

A Guide for Residential Care Homes and Rated Housing Facilities



State of Connecticut Department of Social Services

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Overview

The Department of Social Services (DSS) through the State Supplement program helps aged, blind, and disabled individuals meet their basic needs at licensed residential care homes (RCH) and rated housing facilities (RHF) throughout the state. The facilities are licensed by various state agencies and serve specific populations. State Supplement eligible individuals residing in these licensed facilities can be eligible for assistance from DSS, which in conjunction with their other income, allows the individual to meet his or her shelter obligation at the facility and retain personal funds to meet needs not included in the facility's services. In accordance with state statute, payment is made directly to the RCH or RHF.

The Department also helps individuals who are unable to work through the State-Administered General Assistance Program (SAGA). SAGA recipients do not receive a personal allowance.

Types of Eligible Facilities

The State Supplement and SAGA program recognizes several types of licensed facilities:

- Licensed residential care homes are licensed by the Department of Public Health (DPH).
- Community companion homes (CCH) and community living arrangements (CLA) are licensed by the Department of Developmental Services (DDS).
- The Department of Mental Health and Addiction Services (DMHAS) licenses rated housing facilities, residential living centers, halfway houses, and alcohol and drug dependency facilities.
- The Newington Senior and Disabled Center approves adult family living homes for the Department of Social Services.

Regardless of the type of facility, all those listed above are considered a residential care home or rated housing facility by the department. As such, client needs are met through a cash assistance payment to the provider via the State Supplement or SAGA program. Nursing homes such as skilled nursing and intermediate care facilities are medical institutions and have services paid for eligible clients through the Medicaid program. Although all individuals who receive State Supplement also receive Medicaid, many individuals who receive Medicaid are not always recipients of a cash benefit like State Supplement or SAGA. Individuals must apply for a cash program if his or her own income is insufficient to meet room and board costs, even if they are already a recipient of Medicaid.

State Supplement Eligibility

In order to be eligible for assistance through the State Supplement program, the individual must meet these basic requirements:

- The person must meet the federal (Title XVI) definition of old age, disability, or blindness.
- Gross income cannot exceed 300% of the basic SSI rate per month (\$2,250.00 effective 1/1/18).
- Net income cannot exceed the State Supplement computed needs.
- Countable assets cannot exceed \$1,600.00.

SAGA Eligibility

To be eligible for SAGA, the individual must meet these basic requirements:

- The individual must be determined to be an unemployable person or a transitional individual (i.e., unable to work for at least two {2} months because of a documented impairment).
- Gross income cannot exceed 300% of SSI per month. (\$2,250.00 effective 1/1/18).
- Net income must be less than the monthly room and board rate for the facility.
- Countable assets cannot exceed \$250.



Determining Net Income

State Supplement

Aged, blind, and disabled individuals receive special income credits called disregards under the State Supplement program and its related Medicaid coverage groups. There are separate disregards for unearned income and earned income (wages). Individuals who have multiple living arrangements in a month are entitled to the highest disregard for which they are eligible.

The **unearned income disregard** is subtracted from the unearned income of all State Supplement applicants and recipients. The amount of the disregard is determined by the individual's living arrangement in a given month. Effective 1/1/18 the amounts are:

- \$246.70 for individuals in a boarding facility
- \$339.00 for individuals living alone or with a spouse in the community
- \$406.90 for individuals sharing a residence in the community with someone other than a parent, spouse, or child

The **earned income disregard** allows the first \$65.00 (\$85.00 for the blind) of wages plus ½ of the remaining wages to be disregarded (not counted) in the eligibility determination.

Example:

A person with \$750.00 of SSDI and \$297.30 in monthly wages residing in rated housing would have countable income computed as follows:

\$ 750.00 SSDI
- 246.70 boarding home Disregard (if in the community the amount would be \$339)
\$ 503.30 Net Unearned income

\$297.30 Wages
-65.00 Disregard
\$232.30
-116.15 Disregard (1/2 the balance-\$232.30/2)
\$ 116.15 Countable Earnings

The countable income would be \$619.45 for this individual (\$503.30 from unearned income and \$116.15 from earnings).

SAGA

SAGA cash recipients do not receive any unearned or earned income disregards. They do receive a deduction of \$150 per month from any earned income to cover personal employment expenses.

Determining Need

Need is determined using two components, shelter cost and personal needs.

State Supplement

Shelter costs for individuals in the community are computed using the actual shelter cost up to a maximum of \$200.00 for a person sharing a rent or \$400.00 for a person living alone. Shelter costs for a partial month in a boarding facility are computed by using the per diem facility rate multiplied by the number of residence days. The monthly rate is used when the individual is a resident of the facility for all the days in a month. The monthly rate is computed by multiplying the per diem rate times 365 and dividing that figure by 12. An RCH/RCF with a daily rate of \$29.92 would have a monthly rate of \$910.06 ($\$29.92 \times 365 \div 12$). Because of this computation method, there is no adjustment for full months of 28, 29, or 30 days.

A person who resides in the community and in a rated housing facility/residential care home in the same month is entitled to his or her actual allowable community rental obligation in addition to the per diem facility rate for that month. Facilities and homes will always receive at least the per diem facility rate multiplied by the number of days in the month when an individual is found eligible for State Supplement or SAGA for the same time period.

The personal needs allowance (PNA) is \$29.95 for an individual in a facility and \$170.06 for an individual in the community. An individual who is in the community for even one day in a month is entitled to the \$170.06 PNA for that month. In most situations, no applied income will be allotted to the rated housing facility or residential care home payment in the months of admission and discharge when the resident is found eligible for State Supplement or SAGA for the same time period.

SAGA

All basic needs are included in the appropriate payment standard, which varies according to the individual's employability status and living arrangement. The payment standard for full and partial months in RCF/RCH's is computed the same as for State Supplement.

There is no personal needs allowance in the SAGA program.

