ 18,647	\$ 27,971	\$ 37,294	\$ 46,618	\$ 69,927

Family Share 2% -> | 4% -> | 6% -> | 8% -> | 10% -> |

The family share of the approved cost is a percentage of the assistance unit's gross income:

<u>Family Share</u>	<u>AU Income Range</u>
2%	\$0 to less than 20% SMI
4%	20% to less than 30% SMI
6%	30% to less than 40% SMI
8%	40% to less than 50% SMI
10%	50% to less than 75% SMI

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 10-1-94	Transmittal: UP-94-28	9870
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Section: Welfare Reform Initiatives	Type: POLICY
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Chapter: Child Care Enhancements	Program: FSP PATH
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Subject:

9870 Individuals participating in the Family Strength and Pathways programs are entitled to the same child care benefits as AFDC recipients. This chapter discusses child care eligibility for Family Strength and Pathways recipients. The reforms contained in this chapter are designed to support self-sufficiency and to improve the quality of care for children.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
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Section: Welfare Reform Initiatives	Type:	POLICY
Chapter: Child Care Enhancements	Program:	FSP PATH
Subject: Eligibility Based on Existing Programs		

- 9870.05 A. The rules contained in this chapter pertain to the following individuals:
1. Family Strength participants; and
 2. Pathways participants; and
 3. Transitional Child Care applicants and recipients who were participating in Family Strength or Pathways in the final month of cash assistance eligibility.
- B. Assistance units are considered to be Family Strength or Pathways participants as of the date they are assigned to participate in those programs.
- C. Except as provided in this chapter, the eligibility requirements for child care assistance are the same as the requirements for the following special benefits and special programs:
1. the eligibility requirements for individuals whose Family Strength or Pathways benefits have been discontinued due to earnings from employment or the loss of earnings disregards are the same as in the Transitional Child Care program (cross reference: 8055);
 2. the eligibility requirements for Family Strength and Pathways recipients who need child care to participate in an approved Job Connection activity are the same as for Job Connection Child Care benefits (cross reference: 9045);
 3. the eligibility requirements for Family Strength and Pathways recipients who need child care to accept or maintain employment are the same as for Work-Related Child Care benefits (cross reference: 9050).

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Child Care Enhancements

Program:

**FSP
PATH**

Subject:

Job Connection (JCCC) and Work-Related (WRCC) Child Care

9870.10 Except as stated below, Family Strength and Pathways recipients are subject to the same eligibility requirements as AFDC recipients who receive Job Connection or Work-Related Child Care benefits.

A. Eligible Activities

1. Child care benefits are available to families who need child care to participate in approved JOBS employment and training activities which take place out of the child's home.
2. Child care benefits are available to families receiving Family Strength or Pathways cash assistance who need child care due to employment.

B. Eligible Children

The child who requires care must be an eligible member of the same assistance unit that receives Family Strength or Pathways cash assistance, except that the following children are also eligible for child care benefits:

1. children who are not eligible for cash assistance because they receive Title IV-E foster care payments or SSI;
2. children who have been excluded from the cash assistance unit at the option of the caretaker relative.

C. Standard of Assistance

1. The standard of assistance is determined prospectively based on the best estimate of anticipated costs in the following months:
 - a. the month child care assistance begins; and
 - b. the month following the initial month of child care assistance if the cost incurred in the initial month does not represent a full month's cost of care for the child.
2. The standard of assistance is determined retrospectively based on the prior month's actual cost of care in any month it is not determined prospectively in accordance with the above requirements.
3. The requirement to determine the standard of assistance prospectively for AFDC recipients when an ongoing change of \$50 or more in child care costs occurs does not apply to Family Strength or Pathways recipients.

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**FSP
PATH**

Subject:

Job Connection (JCCC) and Work-Related (WRCC) Child Care

9870.10 C. Standard of Assistance (continued)

4. The local market rates and monthly payment limits used for AFDC child care recipients also apply to REACH Temporary Family Assistance recipients.

D. Benefit Issuance

1. Child care payments are issued directly to the child care provider under the following conditions:
 - a. when the child receives care from a licensed provider, including day care centers and group and family day care homes; or
 - b. when the child receives care from a school-based program or other unlicensed child care provider which is not a relative or in-home child care provider; and
 - c. in cases of financial mismanagement when some or all of the cash assistance grant is paid to a third party.
2. At the discretion of the Department, child care benefits are issued to the caretaker relative or the child care provider when the provider is an unlicensed relative or in-home child care provider.

