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Community-Based Services

Sec. 17b-4 (a)-1. Definitions

As used in Sections 17b-4 (a)-1 through 17b-4 (a)-6, inclusive, as follows:

- (a) “Adult” means a person with a disability between the ages of 18–64 years.
- (b) “Administrative Overpayment” is an overpayment caused by the Department’s incorrect action or failure to act within the appropriate time limits.
- (c) “Applicant” means any person who has submitted to the Department a completed and signed application form for Community-Based Services for families and adults.
- (d) “Assets” means all personal property and resources including, but not limited to, cash, bank accounts, stocks, bonds, credit union shares, mortgage notes, real estate, automobiles, cash value of life insurance, assignments of interest in estates or causes of action.
- (e) “Commissioner” means the Commissioner of the Department of Social Services or a designee.
- (f) “Community-Based Services” means the following services:
 - (1) Adult Day Care Services – day care in a center for adults provided for a scheduled number of hours per week. Elements of this service are directed toward meeting supervision, health maintenance and restoration needs of participants.
 - (2) Adult Companion Service – home-based supervision and monitoring activities which assist and/or instruct an adult in maintaining a safe environment, including escorting adults to medical or other appointments or recreational activities, supervising and/or assisting with activities of adult daily living, and reminding individuals to take self-administered medications.
 - (3) Home-Delivered Meals – the preparation and delivery of meals for adults who are unable to prepare or obtain nourishing meals on their own.
 - (4) Case Management – the implementation, coordination and monitoring by a department social worker of a community-based plan of care developed as a result of a comprehensive client needs assessment completed by the Department.
 - (5) Chore Service – the performance of heavy indoor work, outdoor work or household tasks that are necessary to maintain and promote a healthy and safe environment for recipients in their own homes.
 - (6) Case Work – duties performed by a social worker dealing with problems of a particular case.
 - (7) Homemaker Services – general household management activities provided in the home on a part-time, intermittent, or full-time basis as determined by a department social worker to assist and/or instruct the recipient in managing a household.
 - (8) Temporary Foster Care – the placement of minor child(ren), for a period of up to 90 days, in an approved foster home or with relatives when parents or a legal guardian are out of the home due to illness or other factors beyond their control.
 - (9) Social Work Services – assessment and evaluation of need by a Department social worker including service planning, contracting, counseling, case work, advocacy for the recipient, and crisis intervention when appropriate.
 - (10) Teaching Homemaker – a trained provider who assists and/or instructs a parent in child development, household management, shopping, meal planning, meal preparation and family household finances.
 - (11) Personal Emergency Response System – a 24 hour electronic alarm system placed in an adult’s home that enables him or her to obtain immediate help in case of an emergency.

(g) "Department" means the Department of Social Services.

(h) "Excess Income" means the amount by which the gross income exceeds the Title XIX medical assistance level for Region A as established annually by the Department of Social Services (DSS).

(i) "Emergency Need" is a situation in which a physical and/or mental impairment prevents an individual from meeting needs of adult daily living, where there is no legally liable relative able to perform these duties or a non-legally liable relative or friend willing and able to perform these duties without compensation and lack of service would result in serious physical and/or mental deterioration.

(j) "Family" means related individuals living together as one economic unit which may include one or more child(ren) under the age of 18.

(k) "Good Cause" means that a person was prevented from informing the Department of changes in their circumstances which would affect their eligibility for Community-Based Services due to personal illness, death in the immediate family, severe weather, or other catastrophic events beyond the control of the recipient or other responsible members of the recipient's household.

(l) "Grant Reduction Recoupment" is a method of recoupment in which the Department reduces the recipient's monthly grant.

(m) "Income"

(1) "Earned income" means any compensation payable by an employer to an employee and includes wages, salaries, commissions, bonuses, and tips, as well as earnings from self-employment or contractual agreements.

(2) "Other income" may include, but is not limited to, pensions, annuities, dividends, interest, rental income, estate or trust income, royalties, social security minus any Medicare deduction or supplemental security income, unemployment compensation, workers' compensation, alimony, child support, recurring voluntary cash contributions, and cash assistance from federal, state, or municipal programs.