Computing the State Supplement Award

Example #1. The following example is a calculation for a disabled individual entering a RCH from the community on 1/12/18 and DSS receives an application requesting cash the same day. The calculation is computed by comparing countable income and total needs. Using the income figures from the earlier example and a monthly rate of \$3639.05, the State Supplement award is computed as follows:

<u>Needs</u>	<u>Wages</u>	<u>Income</u>
\$300.00 Rent	\$297.30 Needs	\$750.00 Gross Unearned Income
\$170.06 PNA	<u>-\$65.00 Disregard</u>	<u>-\$339.00 Community Disregard</u>
<u>+\$2392.80 (per diem 20days*\$119.64)</u>	\$232.30	\$411.00
\$2862.86	<u>-\$116.15 (1/2 the balance)</u>	<u>+\$116.15 Earned Income</u>
	\$116.15 Countable Wages	\$527.15 Net Income

Because the individual entered the RCH from the community, ImpaCT will calculate the Total Net income of \$527.15 but will not consider it available when calculating the rated housing/residential care home payment. Therefore a vendor payment is issued in the amount of \$2392.00 to the facility for the number of days multiplied by the per diem rate with no applied income consideration in this situation.

Ongoing, ImpaCT will calculate the needs using the monthly rate and boarding home PNA. This means that the total needs will be the monthly rate of the rated housing facility minus the net income:

<u>Needs</u>	<u>Income</u>
\$29.95 PNA	\$750.00 Gross Unearned Income
<u>+\$3649.02 monthly rate</u>	<u>-\$246.70 Disregard</u>
\$3678.97 Total needs	\$503.30 Net income
	<u>+\$116.15 earned income</u>
	\$619.45 Total Net Income

The monthly benefit will be \$3059 (\$3678.97 total needs - \$619.45 net income)

The State Supplement award is rounded down before issuance. The impact of the rounding should be applied to the net amount retained by the client. In the example above, the client would \$457.00 (\$246.70 Unearned disregard + \$29.95 PNA + \$181.15 (\$116.15 + \$65) Earned Income disregard -\$80 for rounding).

Example #2. The following example is for a disabled client active on community State Supplement that moves into a RCF on 3/17/18. The client was living alone and had a community rental expense of \$400 per month. The RCF has a daily rate of \$124.59.

<u>Needs</u>	<u>Income</u>
\$400.00 Rent	\$772.00 Gross unearned income
\$170.06 Community PNA	<u>-\$339.00 Community Disregard</u>
<u>+\$1744.26 (\$124.59 x 14 days)</u>	\$433.00 Net Income
\$2314.32 Total needs	

\$2314.32 total needs - \$433 Net Income = \$1881.06 total comprehensive benefit

The individual will have already received their Community State Supplement benefit of \$137 at the beginning of the month. The department will issue a supplement payment for the RCF in the amount of \$1744 (\$1881 - \$137 Community benefit already issued).

Ongoing, the needs will be calculated using the monthly rate and boarding home PNA. This means that the total needs will be the monthly rate of the rated housing facility minus the net income:

<u>Needs</u>	<u>Income</u>
\$29.95 PNA	\$772.00 Gross unearned income
<u>+\$3789.60 Monthly Rate</u>	<u>-\$246.70 Boarding Home Disregard</u>
\$3819.56	\$525.30 Net Income

The monthly benefit will be \$3294 (\$3819.56 total needs - \$525.30 net income).

RCH/RCF/s are postpaid (i.e., the check issued on February 1 is payment for January).

Special Circumstances

Begin Date

As always, for new applicants, the State Supplement and SAGA benefit will be calculated from the date the application is received. The application date and admission date will determine the amount of the benefit that your facility will receive minus applied income if any. State Supplement and SAGA eligibility cannot begin sooner than the date a signed application form is received by mail, online or in a DSS office. This requirement can be found in our Uniform Policy Manual 1505.10 D (7). For an individual admitted to a RHF/RCH who is not currently a recipient of State Supplement or SAGA at the time of admission, the application date is critical.

As long as the client meets all criteria for eligibility by the admission date, the RCH/RHF will be paid in full at the per diem rate for the applicable number of days minus applied income if any. If the application is received after admission, the RCH/RHF will be paid at their facility per diem rate from the date of application.

Cases for individuals active on a cash programs can be updated with the admission date from the W-265 submitted by your home. If eligible, the client will receive a community benefit based on the rental obligation and the rated housing facility will be paid in full at the per diem rate for the applicable number of days. However, if the client is not on a cash program, DSS cannot honor the admission date unless a signed application (online or W1E form) requesting cash assistance is received by the department on the same day.

How to Apply

If an application is required, you can apply on behalf of your resident in your facility as a community partner. Supporting documentation, such as a completed W-265 form, can be uploaded at the end of the online application process. Online applications can be completed at www.connect.ct.gov. Please note that a community partner code cannot be shared. It is for the exclusive use of your facility. For more information on how to become a community partner please call 860-424-5250.

When submitting applications by mail or in office, the W-1E General Application Form should be used. When submitting a new W-1E application, please mail it to one of the three DSS Long-Term Services and Supports (LTSS) Application Centers. The facility LTSS and rated housing application centers are located in the DSS Bridgeport, New Haven and Waterbury offices. Please check the table below for which application center to use based on your city or town.

