

# **Legislative Regulation Review Committee**

2008-025a

Department of Social Services

**APPLICATION POLICY FOR  
INSTITUTIONALIZED INDIVIDUALS**

CONNECTICUT DEPARTMENT OF SOCIAL SERVICES  
UNIFORM POLICY MANUAL

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<b>Date:</b>	<b>Transmittal:</b>	<b>1000.01</b>
<b>Section:</b>		<b>Type:</b>
<b>Rights and Responsibilities</b>		<b>POLICY</b>
<b>Chapter:</b>		<b>Programs: ALL PROGRAMS</b>
<b>Subject:</b>		
<b>Definitions</b>		

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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.

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 worshiping, 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  
UNIFORM POLICY MANUAL

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<b>Date:</b>	<b>Transmittal: UP-</b>	<b>1505.10</b>
<b>Section:</b> Eligibility Process	<b>Type:</b>	<b>POLICY</b>
<b>Chapter:</b> The Application Process	<b>Program:</b>	<b>AFDC AABD MA FS</b>
<b>Subject:</b> Filing an Application		

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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.

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.

D. Date of Application

1. For AFDC, AABD and MA applications, except for the Medicaid coverage groups [listed] noted below in 1510.10 D.2, [below,] 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 185% of the Poverty Level
  - b. Pregnant Women Extension
  - c. Children Under 185% of the Poverty Level
  - d. Children Under 133% of the Poverty Level
  - e. Children Under the Poverty Level
3. For Food Stamp applications, except as noted below in [number] 1510.10 D. 4, [below,] the date of application is considered to be the date that a signed application form is received by:

1505.10 D. Date of Application (continued)

- 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 as noted above in 1510.10 D.5[, above].
  7. A separate application is required if the applicant requests aid from an additional program category subsequent to the date as noted above in 1510.10 D.5[, above].
  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 [AFDC or] 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. [cash assistance] 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 [INCOME MAINTENANCE] SOCIAL SERVICES  
UNIFORM POLICY MANUAL

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Date:	Transmittal:	3015.05
Section:	Technical Eligibility Requirements	Type: POLICY
Chapter:	Institutional Status	Program: AABD MA
Subject:	Institutional Requirements	

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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 [who receive:] under the following circumstances:
    - (1) [foster care] the child receives Title IV-E foster care payments; and
    - (2) [foster care payments under Title IV-A.] 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

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 or MA:] AABD. Residents of these institutions are also not eligible for MA, except as noted below in 3015.05 C:

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.

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.

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

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<b>Date:</b>	<b>Transmittal: UP-</b>	<b>8080.15</b>
<b>Section:</b>		<b>Type:</b>
<b>Special Programs</b>		<b>POLICY</b>
<b>Chapter:</b>		<b>Program:</b>
<b>State-Administered General Assistance</b>		<b>SCA SMA</b>
<b>Subject:</b>		
<b>Eligibility Process</b>		

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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. Where to File an Assistance Request

1. Offices of the Department
  - a. Effective April 1, 1997, applications for SAGA made by individuals who live in Bridgeport, Danbury, Hartford, Manchester, Meriden, Middletown, New Britain, New Haven, Norwalk, Stamford, and Waterbury are the responsibility of the regional office in that town.

- b. Effective July 1, 1998 assistance requests made by or on behalf of residents of any city or town except for the City of Norwich are the responsibility of the regional office of appropriate jurisdiction.
- c. An assistance request may be filed at any Department office or extension.
- d. An assistance request may be filed by a homeless assistance unit at the Department office or extension in the town where the unit is physically present.
- e. Actions other than filing the assistance request must be completed at the regional office of appropriate jurisdiction.

2. Town General Assistance Offices

- a. All applications made by or on behalf of residents of the cities listed in 1.a for any period prior to April 1, 1997 must be filed in that city.
- b. All applications made by or on behalf of residents of the towns referenced in 1.b. for periods prior to July 1, 1998 must be filed in that city or town.
- c. On and after July 1, 1998, individuals who are residents of the City of Norwich must file an assistance request in that town provided:
  - (1) they are not currently receiving SAGA cash and/or medical assistance; and/or
  - (2) they have never been a recipient of SAGA cash and/or medical assistance.]

[C.]B. Individuals Qualified to Make an Application

In addition to the individuals listed [at] 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.

[D.]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 [cash assistance under a public assistance program or Medicaid is denied or discontinued.]:
  - 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.

[E.]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.

[F.]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).

[G.]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
  - 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).

[H.]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.

[I.]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.
  - 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.

[J.]L. 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.

[K.]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 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.

[L.]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.

2. Who Can Request a Fair Hearing

In addition to the individuals listed at 1570.05, page 2, 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 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;
  - (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 Hearings Officer 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.
- c. For medical providers, a Fair Hearing decision is rendered no later than sixty days after the hearing.