(n) "Installment Recoupment" is a method of recoupment in which the recipient makes monthly installment payments to the Department.

(o) "Legally liable relative" means either a spouse or a parent of a child under the age of 18.

(p) "Lump-sum Recoupment" is a method of recoupment in which the recipient makes payment to the Department of the entire amount of the overpayment in one payment.

(q) "Overpayment" is the amount of financial assistance paid to or on behalf of the recipient in excess of the amount to which the unit is properly entitled.

(r) "Person with a disability" means an adult between the ages of 18 and 64 who, due to a physical and/or mental condition lacks the ability to meet his or her own needs, and may, as determined by a Department social worker, require institutional placement if not provided with significant supportive services.

(s) "Recipient" means a person who has been determined eligible by the Department for Community-Based Services for families and adults and who has been notified of the effective date of such service and/or service payment.

(t) "Recoupment" is a process by which the Department recovers an overpayment from the recipient or service provider.

(u) "Relative" means blood relatives and their spouses, relatives of half-blood and their spouses, and relatives whose relationship with the recipient is based on legal adoption.

(v) "Risk of Institutionalization" means the probability that a person will have to be institutionalized within 60 days if services to prevent severe mental and/or physical deterioration are either withheld or withdrawn.

(w) “Service Provider” means one who provides Community-Based Services but does not include:

(1) legally liable relatives or

(2) other relatives who are members of the recipient’s household unless they have suffered a demonstrable loss of income as a result of providing such services.

(x) “Service provider agency” is an organization that employs persons to provide Community-Based Services and for whom a rate of reimbursement has been approved by the Commissioner.

(Effective November 30, 1995)

Sec. 17b-4 (a)-2. Conditions and standards of eligibility

(a) Eligible families:

(1) In order to be eligible for any services, families must reside in Connecticut and meet the income guidelines in subsection (d) of this section.

(2) Eligible families may receive social work and case management services in appropriate circumstances including, but not limited to, homelessness, child rearing problems, pending eviction and family violence.

(3) Eligible families may receive paid community based services when the supervising relative is temporarily incapacitated or unable to manage the household and children are in need of temporary foster care, homemaker services or the supervising relative is in need of a teaching homemaker. Additionally, paid services may also be provided if the supervising relative is a person with a disability.

(b) Eligible adults

(1) In order to be eligible for any services, the adult must reside in Connecticut, be between the ages of 18 and 64, be a person with a disability as defined in Section 17b-4 (a)-1 and meet the income guidelines as defined in subsection (d) of this section.

(2) Eligible adults may receive social work and case management services in appropriate circumstances including, but not limited to, homelessness, pending eviction, and inappropriate institutionalization.

(3) Eligible adults with disabilities may receive paid community based services if such services, as part of the overall case plan, are provided in order to maintain the individual in the community.

(c) Medical need for Community-Based Services will be determined by the Department as follows:

(1) The adult applicant for paid services shall document the medical basis of his or her need, and the Department will review all documentation submitted to determine its sufficiency. Medical data may include a statement from a medical doctor, therapist or other appropriate health care professional stating that services are necessary to allow the applicant to remain in the community. The incapacitated supervising relative of a family shall also document medical need when applying for paid services.

(2) The Department social worker shall assess the case to determine the impact of the disability on the individual and/or the family, and how this directly affects their ability to meet needs.

(3) A Department social worker shall determine whether services provided or paid for by the Department can adequately meet the need.

(4) The Department may authorize Community-Based Services for families and adults when the social worker’s assessment indicates that a need for services exists

due to an individual's disability, appropriate medical data confirms this assessment, and fiscal information verifies that there is financial eligibility.

No service plan shall be established unless the client has a need which can specifically be met by a Community-Based Service as defined in Section 17b-4 (a)-1.

If an applicant is eligible for or receiving comparable services from another agency, such applicant shall be considered ineligible for the same Community-Based Services through the Department.