DSS Long-Term Services and Supports Application Centers

<p>Waterbury Office 249 Thomaston Avenue Waterbury, CT 06702</p> <p>For: Avon, Beacon Falls, Berlin, Bristol, Bloomfield, Burlington, Canton, Cheshire, East Granby, Farmington, Granby, Hartford, Middlebury, Naugatuck, Newington, New Britain, Oxford, Plainville, Plymouth, Prospect, Rocky Hill, Simsbury, Southbury, Southington, Stafford, Suffield, Waterbury, Watertown, West Hartford, Wethersfield, Windsor Locks, Windsor, Wolcott.</p>	<p>Bridgeport Office 925 Housatonic Avenue Bridgeport, CT 06606</p> <p>For: Barkhamsted, Bethel, Bethlehem, Bridgeport, Bridgewater, Brookfield, Canaan, Colebrook, Cornwall, Danbury, Darien, Easton, Fairfield, Goshen, Greenwich, Hartland, Harwinton, Kent, Litchfield, Morris, Monroe, New Canaan, New Fairfield, New Hartford, New Milford, Newtown, Norfolk, North Canaan, Norwalk, Redding, Ridgefield, Roxbury, Salisbury, Sharon, Sherman, Stamford, Stratford, Thomaston, Torrington, Trumbull, Warren, Washington, Weston, Westport, Wilton, Winchester, Woodbury.</p>
<p style="text-align: center;"><u>Applications for waiver services (this includes new applications for waiver/cash)</u></p> <p style="text-align: center;">Greater Hartford Office 20 Meadow Lane Windsor, CT 06095</p> <p>Statewide</p>	<p style="text-align: center;">New Haven Office 50 Humphrey Street New Haven, CT 06513</p> <p>For: Andover, Ansonia, Ashford, Bethany, Bolton, Bozrah, Branford, Brooklyn, Canterbury, Chaplin, Chester, Clinton, Colchester, Columbia, Coventry, Cromwell, Deep River, Derby, Durham, Eastford, East Haddam, East Hartford, East Hampton, East Haven, East Lyme, East Windsor, Ellington, Enfield, Essex, Franklin, Glastonbury, Griswold, Groton, Guilford, Haddam, Hamden, Hampton, Hebron, Killingly, Killingworth, Lebanon, Ledyard, Lisbon, Lyme, Madison, Manchester, Mansfield, Marlborough, Meriden, Middlefield, Middletown, Milford, Montville, New Haven, New London, North Branford, North Haven, North Stonington, Norwich, Plainfield, Pomfret, Portland, Preston, Putnam, Old Lyme, Orange, Salem, Scotland, Seymour, Shelton, Somers, South Windsor, Sprague, Stafford, Sterling, Stonington, Tolland, Thompson, Union, Vernon, Voluntown, Wallingford, Waterford, Westbrook, West Haven, Willington, Windham, Woodbridge, Woodstock.</p>

Renewals or Interim Changes

If submitting interim changes or renewals, please mail them to the DSS ConneCT Scanning Center, PO Box 1320, Manchester, CT 06045. A W-1ER is a Renewal of Eligibility form and is used to complete renewals. You cannot request a new program using this form. Use this form to complete renewals for clients in your facility already active on cash

Initial award

State Supplement and SAGA payments are postpaid to providers. This means that an individual approved on November 16 retroactively to October 10 will receive a payment that covers needs from October 10th through October 31st. The next payment will be issued on December 1st for needs in November.

Nursing Home Applied Income

An individual who is admitted from a nursing facility to a RCH or RHF must have all income received in the admission month included in the State Supplement award computation. If the person qualifies for State Supplement, the client's Medicaid coverage will pay the nursing home in full without an applied income reduction.

Temporary Absence- Bed Holds

An individual who discharges from a RCH or RCF for a temporary absence and is expected to return to the facility no later than the end of the month after the month of their discharge, can have his or her bed held and thereby continue to receive **State Supplement and SAGA** cash payments for that period (UPM 4520.10). For example, if a client was discharged on 1/5/18 to the hospital and is expected to return to the facility, the **State Supplement and SAGA** cash benefit can continue until February 28, 2018. The RCH or RHF must report this temporary discharge to the department by submitting a W-265 within 10 days of the change. This is true even if the absence is due to hospitalization or a short term nursing home admission.

Medicaid will pay the nursing facility in full (without an applied income reduction) during the bed hold period. Remember, when submitting these changes by mail, please send to the DSS ConneCT Scanning Center, PO Box 1320 Manchester, CT 06045.

Transition Month

The department's eligibility system, ImpaCT, is designed to take care of the needs of the first facility where the client was residing at the first of the month. Therefore, when an active recipient of State Supplement or SAGA moves from one RHF/RCH to another, ImpaCT will calculate the total needs for each facility and compare income to the individual's income. If the benefit exceeds the needs for facility #1, the remainder will be sent to facility #2. The client's net income will make up any shortfall in funds due to facility #2.

Discharge Date

When an individual is discharged from a RCF/RCH, the payment method reverts to the Community State Supplement or SAGA formula used in an admission month. The individual's needs in the RCH or RHF are reduced from the monthly rate to the per diem rate for that month. When the discharge is processed, the facility will be issued their payment directly and any remaining benefit to the client.

Overpayments

If a discharge is not reported to the department timely by the RCH or RHF an overpayment can occur. Overpayment money paid to the individual is recovered by DSS from the individual. Overpayments paid to the facility are recovered via direct billing to the facility by the Department's Division of Financial Services, Benefits Accounting Unit in Central Office. If you are returning a check or mailing a payment, please send it to:

Division of Financial Services

Benefits Accounting

55 Farmington Ave Hartford CT 06105.

(Please note that any supporting documents, such as a W-265 or redeterminations must be mailed to the DSS ConneCT Scanning Center, PO Box 1320, Manchester, CT 06045.)

W-265

The W-265 "Report of" is critical to the accurate administration of the program. A copy of the form is attached. This form is to be completed by the facility and sent to DSS when:

- A State Supplement or SAGA recipient is admitted to RHF/RCH (including facility relocation)
- A State Supplement or SAGA recipient is temporarily discharged (bed hold)
- A State Supplement or SAGA recipient is permanently discharged (including facility relocation)
- A State Supplement or SAGA recipient's discharge status changes from temporary to permanent

The W-265 form can be mailed, submitted in office or uploaded while submitting a new application online. Please remember when you are submitting a W-265 for an active client that is reporting an interim change, it should be mailed to: the DSS ConneCT Scanning Center, PO Box 1320, Manchester, CT 06045.

Additional copies of the form can be obtained on our website: www.ct.gov/dss

State Supplement Computation Sheet

INCOME Computation

Unearned Income _____

Total Unearned _____

Unearned Disregard _____
(246.70 BH, 339.00 Comm
406.90 Shared)

Net Unearned _____

Gross Earned _____

Disregard - 65.00

Divide by 2 and subtract - _____

Net earned _____

NEEDS Computation

Shelter _____
(RH Monthly Rate or
Community Rent plus
RH per diem x days)

Personal Needs _____
(170.06 Community or
29.95 BH)

Total Needs _____

Total Income - _____
Net Earned +
Net Unearned

AWARD

The application date and admission date will determine the amount of the benefit that your facility will receive.