STATE OF CONNECTICUT  
**REGULATION**  
OF

*IMPORTANT: Read instructions on bottom of Certification Page before completing this form. Failure to comply with instructions may cause disapproval of proposed Regulations.*

NAME OF AGENCY \_\_\_\_\_  
Department of Social Services  
 \_\_\_\_\_  
 Concerning  
 \_\_\_\_\_  
 SUBJECT MATTER OF REGULATION  
 \_\_\_\_\_  
Applications for Assistance  
 \_\_\_\_\_

SECTION \_\_\_\_\_

Statement of Purpose: Statement of Purpose: (A) The purpose of the regulations is to amend sections 1000.01, 1505.10, 3015.05 and 8080.15. The problems, issues or circumstances that the regulation proposes to address are: (1) to ensure prompt access to medical assistance benefits for individuals released from correctional and state mental health facilities; (2) to ensure state regulations are in conformity with federal Medicaid law regarding the definition of child caring institutions and the eligibility of those residing voluntarily in public institutions; (3) to allow residents of state mental health facilities to continue to qualify for the Medicare D Low Income Supplement while residing in such facilities; (4) allow for claiming of federal Medicaid financial reimbursement for administrative cost related to the care of individuals in public institutions, to the extent permitted by federal law; (5) to provide for an immediate redetermination of eligibility for those institutionalized individuals whose eligibility is reinstated upon release to continue their eligibility; (6) to eliminate obsolete policy regarding "Where to File an Assistance Request"; and (6) to allow self-generated applications for applicants or recipients of SAGA cash or medical who meet the disability requirement for Medicaid or State Supplement.

(B) The main provisions of the regulation: (1) provide a definition of a "mental disease facility"; (2) provide that a new application is not required for all programs, except Food Stamps, if the applicant applies no later than 30 days after being released from a correctional institution or mental disease hospital and the individual was a recipient of cash or medical assistance and lost eligibility because of his or her institutionalization within a 24 month period preceeding his or her release; (3) provide that an applicant or recipient of SAGA medical assistance is determined to meet the disability requirement for the Medicaid program; (4) provides that an applicant or recipient of SAGA cash assistance is determined to meet the disability requirement for the State Supplemental assistance program; (5) provides clarification of the definition of a "child care institution"; (6) includes "other insitutions where the resident is residing voluntarily" to list of residents who are "eligible institutionalized residents"; (7) clarifies that residents of correctional institutions are not eligible for AABD, unless residing there voluntarily; and (7) specifies the conditions under which a ineligible institutionalized resident may be eligible for limited duration medical assistance. (C) The legal effects of the regulation, including all the ways the the regulation would change exiting regulations or other laws are: to update the UPM to effectuate the above changes relating to institutionalized individuals.

**CERTIFICATION**  
R-39 REV. 1/77

Be it known that the foregoing:

Regulations       Emergency Regulations

Are:

Adopted       Amended as hereinabove stated       Repealed

By the aforesaid agency pursuant to:

Sections 17b-3 of the General Statutes.

Section \_\_\_\_\_ of the General Statutes, as amended by Public Act No. \_\_\_\_\_ of the \_\_\_\_\_ Public Acts.

Public Act No. \_\_\_\_\_ of the Public Acts.

After publication in the Connecticut Law Journal on \_\_\_\_\_, of the notice of the proposal to:

Adopt       Amend       Repeal      such regulations

(If applicable):       And the holding of an advertised public hearing on \_\_\_\_\_ day of \_\_\_\_\_

WHEREFORE, the foregoing regulations are hereby:

Adopted       Amended as hereinabove stated       Repealed

Effective:

When filed with the Secretary of the State.

(OR)

The \_\_\_\_\_ day of \_\_\_\_\_.

In Witness Whereof:	Date	SIGNED (Head of Board, Agency or Commission)	OFFICIAL TITLE, DULY AUTHORIZED
	8/28/08		Commissioner

Approved by the Attorney General as to legal sufficiency in accordance with sec. 4-169, as amended C.G.S.	SIGNED	OFFICIAL TITLE, DULY AUTHORIZED
	10/3/08	ASSOC. ATTY. GENERAL

- Approved
- Disapproved
- Disapproved in part, (Indicate Section Numbers disapproved only)
- Rejected without prejudice

By the Legislative Regulation Review Committee in accordance with Sec. 4-170, as amended, of the General Statutes.	Date	SIGNED (Clerk of the Legislative Regulation Review Committee)

Two certified copies received and filed, and one such copy forwarded to the Commission in Official Legal Publications in accordance with Section 4-172, as amended, of the General Statutes.

DATE	SIGNED (Secretary of the State.)	BY

**INSTRUCTIONS**

- One copy of all regulations for adoption, amendment or repeal, except emergency regulations, must be presented to the Attorney General for his determination of legal sufficiency. Section 4-169 of the General Statutes.
- Seventeen copies of all regulations for adoption, amendment or repeal, except emergency regulations, must be presented to the standing Legislative Regulation Review Committee for its approval. Section 4-170 of the General Statutes.
- Each regulation must be in the form intended for publication and must include the appropriate regulation section number and section heading. Section 4-172 of the General Statutes.
- Indicate by "(NEW)" in heading if new regulation. Amended regulations must contain new language in capital letters and deleted language in brackets. Section 4-170 of the General Statutes.