(d) Income

(1) In determining an applicant's eligibility, or a recipient's continuing eligibility, the following income of the applicant/recipient and any legally liable relative shall be counted:

(A) All gross monthly earned income, based on the most recent 13 weeks, minus:

(i) Non-personal work expenses such as: union dues (if mandatory), tools, materials, uniforms or other special protective clothing necessary for the job if they are not furnished or paid for by the employer.

(ii) Personal work expenses such as: withholding tax based upon the maximum number of dependents to which the applicant is entitled, FICA, group life insurance, health insurance, and a mandatory retirement plan.

(B) The gross monthly amount of all other income, including any cash assistance from federal, state, or municipal assistance programs not otherwise excluded as income by federal or state law, and including the gross amount of social security benefits, minus any Medicare deductions.

(2) A person shall be eligible for services when earned and other income of his or family as determined in accordance with this subsection and based on family size, does not exceed Title XIX Medical Assistance levels for Region A as established annually by the Department of Social Services (DSS).

(e) Spend Down:

(1) Applicants and recipients who have excess income shall be eligible if the excess income is less than the authorized payment for Community Based Services, and the excess income is applied to the cost of Community Based Services.

(2) Excess income which is already being applied to medical expenses for the purpose of qualifying the applicant/recipient for Title XIX medical assistance shall not be considered available for community based services.

(f) Assets

(1) Total assets of applicants and recipients and any legally liable relatives shall be considered in determining eligibility with the exception of real property used as the primary residence, any medical or remedial appliance or device, prepaid funerals or a vehicle essential for transportation.

(2) Assets shall not have been disposed of or transferred for less than reasonable consideration or fair value, or for the purposes of qualifying for services, within a period of 30 months prior to the date of application.

(3) Total assets of applicants and recipients and any legally liable relatives minus the exclusions set forth in subdivision (1) of this subsection shall not exceed the asset limits established by the Department of Health and Human Services through the Social Security Administration for the Supplemental Security Income Program.

(g) Grandfathered Cases:

(1) Recipients of Community-Based Services at the time that the legislation transferred new intake to the State Department on Aging in 1990 were grandfathered as are those clients who turned 60 between July 1, 1990 and June 30, 1991 and

will continue to receive services provided that their need for Community-Based Services continues to exist, and all the eligibility requirements other than age are met.

(2) Community-Based Services for Families and Adult recipients who were receiving service payments in excess of \$650.00 per month prior to July 1, 1984, and who continue to satisfy the eligibility standards, shall not be subject to subsection (d) of Section 17b-4 (a)-4, which establishes a maximum payment of \$650.00 per month.

(Effective November 30, 1995)

Sec. 17b-4 (a)-3. Application and determination of eligibility

(a) An applicant is responsible for providing all social, medical, and financial information necessary to establish eligibility. Staff assigned by the Commissioner may assist applicants in completing applications.

(b) A determination of eligibility by the Department shall be made no later than 60 days following the receipt by the Department of the completed application. A notice of action shall be mailed to the applicant.

(c) Staff assigned by the Commissioner, with the assistance of the applicant, shall assess the applicant's needs, determine what needs are unmet, and develop an appropriate plan for Community-Based Services within established cost limits.

(d) Applicants and recipients shall report any changes in circumstances affecting eligibility to the Department within 10 days.

(e) Program eligibility for paid and unpaid services shall be reviewed at least once per year. Eligibility will be reviewed more frequently in cases where service needs are of short term.

(Effective November 30, 1995)

Sec. 17b-4 (a)-4. Payments for services

(a) Community-Based Services for Families and Adults is not an entitlement program. Payments for services shall be contingent upon the availability of funds. The Commissioner may take whatever steps are necessary to ensure that expenditures do not exceed the amount of funds available.

(b) Should the Department be unable to provide payments for services to all current recipients due to a shortage of funds, the steps that the Department may take include the following:

(1) Denial of new applications for Community-Based Services as well as the denial of additional services for current recipients.