W352/W353
required for
admissions and
discharges

CLA Community Living Arrangement	Yes	Yes	No	Yes	No
CCH Community Companion Home	Yes	Yes	No	Yes	No
CRS Continuous Residential Supports	Yes	Yes	No	No	No
IHS Individualized Home Supports	Yes	Yes	No	No	No
RCH Residential Care Home	Yes	Yes	No	Yes	No
ICF Intermediate Care Facility	Yes	No	Yes	No	Yes
Community	Yes	Yes	No	No	No
Waiver case	Yes	Yes	Yes (when not requesting cash)	No	No



STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

REPORT OF ADMISSION OR DISCHARGE
RATED HOUSING FACILITY/RESIDENTIAL CARE HOME

W-265
(Rev. 6/17)

Client Name: _____ Client ID#: _____

Facility Name: _____ Vendor ID#: _____

Facility Address: _____ Facility ph#: _____

ADMISSION Date of Admission: _____

Admitted From: Home Hospital Skilled Nursing Facility/Chronic Disease Hospital

Other Rated Housing Facility ICF/IDD Other Setting/Institution

Please provide the name and address of the home, institution or facility from which the individual was admitted: _____

DISCHARGE

Notice of Permanent Discharge Date of Discharge: _____

Notice of Temporary Discharge Date of Discharge: _____

If a temporary discharge, is the individual expected to return by the last day of the month following the month of discharge? Yes No

If no, when is the individual expected to return _____

Are you holding the bed for this individual? Yes No

Discharged to: Home Hospital Skilled Nursing Facility/Chronic Disease Hospital

Other Rated Housing Facility ICF/IDD Other Setting/Institution

Please provide the name and address of the home, institution or facility to which the individual was discharged: _____

Completed by: _____ Date: _____
Print Name

Signature

This form is not a request for assistance. Please notify the Department of Social Services (DSS) **within 10 days** of any changes in living arrangements for DSS clients.

To order additional forms, send request on your agency letterhead to:
DSS, Document Center, 55 Farmington Ave., Hartford, CT 06105 FAX: (860) 424-4954
Please include a complete mailing address, form number and the quantity needed.
Please note forms cannot be mailed to P.O. Boxes.

Persons who are deaf or hard of hearing and have a TTD/TTY device can contact DSS at 1-800-842-4524. Persons who are blind or visually impaired, can contact DSS at 1-860-424-5040.

INSTRUCTIONS FOR FORM W-265

I. **INTRODUCTION**

Form W-265 is used by the Rated Housing Facility/Residential Care Home to notify the Department (1) when an individual is admitted to the home or facility, (2) when an individual is discharged from the home or facility (regardless of whether the discharge is temporary or permanent) and (3) when there is a change in discharge status from temporary to permanent.

II. **SPECIFIC INSTRUCTIONS**

A. The Rated Housing Facility/Residential Care Home will complete Form W-265 by printing or typing as follows:

1. **Client Name** - Enter the individual's complete name.
2. **Client Number** - Enter the complete client identification number assigned to individual by DSS, or if a number has not yet been assigned, note that the application is pending.
3. **Facility Name/Address/Phone** - Enter the complete name, address and phone number of your facility.
4. **Vendor ID #** - Enter the complete vendor number assigned to your facility.
5. **Notice of Admission**- Check the box if you are reporting an admission.
6. **Date of Admission** - Enter the date of admission in MM/DD/YY format.
7. **Admitted From** - Check the appropriate box. Indicate the name and address of the institution or home address admitted from.
8. **Notice of Permanent Discharge** – Check the box if you are reporting a permanent discharge. Indicate the name and address of the setting to which the client was permanently discharged.
9. **Notice of Temporary Discharge** - Check the box if you are reporting a temporary discharge. Indicate the name and address of the setting to which the client was temporarily discharged.
10. **Date of Discharge** – Enter the date of discharge in MM/DD/YY format.
11. **If temporary, is individual expected to return by end of next month?** – Check the box based on the information available at the time of discharge. If no, enter the expected date of return in MM/DD/YY format.
12. **Are you holding the bed for this resident?** - Check the appropriate box.
13. **Completed by** – Enter the name and signature of the representative from the Rated Housing Facility/Residential Care Home completing the form and the date the form was completed in MM/DD/YY format.



STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
VENDOR DIRECT DEPOSIT FORM

W-260 (New 3/18)

Submit to: Department of Social Services
Benefits Accounting
55 Farmington Ave 12th Floor
Hartford, CT 06105
Fax 860-424-4962

NEW ENROLLEE
CHANGE OF FINANCIAL INSTITUTION OR ACCOUNT
DISCONTINUE DIRECT DEPOSIT

VENDOR INFORMATION
Vendor FEIN/SS (Please include IRS W-9 Form)
Vendor/Business Name
DBA NAME
Vendor Contact Name
Email
Telephone
Address
Vendor City, State, Zip code

VENDOR BANK INFORMATION Direct Deposit
Vendor Bank Name
Vendor Bank Account Type (Checking or Savings)
Vendor Bank Account Number
Vendor Bank Routing and Transit Number

I understand I am responsible for the validity of the information stated above. I hereby authorize the Connecticut Department of Social Services (DSS) to initiate electronic deposits to the bank account specified on this form. I further authorize DSS to initiate debit entries as adjustments for credit entries made in error. In the event that, for any reason, the bank is unable to return funds deposited in error to DSS, I hereby authorize DSS to recover those funds by deducting the amount of said funds from any future payments. I understand that DSS may alternatively request return of said funds in writing, and agree to return said funds within two (2) weeks of receipt of such a request. I further agree that if such funds are not repaid to DSS, I will be liable for all costs of collection. I understand that this direct-deposit authorization will remain in full force and effect until DSS receives written notification from me or an authorized officer of my organization of its termination. Such notification must be provided in such a time and manner as to afford DSS a reasonable opportunity to act upon it. Neither DSS nor the State of Connecticut will be responsible for any mistaken, fraudulent or erroneous information provided on this form

Please list the name of the individual authorized to complete this form

Name Phone Number

Signature Date

Title Phone number

Persons who are deaf or hard of hearing and have a TTD/TTY device can contact DSS at 1-800-842-4524.
Persons who are blind or visually impaired, can contact DSS at 1-860-424-5040.

INSTRUCTIONS FOR COMPLETING THE W-260 VENDOR DIRECT DEPOSIT FORM

Please provide a completed IRS Form W-9 (Request for Taxpayer Identification Number and Certification). This is a federal form that certifies the Taxpayer Identification Number (Federal Employer Identification Number or Social security Number). You may access a fillable version of the form at: www.irs.gov/pub/irs-pdf/fw9.pdf

To verify accuracy of bank information, please include a copy of a voided check or some other documentation that includes your bank information. For accounts from which you do not write checks, please include a letter from your bank showing the American Bankers Association routing number, account number, and the name(s) on the account.