E. Sanctioned Caretaker Relatives

Eligibility for child care is not affected if the caretaker relative is removed from the Family Strength or Pathways award due to an intentional program violation or other sanction.

F. Overpayments

1. Overpayments are recouped from other child care payments, including payments for JOBS, Work-Related and Transitional Child Care and benefits issued under the Child Care Certificate program.
2. Child care overpayments can be recouped from the assistance unit's cash assistance grant only at the request of the assistance unit.

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Child Care Enhancements

Program:

**FSP
PATH**

Subject:

Transitional Child Care - Families Discontinued Prior to 1/1/96

9870.15 Except as stated below, Family Strength and Pathways recipients whose cash assistance benefits are discontinued prior to January 1, 1996 are subject to the same eligibility requirements as AFDC recipients who apply for or receive TCC assistance.

A. Eligibility Process

1. Eligibility Period

- a. The eligibility period begins in the month following the month Family Strength or Pathways eligibility ends due to earnings from employment.
- b. Eligibility is not limited to 12 months. Family Strength and Pathways recipients may receive TCC benefits for an indefinite period as long as all eligibility requirements are satisfied.
- c. The caretaker must be eligible for TCC in the 12th month of the eligibility period for eligibility to continue beyond 12 months.
- d. The eligibility period ends when eligibility is interrupted and cannot be reestablished in accordance with the requirements in item A.3., below.
- e. Once the eligibility period ends, the caretaker relative must reapply for and receive Family Strength or Pathways benefits for 3 or more months in a six month period before a new TCC eligibility period is established.

2. Application Process

- a. A written application must be submitted in person or by mail no later than the last day of the 12th month of the eligibility period.
- b. Assistance units that do not file a TCC application by the last day of the 12th month of the eligibility period are ineligible for TCC.

3. Beginning Dates of Assistance

- a. Within the eligibility period, assistance begins on the day all eligibility requirements are satisfied.
- b. Within the eligibility period, assistance may be granted retroactive to the first day of the month prior to the month of application.

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PATH**

Subject:

Transitional Child Care - Families Discontinued Prior to 1/1/96

9870.15 A. 3. Beginning Dates of Assistance (continued)

- c. If eligibility is interrupted due to a break in employment or other such factors, benefits may be reinstated at any time during the first 12 months of the eligibility period once eligibility is reestablished.
- d. If eligibility is interrupted after the 12th month of the eligibility period, benefits may be reinstated only if eligibility is reestablished by the last day of the month following the month in which the interruption occurred.
- e. If eligibility is interrupted because employment stops during vacations or other breaks in or between school years, benefits may be reinstated once the school resumes operation.

4. Payments During Gaps in Employment

- a. Payments for child care services may continue for up to one month following the month eligibility is interrupted if the interruption is due to a temporary loss or break in employment.
- b. For child care to continue during the one month gap period, the caretaker relative must indicate that he or she intends to find another job or that current employment will resume by the end of the next month.
- c. Payments are authorized to the extent necessary to assure the child care slot is retained or to allow the caretaker relative to seek new employment.
- d. Gap payments are not authorized if employment is terminated without good cause (cross reference 9835.10).
- e. Gap payments terminate if employment does not resume by the end of the one month period or if the caretaker relative no longer intends to work, or is not able to continue working.
- f. The assistance unit may reapply for and receive Family Strength or Pathways cash assistance during the one month gap period without affecting eligibility for child care benefits.

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Transitional Child Care - Families Discontinued Prior to 1/1/96

9870.15 A. 5. Ending Dates of Assistance

- a. Eligibility ends on the last day of the month during which the assistance unit fails to meet all eligibility requirements.
- b. If payment is continued in accordance with the gap rules contained in A.4. above, eligibility ends if the caretaker does not resume employment by the end of the month following the month employment was interrupted.
- c. Once the eligibility period ends, the assistance unit is ineligible for TCC until a new eligibility period is established following the receipt of Family Strength or Pathways benefits for 3 or more months in a 6 month period.