(2) A pro rata reduction in payments to all recipients until such time as sufficient funds are available. Thirty days written notice shall be given to all recipients stating that payment levels for Community-Based Services shall be reduced, the reasons for the reduction, and the date such reductions shall take effect. Unless the recipient believes that the calculation of the payment is incorrect, there shall be no appeal for this decision.

(3) Highest priority for payment may be given to those individuals at immediate risk of institutionalization, recipients who have emergency needs, and children in need of temporary foster care.

(c) There shall be no payment for any Community-Based Services for Families and Adults not authorized by the Commissioner or a designee, nor shall there be payment for any such service incurred, or paid for, by the recipient prior to the date of payment authorization.

The date of authorization is the effective date appearing on the authorization form.

(d) The maximum payment, per recipient, for Community-Based Services shall not exceed \$650.00 per month.

(e) Payment will be authorized for the applicant or recipient if the expense is not payable through third party coverage.

(f) Prior to a reduction or discontinuance of a Community-Based Service for Families and Adults payment, a recipient shall be given ten days' written notice of such proposed change except in cases of reductions in accordance with subsection (b) (2) of this Section. The notice shall advise the recipient of the change and his right to a fair hearing in accordance with Sections 17-603 and 17-604 of the Connecticut General Statutes.

(g) FICA, FUTA, UC Payments

Payments for Community-Based Services shall be for the gross amount of the service payment as authorized by the Commissioner with no deductions for Social Security (FICA), Federal Unemployment Tax (FUTA), or State Unemployment Compensation (UC) payments.

The recipient of services shall be responsible for payment of the appropriate amount of FICA, FUTA, and UC.

Responsibility for FICA, FUTA and UC accounts currently established and maintained by the Department, may be transferred to the recipient of services. No such transfer shall be made until recipients are given reasonable notice of such change.

(Effective November 30, 1995)

Sec. 17b-4 (a)-5. Recovery of direct services overpayments

(a) Recipients, service providers, and service provider agencies are obligated to reimburse the Department for any overpayment received whether directly, or on behalf of a recipient.

(b) The Commissioner may waive recoupment of an overpayment up to the limit of statutory authority pursuant to Connecticut General Statutes Section 3-7 if in his judgment the imposition of recoupment measures would place the recipient at significant risk of institutionalization, would place the recipient's family in a crisis situation or is not in the best interest of the State.

(c) Prior to the Department initiating any recoupment process, the recipient, service provider, or service provider agency shall be notified of the amount of the overpayment, the reason the overpayment occurred, the time period covered by the overpayment, and the proposed method for recovering the overpayment.

(d) Method of Recoupment:

(1) The Department will attempt to recover overpayments from recipients, former recipients, service providers, or service provider agencies by the lump-sum recoupment method.

(2) If the individual who owes the overpayment is unable to make a lump sum repayment, the Department will attempt to recover the money through the installment recoupment method. Active recipients and providers may agree to the grant reduction recoupment method in lieu of installment recoupment.

(3) In cases where the individual who owes the overpayment fails or refuses to make a lump sum payment, sign an installment agreement, or comply with the provisions of an installment agreement, the Department may invoke the grant reduction recoupment method by reducing each subsequent payment made to or on behalf of a recipient by up to 25% of the total amount owed until such overpayment is recovered.

(4) Service provider agencies that fail or refuse to repay overpayments may have the amount which is owed recouped from any other payments to which they are entitled on behalf of any other client.

(5) When there is failure to agree to an appropriate repayment plan, the Commissioner shall take whatever action he deems appropriate to recover such overpayment.

(Effective November 30, 1995)

Sec. 17b-4 (a)-6. Fair hearings

A person aggrieved by any action or inaction of the Department may request a fair hearing in accordance with Connecticut General Statutes Sections 17-603 and 17-604 as same may be amended. The Department of Social Services' fair hearing procedures are governed by applicable provisions of the Uniform Administrative Procedure Act and the Department's separate fair hearing regulations.

(Effective November 30, 1995)