Keep a copy of this vendor direct deposit form for your records. You must inform DSS Benefits Accounting of any changes. If you change financial institutions or accounts, you are obligated to notify DSS of these changes. To do so, please resubmit this form with updated information as soon as possible to avoid delayed receipt of your payment. Altered Forms will not be accepted.

When funds are rejected or returned by the bank, payments will revert back to check without notice to the vendor and will continue to be issued by this method until a new direct-deposit authorization form is submitted to DSS with correct information.

Complete, sign and return this form to DSS by one of the following methods:

By fax to 860-424-4962

By mail to:

Department of Social Services
Benefits Accounting
55 Farmington Ave., 12th floor
Hartford, CT 06105
Fax 860-424-4962

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number									
				-			-		

Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity,
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust, and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* on page 1.

What is FATCA reporting? The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulation section 301.7701-2(c)(2)(iii). Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Note. Check the appropriate box for the U.S. federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the U.S. federal tax classification in the space provided. If you are an LLC that is treated as a partnership for U.S. federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation, as appropriate. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for U.S. federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

Other entities. Enter your business name as shown on required U.S. federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the *Exemptions* box, any code(s) that may apply to you. See *Exempt payee code* and *Exemption from FATCA reporting code* on page 3.

Exempt payee code. Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following codes identify payees that are exempt from backup withholding:

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B—The United States or any of its agencies or instrumentalities
- C—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

- G—A real estate investment trust
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
- I—A common trust fund as defined in section 584(a)
- J—A bank as defined in section 581
- K—A broker
- L—A trust exempt from tax under section 664 or described in section 4947(a)(1)
- M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

- 1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.
- 2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
- 3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.
- 4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
- 5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

Application for Room and Board Rate
 For Proposed Community Living Arrangement
 Licensed by the Department of Developmental Services

Date:

Name of Provider Agency:

Street Address:

Town, State & Zip Code:

Contact Person:

Telephone/Extension:

Ownership Type:

Location of Residence:

Street Address:

Town, State & Zip Code:

Number of Beds:

Proposed Opening Date:

**Completed Applications
 should be mailed to:**

**Myers & Stauffer, LC
 7 Waterside Crossing, Suite 202
 Windsor, CT 06095**

Attention: CLA Department

I have read and/or prepared this application and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury.

Signature:

Printed Name:

Title:

Date:

Fair Rent

Land

<u>Number</u>	<u>Description</u>	<u>CIL</u>	<u>Acq Year</u>	<u>Acq Cost</u>	<u>Disp Year</u>	<u>Rate of Return</u>	<u>Land Fair Rent</u>
1				\$ -		2.500%	\$ -
2				\$ -		2.500%	\$ -
Total Land							\$ -

Real Property Additions

<u>Number</u>	<u>Description</u>	<u>CIL</u>	<u>Acq Year</u>	<u>Acq Cost</u>	<u>Est Life</u>	<u>Last Year</u>	<u>Disp Year</u>	<u>Rate of Return</u>	<u>Fair Rent</u>	<u>Depreciation</u>
1				\$ -	30			2.960%	\$ -	\$ -
2				\$ -	30			2.960%	\$ -	\$ -
3				\$ -	30			2.960%	\$ -	\$ -
4				\$ -	30			2.960%	\$ -	\$ -
5				\$ -	30			2.960%	\$ -	\$ -
6				\$ -	30			2.960%	\$ -	\$ -
7				\$ -	30			2.960%	\$ -	\$ -
8				\$ -	30			2.960%	\$ -	\$ -
Total									\$ -	\$ -

Total Land & Real Property Fair Rent \$ -

ROOM & BOARD

ROOM & BOARD		
1.	Real Property Depreciation	\$ -
2.	Interest on Real Property	\$ -
3.	Rental Payments on Leased Single Unit Structures	
a.	CIL Rent or Mortgage Payment	\$ -
b.	All Other Rental Payments (attach a schedule identifying costs)	\$ -
c.	Total Rent (3a + 3b)	\$ -
4.	Less Non - Reimbursable and Other Costs (e.g., Hud Subsidies and Revenue Offsets)	\$ -
5.	Net Property Costs	\$ -
	<i>Fair Rent Value</i>	\$ -
6.	Percentage of Square Footage Used for A&G Activities	0.000%
7.	Prorated Portion of Actual Costs	\$ -
	<i>Prorated Portion of Fair Rental Costs</i>	\$ -
	<i>Allowable Property Costs</i>	\$ -
8.	Approved Property Costs (Pre-Approved by DSS)	
a.	CHFA	\$ -
b.	Recognition of Actual Debt Service	\$ -
c.	Rental Payments Approved by DSS	\$ -
d.	Total Approved Property	\$ -
	<i>Total Allowable Property Costs</i>	\$ -
9.	Depreciation on Movable Equipment (excluding Motor Vehicles)	\$ -
10.	Rental Payments on Leased Real Estate in Multi-Unit Building Structures	\$ -
11.	Property and Real Estate Taxes (excluding Motor Vehicles)	\$ -
12.	Interest on Movable Equipment (excluding Motor Vehicles)	\$ -
13.	Interest on Working Capital	\$ -
14.	Insurance (Property and 1/3 General Liability)	\$ -
15.	Support Supplies and Services	
a.	Dietary	
	1. Food and Kitchen Supplies	\$ -
	2. Dining and Ordering Out	\$ -
b.	Housekeeping Supplies	\$ -
c.	Laundry	\$ -
d.	Plant Maintenance, Operations and Repairs	\$ -
e.	Utilities	
	1. Heat	\$ -
	2. Light & Power	\$ -
	3. Water & Sewer	\$ -
	4. Cable TV	\$ -
	5. Other (attach a schedule identifying costs)	\$ -
	<i>Total Utilities</i>	\$ -
f.	Equipment Under \$2,500 (should be capitalized)	\$ -
g.	Maintenance Salaries and Benefits	\$ -
h.	Maintenance Cost Funded through Debt Reserve	\$ -
i.	Total Support Supplies and Services (15a thru 15h)	\$ -
16.	HUD Audit Fees	\$ -
17.	Subtotal Allowable Room and Board Expenses (Lines 9 thru 14 + 15i +16)	\$ -
18.	Less Other Operating and Non - Operating	
a.	Revenue - NOT included in Line 4	\$ -
b.	Interest Income	\$ -
19.	Subtotal of Actual Net Allowable Expenses (Line 17 - Line 18)	\$ -
	<i>Total Allowable Direct Room and Board Cost (Allowable Property Cost + Line 19)</i>	\$ -
20.	Client Days (update beds on the Application & Certification Worksheet)	-
21.	Computed Room & Board Rate	#DIV/0!