6. Reporting Requirements

- a. The reporting requirements for the first 12 months of the eligibility period are the same as the requirements for former AFDC recipients who do not receive TCC benefits under this chapter. (cross reference 8055.10)
- b. Beginning with the 13th month of the eligibility period, quarterly reporting ends and recipients are required to report monthly.
- c. Assistance units are required to provide the following information to the Department on a monthly basis, beginning with the 13th month of the eligibility period:
 - (1) the prior month's child care costs; and
 - (2) confirmation of continued employment.
- d. Applicants and recipients are also required to report changes which may affect payment, eligibility or the level of benefits within 10 days of the date of the change, including changes in address, ongoing changes in income or the need for care, living arrangements, changes providers or in the child care arrangement.

7. Redeterminations

- a. Eligibility must be redetermined prior to authorizing benefits beyond the 12th month of the eligibility period, and thereafter at intervals which

may not exceed 6 months.

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9870.15 A. 7. Redeterminations (continued)

b. Assistance units are not required to appear for an office interview.

B. Assistance Unit Composition

The assistance unit includes all of the following individuals who reside together:

1. the child or children who need child care;
2. other minor children who are the responsibility of the caretaker relative or the caretaker relative's spouse;
3. the caretaker relative and the caretaker relative's spouse;
4. the biological or adoptive parents of the child who needs care.

C. Categorical Eligibility Requirements

1. To qualify for TCC, the caretaker must be ineligible for Family Strength or Pathways benefits due to increased earnings or the loss of earnings disregards.
2. Individuals who are eligible or who would qualify for TCC are not entitled to assistance under the Child Care Certificate Program.
3. TCC, and Family Strength or Pathways benefits may not be received concurrently, except during gaps in employment as defined in section A.4. of this chapter.

D. Procedural Eligibility Requirements

Assistance units are required to comply with all procedural eligibility requirements and with the requirements of the eligibility process. (cross reference 8055.30)

E. Income Eligibility Requirements

1. Beginning with the 13th month of the eligibility period, the assistance unit's gross income must be less than 75 percent of the state median income for the appropriate assistance unit size. An income limit is not imposed during the first 12 months of the eligibility period.

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9870.15 E. Income Eligibility Requirements (continued)

2. The assistance unit is ineligible for TCC if the gross income equals or exceeds 75 percent of the state median income, except when income exceeds the limit for one month due to an extra pay period or a change which lasts for only one month.
3. The income limits are consistent with the limits of the Child Care Certificate Program.
4. The total combined earned and unearned income of all members of the assistance unit is compared to the income limit for the appropriate assistance unit size.

F. Fee Requirement

1. Assistance units are responsible for paying part of the monthly child care costs beginning with the first month of eligibility.
2. The assistance unit's share is a percentage of the total gross earned and unearned income of all assistance unit members.
3. The assistance unit's share is a "per family" fee which is deducted from the monthly benefit prior to issuing payment.
4. Whenever possible, the entire fee is deducted from one child's benefits. If more than one child receives care, the decision on how to apply the fee is made in consultation with the caretaker relative.
5. The monthly fee is determined by comparing gross income to the state median income (SMI) using following sliding fee scale:

Gross Assistance Unit Income

AU Share

0% SMI to less than 20% SMI	2%
20% SMI to less than 30% SMI	4%
30% SMI to less than 40% SMI	6%
40% SMI to less than 50% SMI	8%
50% SMI or greater	10%

6. The monthly fee is determined when TCC assistance begins and remains in effect through the end of the 12th month of the eligibility period.

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9870.15 F. Fee Requirement (continued)

7. Beginning with the 13th month of the eligibility period, the monthly fee is adjusted at each scheduled redetermination.
8. Increases in income that occur between redeterminations do not affect the amount of the fee; however, the fee is reduced if the gross income decreases and the decrease is ongoing and expected to last for at least 2 consecutive months.

G. Calculation of Benefits

1. The maximum monthly benefit limits of \$325, and \$435 for children with special needs, do not apply to TCC recipients under this chapter.
2. Provider charges may not exceed the 75th percentile local market rate as determined by the Department in accordance with the requirements of the Family Support Act. (cross reference P-9050.25)
3. Benefits are calculated prospectively in accordance with the requirements at 8055.40 during the first 12 months of the eligibility period.
4. After the 12th month of the eligibility period, benefits are calculated based on the actual charges for the prior month's child care services.