Regulations of Connecticut State Agencies

TITLE 17. Public Assistance & Welfare Services

Agency

Department of Mental Retardation

Subject

Establishment of Rates for Community Living Arrangements Licensed by the Department of Mental Retardation

Inclusive Sections

§§ 17-313b-1-17-313b-18

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Establishment of Rates for Community Living Arrangements Licensed by the Department of Mental Retardation

Sec. 17-313b-1. Definitions

As used in Sections 17-313b-1 to 17-313b-17, inclusive:

(1) "Commissioner" means the Commissioner of Income Maintenance or his designated representative.

(2) "Commissioner of Mental Retardation" means said commissioner or his designated representative.

(3) "Audited consolidated operational report" means the annual cost and performance reporting document, which consists of forms provided by the Department of Mental Retardation, and submitted by all organizations operating community living arrangements or community living arrangements and day services.

(4) "Operational plan" means the document, which consists of forms provided by the Department of Mental Retardation, and submitted by all organizations operating community living arrangements for use in establishing rates for the following contract year.

(5) "Community living arrangement" means any residence operated by an organization for mentally retarded persons and licensed pursuant to Section 19a-467 G.S. other than a community training home, group residence, habilitative nursing facility, or residential school. A facility certified to participate in the Medicaid program as an intermediate care facility for the mentally retarded shall not be considered a community living arrangement for purposes of establishing rates pursuant to these regulations.

(6) "Community Training Home" means a residence licensed as such by the Department of Mental Retardation pursuant to Section 19a-467 G.S.

(7) "Region" means Department of Mental Retardation region of the state.

(8) "Primary Region" means that Department of Mental Retardation Region in which an organization has its highest number of community living arrangement placements.

(9) "Day Services" means the range of non-residential services provided to persons by organizations which receive funding from the state including, but not limited to, community work services, adult day treatment, supported employment and elderly enrichment.

(10) "Organization" means any business entity which operates community living arrangements and/or day services for mentally retarded persons.

(11) "Client" means a mentally retarded person who receives services funded, or partially funded by the Department of Mental Retardation.

(12) "Contract Year" means the period of July 1 through June 30.

(13) "Contract" means the written agreement between the Department of Mental Retardation and an organization to provide services during the contract year.

(14) "Residential Client Needs Assessment" means documents which present a composite assessment of individual client needs for each community living arrangement to assist in establishing the basic staffing pattern required in the residence. The forms and assessment are provided by the Department of Mental Retardation.

(15) "Newly Licensed Community Living Arrangement" means any community living

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arrangement operated by an organization that has been licensed for less than twelve (12) months and which has not had a rate established pursuant to Sec. 17-313b-8.

(16) "Line Item" means the categories of expenditures, administrative and general, direct service staff compensation, direct service costs other than direct service staff compensation, and room and board costs, used in the rate setting process established by these regulations.

(17) "Line Item Cost Settlement" means the cost settlement process for the expenditure categories recognized in these regulations.

(18) "Multi-Unit Structure" means any residential building in which more than one unit is leased or offered for lease.

(19) "Related Parties" means persons or organizations related through marriage, ability to control, ownership, family or business association. Past exercise or influence or control need not be shown, only the potential or ability to directly or indirectly exercise influence or control.

(Effective June 24, 1988)

Sec. 17-313b-2. Filing of operational plan

Each private organization operating community living arrangements (CLA) shall annually file an operational plan with the primary regional office of the Department of Mental Retardation.

(1) The operational plan shall be filed no later than the first business day following April 1 of each year for use in negotiating and establishing rates for the subsequent contract year July 1 through June 30.

(2) A residential client needs assessment, which includes needs of each client residing in a community living arrangement, serves as the basis for the cost elements in the operational plan.

(3) Forms and specific expense and revenue categories shall be provided by the Department of Mental Retardation in order to assure that all data supplied by the filing organizations is consistent in form and content to facilitate comparison statewide.

(Effective March 22, 1990)

Sec. 17-313b-3. Filing of audited consolidated operational report (ACOR)

Each private organization operating community living arrangements or community living arrangements and day services shall annually file an audited consolidated operational report with the primary regional office of the Department of Mental Retardation.

(1) The ACOR shall be filed no later than the first business day following October 15 for the contract year July 1 through June 30.

(2) The ACOR shall provide actual audited costs, revenues, and client data for the preceding contract year July 1 through June 30.

(3) Forms and specific expense and revenue categories shall be provided by the Department of Mental Retardation in order to assure that all data supplied by the filing organizations is consistent in format and content to facilitate comparison statewide.

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(4) The ACOR shall be completed in accordance with generally accepted accounting principles and audited in accordance with generally accepted auditing standards. Audited financial statements, notes to same and the auditor's opinion letter shall accompany the ACOR filing.

(5) Whenever costs are incurred between related parties, allowable cost shall be defined as and limited to the cost to the related party. Findings of relatedness may be made in the absence of majority stock ownership of the related parties in respective organizations. The related party principle applies to any transaction between a provider and a related party, including but not limited to one time or multiple transactions involving services or supplies and one time sales or lease of the facility itself. Related party transactions must be identified as such in the ACOR and the unallowable portion excluded in the appropriate section of the ACOR.

(Effective June 24, 1988)

Sec. 17-313b-4. Consequences for failure to meet on or before dates specified in these regulations

(1) For each day that the ACOR is not filed, following the dates specified in these regulations, a penalty of one half of one percent (.50%) of the current monthly payment attributable to administrative and general expenses shall be assessed from the total monthly payment for expenses for the first thirty days; three-quarters of one percent (.75%) for the second thirty days and one percent (1.0%) beyond sixty days. This penalty shall result in a reduction in payment for the month following the calculation of the penalty.

(2) The Commissioner of Mental Retardation may waive imposition of the penalty if he deems that extraordinary circumstances prevented the timely filing of the ACOR. The waiver shall be granted according to terms and for a period of time established by the Commissioner of Mental Retardation. An organization must request a waiver, in writing, prior to the filing dates specified in these regulations.

(Effective March 22, 1990)

Sec. 17-313b-5. Computation of per diem room and board reimbursement rates for community living arrangements owned or leased by the licensee excluding units leased in multi-unit structures

The system for determining per diem rates for room and board payment by the Department of Income Maintenance for persons eligible pursuant to Chapter 302, Part III, G.S., who are residents of community living arrangements which are owned or leased by the licensee, excluding units leased in multi-unit structures which is computed in accordance with Sec. 17-313b-6, shall be an individual historical cost related prospective rate system derived from the documents filed pursuant to Secs. 17-313b-2 and -3, per diem room and board reimbursement rates shall be promulgated annually, effective July 1, based upon costs reported in the ACOR filed the preceding October.

Per diem room and board reimbursement rates for community living arrangements owned

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or leased by the licensee, excluding units leased in multi-unit structures, shall be calculated based upon:

(I) An amount of property costs based upon a fair rental value system.

(i) The fair rental value amount shall be in lieu of interest on mortgages, other property financing costs, depreciation on buildings and non-movable equipment and rental charges. The amount shall be computed in the same manner whether the living arrangement is owned or leased or whether the community living arrangement is operated by an individual owner/partnership or a corporation.

(ii) The fair rental value amount consists of a rental amount for use of land, buildings and non-movable equipment related to resident care.

(A) The annual fair rental value amount for the use of land shall be determined by multiplying the base value of the land by a rate of return which is equal to one-third of the Medicare rate of return for the contract year but not more than four percent nor less than two and one-half percent per annum.

(B) Real property other than land consists of:

(1) Buildings and building improvements;

(2) All equipment attached to buildings and considered to be real property as distinguished from personal property; and

(3) Land improvements, including parking lots, driveways, sidewalks, sewerage systems, walls and pump houses.

The fair rental value amount is calculated to yield a constant amount each year in lieu of interest and depreciation costs. Such amount for the use of real property other than land shall be determined by amortizing the base value of such property over its remaining useful life and applying a rate of return on the unamortized base value. The base value of all real property other than land shall be the actual cost of the property less the accumulated depreciation from the date of acquisition to the date of first use as a licensed residence for persons with mental retardation. The remaining useful life is thirty years from the date of first use as a community living arrangement for mentally retarded persons. The annual rate of return shall be calculated in accordance with the procedures specified in Section 17-311-52-(f) (2) (b) of the Regulations of Connecticut State Agencies as amended, except for the factor which is applied to the Medicare rate of return which shall be 1.5, not 1.0.

In any situation where book values are incomplete or questionable and therefore may not reflect the value on the date of acquisition. The commissioner may disallow any claim for such unsupported amount or may in his discretion establish a value based on property values of comparable properties and/or residences.

Upon a change of ownership of a community living arrangement the commissioner, in consultation with the Commissioner of Mental Retardation, may modify the base values of the property for the new owner if deemed in the best interest of the clients residing in the community living arrangement and is appropriate, equitable and does not prejudice the interests of the state.

For purposes of reimbursement, a minimum residual value is established for real property

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other than land at 10% of the cost of such property. The amount for the use of such property shall not be less than the amount determined by applying the appropriate Medicare rate of return to the minimum residual value.

(iii) In the event of an unforeseen or material change in allowable property costs, which are not reflected in the cost base, the community living arrangement may submit a request, in writing, to the Commissioner for an increase to reflect such change in the fair rental value amount.

Based on the consideration of the date presented and any other factors as the Commissioner deems pertinent, the Commissioner may decide that an adjustment in property basis is in the best interest of the clients residing in the community living arrangement and is appropriate, equitable, and does not prejudice the interest of the state.

(2) An amount for the reasonable cost of dietary, laundry, maintenance, housekeeping, transportation, utilities, fuel, property-related insurance, and property taxes.

(3) An amount for the reasonable cost of moveable equipment based upon depreciation and interest according to generally accepted accounting principles.

(4) An amount for reasonable interest expense required to obtain necessary working capital.

(5) Grants, gifts, fundraising, or endowment income specifically designated for payment of operating costs included in the room and board rate, based on actual cost or fair rental computations, shall be offset against those costs.

(6) Computation of a per diem reimbursement rate based upon the total cost as adjusted by the procedures referred to above divided by minimum allowable resident days or resident days whichever is greater for the applicable cost year.

A resident day is the unit of measurement for room and board provided and client-based services rendered to one client between the census taking hour on two successive days. In computing resident days, the first day of residence shall be counted but the last day of residence shall not. In computing resident days, reserve bed days for which payment is received shall be counted.

For purposes of computing minimum allowable resident days, utilization of a community living arrangement's licensed beds shall be determined at a minimum of 90% of capacity (excluding beds designated for respite care), except for newly licensed community living arrangements and existing community living arrangements which are licensed to serve additional clients which may be permitted a lower occupancy rate for the first three months of operation after the effective date of licensure. Minimum allowable resident days for beds designated for respite care shall be determined at a minimum of 50% capacity.

In the event that a bed designated for respite care is not suitable for full-time use for such purpose, the organization may request, in writing, a waiver of the 50% minimum occupancy for such bed in the affected community living arrangement. Based on consideration of the information presented and any other factors as the commissioner deems pertinent, the commissioner may grant a waiver. If such waiver is granted, actual respite days of care for the bed for which payment is received will be used in the computation of the community

living arrangement's per diem reimbursement rate.

(7) An adjustment in the rate, for costs other than the property costs included in the fair rental value computation, for the time lag between the preceding contract year and the succeeding contract year.

This adjustment shall be the gross national product (GNP) deflator percentage increase or decrease for the twenty-four month time lag from the contract year ending the preceding June 30 to June 30 of the succeeding contract year. The GNP deflator is the implicit price deflator for the gross national product published in the "Economic Indicators" prepared for the Joint Economic Committee by the Council of Economic Advisors.

(8) Cost limitation.