H. Benefit Issuance

1. Benefits are issued on a pre-paid basis during the first 12 months of the eligibility period.
2. Beginning with the 13th month of the eligibility period, benefits are post-paid based on the actual charges for the prior month.
3. Under the post-payment method, benefits are issued monthly following the delivery of services.
4. Any duplicate payment which results from the change to post-payments from pre-payments in the 13th month of the eligibility period is subtracted from the final payment when TCC benefits are discontinued.

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9870.15 H. Benefit Issuance (continued)

5. TCC payments are issued directly to the child care provider under the following conditions:
 - a. when the child receives care from a licensed provider, including a day care center, group or family day care home; or
 - b. when the child receives care from a school-based child care program or another type of child care provider which is not an unlicensed relative or in-home child care provider; and
 - c. in cases of financial mismanagement. (cross reference 6505.20)
6. At the discretion of the Department, child care benefits are issued to the caretaker relative or the child care provider when the provider is an unlicensed relative or in-home child care provider.

H. Overpayments

1. Overpayments are recouped from other child care payments, including payments for Jobs, Work-Related and Transitional Child Care and benefits issued under the Child Care Certificate program.
2. Child care overpayments can only be recouped from future cash assistance benefit payments at the request of the assistance unit.

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P-9870.15 Sliding Fee Scale For Waiver Participants

1. Use the sliding fee scale on the following pages to determine the family's monthly share of the child care cost.

Remember, the SMI fee scale applies only to families who were participating in the Family Strength or Pathways programs. Use the fee scale located at P-8055.45 for families assigned to the control groups and for families who were not participating in FSP or PATH waiver at the time AFDC was discontinued.
2. Determine the family share by comparing the gross earned and unearned income to the SMI ranges shown on the fee scale.
3. Once you have determined income range, use the table at the bottom of the page to calculate the family share. The family share ranges between 2 percent and 10 percent of the gross income.
4. Deduct the fee from the standard of assistance prior to issuing the benefit.
5. Inform the assistance unit of the amount of the family share.

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P-9870.15 Sliding Fee Scale For Waiver Participants

GROSS WEEKLY INCOME BY STATE MEDIAN INCOME LEVELS

Family

<u>Size</u>	< <u>20% SMI</u>	< <u>30% SMI</u>	< <u>40% SMI</u>	< <u>50% SMI</u>	< <u>75% SMI</u>
1	\$ 125	\$ 187	\$ 249	\$ 311	\$ 467
2	\$ 163	\$ 244	\$ 326	\$ 407	\$ 610
3	\$ 201	\$ 302	\$ 402	\$ 503	\$ 754
4	\$ 240	\$ 359	\$ 479	\$ 598	\$ 897
5	\$ 278	\$ 416	\$ 555	\$ 694	\$ 1,040
6	\$ 316	\$ 474	\$ 632	\$ 789	\$ 1,184
7	\$ 323	\$ 485	\$ 646	\$ 807	\$ 1,211
8	\$ 330	\$ 495	\$ 660	\$ 825	\$ 1,238
9	\$ 338	\$ 506	\$ 675	\$ 843	\$ 1,265
10	\$ 345	\$ 517	\$ 689	\$ 861	\$ 1,291
11	\$ 352	\$ 528	\$ 703	\$ 879	\$ 1,318
12	\$ 359	\$ 538	\$ 718	\$ 897	\$ 1,345

Family Share 2% -> | 4% -> | 6% -> | 8% -> | 10% -> |

The family share of the approved cost is a percentage of the assistance unit's gross income:

<u>Family Share</u>	<u>AU Income Range</u>
2%	\$0 to less than 20% SMI
4%	20% to less than 30% SMI
6%	30% to less than 40% SMI
8%	40% to less than 50% SMI
10%	50% to less than 75% SMI

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GROSS MONTHLY INCOME BY STATE MEDIAN INCOME LEVELS

Family Size	< <u>20% SMI</u>	< <u>30% SMI</u>	< <u>40% SMI</u>	< <u>50% SMI</u>	< <u>75% SMI</u>
1	\$ 539	\$ 809	\$ 1,078	\$ 1,347	\$ 2,021
2	\$ 705	\$ 1,057	\$ 1,409	\$ 1,762	\$ 2,642
3	\$ 871	\$ 1,306	\$ 1,741	\$ 2,176	\$ 3,264
4	\$ 1,036	\$ 1,554	\$ 2,072	\$ 2,590	\$ 3,885
5	\$ 1,202	\$ 1,803	\$ 2,404	\$ 3,005	\$ 4,507
6	\$ 1,368	\$ 2,052	\$ 2,735	\$ 3,419	\$ 5,128
7	\$ 1,399	\$ 2,098	\$ 2,798	\$ 3,497	\$ 5,245
8	\$ 1,430	\$ 2,145	\$ 2,860	\$ 3,575	\$ 5,362
9	\$ 1,461	\$ 2,192	\$ 2,922	\$ 3,652	\$ 5,478
10	\$ 1,492	\$ 2,238	\$ 2,984	\$ 3,730	\$ 5,595
11	\$ 1,523	\$ 2,285	\$ 3,046	\$ 3,808	\$ 5,711
12	\$ 1,554	\$ 2,331	\$ 3,108	\$ 3,885	\$ 5,828

Family Share 2% -> | 4% -> | 6% -> | 8% -> | 10% -> |

The family share of the approved cost is a percentage of the assistance unit's gross income:

<u>Family Share</u>	<u>AU Income Range</u>
2%	\$0 to less than 20% SMI
4%	20% to less than 30% SMI
6%	30% to less than 40% SMI
8%	40% to less than 50% SMI
10%	50% to less than 75% SMI

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P-9870.15 Sliding Fee Scale For Waiver Participants

GROSS ANNUAL INCOME BY STATE MEDIAN INCOME LEVELS

Family Size	< <u>20% SMI</u>	< <u>30% SMI</u>	< <u>40% SMI</u>	< <u>50% SMI</u>	< <u>75% SMI</u>
1	\$ 6,464	\$ 9,696	\$ 12,929	\$ 16,161	\$ 24,241
2	\$ 8,453	\$ 12,680	\$ 16,907	\$ 21,133	\$ 31,700
3	\$ 10,442	\$ 15,664	\$ 20,885	\$ 26,106	\$ 39,159
4	\$ 12,431	\$ 18,647	\$ 24,863	\$ 31,079	\$ 46,618
5	\$ 14,420	\$ 21,631	\$ 28,841	\$ 36,051	\$ 54,077
6	\$ 16,409	\$ 24,614	\$ 32,819	\$ 41,024	\$ 61,535
7	\$ 16,782	\$ 25,174	\$ 33,565	\$ 41,956	\$ 62,934
8	\$ 17,155	\$ 25,733	\$ 34,311	\$ 42,888	\$ 64,332
9	\$ 17,528	\$ 26,292	\$ 35,057	\$ 43,821	\$ 65,731
10	\$ 17,901	\$ 26,852	\$ 35,802	\$ 44,753	\$ 67,130
11	\$ 18,274	\$ 27,411	\$ 36,548	\$ 45,685	\$ 68,528
12	\$ 18,647	\$ 27,971	\$ 37,294	\$ 46,618	\$ 69,927

Family Share 2% -> | 4% -> | 6% -> | 8% -> | 10% -> |

The family share of the approved cost is a percentage of the assistance unit's gross income:

<u>Family Share</u>	<u>AU Income Range</u>
2%	\$0 to less than 20% SMI
4%	20% to less than 30% SMI
6%	30% to less than 40% SMI
8%	40% to less than 50% SMI
10%	50% to less than 75% SMI

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Transitional Child Care - Families Discontinued After 12/31/95

- 9870.20 A. The eligibility requirements of this subject apply only to Family Strength and Pathways recipients whose cash assistance benefits are discontinued on or after January 1, 1996.
- B. TCC eligibility for families whose Family Strength and Pathways cash assistance benefits are discontinued on or after January 1, 1996 is determined in accordance with the rules established for former REACH Temporary Family Assistance recipients. (cross reference 9620.15).
- C. TCC eligibility for families discontinued prior to January 1, 1996 is determined in accordance with the requirements contained in 9870.15 of this chapter.