For all community living arrangements, the aggregate total allowable costs shall not exceed the costs submitted by the organization, less unallowable costs.

(9) A statutory limitation on per diem rates.

Per diem rates paid by the state for care of persons eligible for assistance under the provisions of Chapter 302, Part III of the General Statutes shall not exceed the rate of payment for similar services to the general public.

(Effective June 24, 1988)

Sec. 17-313b-6. Computation of per diem room and board reimbursement rates for community living arrangements in leased units in multi-unit structures

Per diem reimbursement rates for room and board provided by a community living arrangement in a leased unit of a multi-unit structure shall be based upon:

(1) A reasonable rent based on an arms-length transaction between unrelated parties reviewed by the commissioner.

(2) An amount for the reasonable cost of dietary, laundry, maintenance, housekeeping, transportation, utilities, fuel, property-related insurance, and property taxes.

(3) An amount for the reasonable cost of moveable equipment based upon depreciation and interest according to generally accepted accounting principles.

(4) An amount for reasonable interest expense required to obtain necessary working capital.

(5) Grants, gifts, fundraising, or endowment income specifically designated for payment of operating costs included in the room and board rate, based on actual cost or fair rental computations, shall be offset against those costs.

(6) Computation of a per diem reimbursement rate based upon the total cost as adjusted by the procedures referred to above divided by minimum allowable resident days or resident days whichever is greater for the applicable cost year.

A resident day is the unit of measurement for room and board provided and client-based services rendered to one client between the census-taking hour on two successive days. In computing resident days, the first day of residence shall be counted but the last day of residence shall not. In computing resident days, reserve bed days for which payment is received shall be counted.

For purposes of computing minimum allowable resident days, utilization of a community living arrangement's licensed beds shall be determined at a minimum of 90% of capacity (excluding beds designated for respite care), except for newly licensed community living arrangements and existing CLA's which are licensed to serve additional clients which may be permitted a lower occupancy rate for the first three months of operation after the effective date of licensure, minimum allowable resident days for beds designated for respite care shall be determined at a minimum of 50% capacity.

In the event that a bed designated for respite care is not suitable for full-time use for such purpose, the organization may request, in writing, a waiver of the 50% minimum occupancy for such bed in the affected community living arrangement. Based on consideration of the information presented and any other factors as the commissioner deems pertinent, the commissioner may grant a waiver. If such a waiver is granted, actual respite days of care for the bed for which payment is received will be used in the computation of the community living arrangement's per diem reimbursement rate.

(Effective June 24, 1988)

Sec. 17-313b-7. Per diem room and board reimbursement rates for community training homes payable by the department of social services

The per diem room and board reimbursement rate for community training homes which is paid by the Department of Social Services shall be the rate computed pursuant to Section 17-311-54 of the Regulations of Connecticut State Agencies.

(Effective March 28, 1996)

Sec. 17-313b-8. Client-based service rate determination process

The client-based service rate is for payment of costs for the provision of services for eligible persons in community living arrangements whose admission into the CLA is authorized by the Department of Mental Retardation pursuant to 17a-228 of the Connecticut General Statutes and regulations promulgated thereunder. Residential client needs assessments serve to establish basic staffing patterns used in the annual negotiation of this rate.

(I) Cost settlement

(i) An organization will not be reimbursed for costs in excess of the sum of the negotiated rates for all community living arrangements operated by the organization, unless such reimbursement is otherwise authorized pursuant to these regulations. The ACOR will serve as the basis for review of actual expenditures for the preceding contract year. There shall be a bottom line cost settlement for costs at or below the sum total of the negotiated rates for the preceding contract year. Cost settlement decisions shall be made within approximately 120 days of the filing of the ACOR for the preceding contract year. Such decisions shall be effected through the adjustment of current payments for the three months after cost settlement decisions are made or shall be reimbursed entirely to the Department of Mental Retardation for community living arrangements which cease operation.

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(ii) Cost settlement occurs when actual expenditures are below the sum total of the established rates for all community living arrangements operated by the organization for the preceding contract year. For all allowable expenditures made pursuant to such contract with the department of mental retardation by an organization in compliance with performance requirements thereof, 50% of the difference between such actual expenditures made and the amount received by the organization from the department of mental retardation per such contract shall be reimbursed to the department of mental retardation.

(iii) Reductions may be made to the negotiated rate for community living arrangements to the extent they fall below 85% of the total available occupancy for the preceding contract year, for reasons other than the failure of the Department of Mental Retardation to place clients, if the organization fails to adequately justify the reduced occupancy rate: For purposes of this section occupancy is the actual client days in residence based on attendance records. Total available occupancy is the number of clients for whom the rate was established times 365. The occupancy rate is established by dividing actual client days in residence by the total available occupancy. Reductions made pursuant to this section shall be reflected in the bottom line cost settlement.

(iv) Grants, gifts, fundraising or endowment income, and expenditures from such income, shall be reported in the ACOR. To the extent such income is specifically designated for operating costs included in the client-based service rate the expenditures from such income shall be deducted from the total operating costs which serve as the basis for negotiating the next year's rate. If an organization demonstrated that such income is not available for the succeeding contract year there will be no deduction and the overpayment shall be recovered through the line item cost settlement.

Grants, gifts, fundraising, or endowment income not specifically designated but used for payment of operating costs reported in the ACOR shall be deducted from the total operating costs which serve as the basis for negotiating the next year's rate.

(v) For the 1992 contract year only, an organization may elect the cost settlement methodology in effect immediately prior to the effective date of these regulations. Such election shall be made at the time of submission of the organization's 1992 contract year ACOR.

(2) The client-based service rate for each community living arrangement includes:

(I) Salary, wage and benefit costs for administrative and general and direct service personnel; and

(2) Non-salary costs which are not included in the per diem room and board reimbursement rate as specified in Sec. 17a-313b-6 of these regulations. Nothing in this section shall be construed to require the Department of Mental Retardation to pay for costs which were disallowed in the calculation of the room and board rate.

(3) Administrative costs will be reviewed for reasonableness as a percentage of direct service and total operating costs based on statewide averages. Administrative costs are necessary to manage and operate community living arrangements but are not assignable to the cost of services rendered to an individual client.

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(4) Staff development and training costs for new employees and ongoing direct service staff, a component of non-salary costs reimbursable under this rate, will be negotiated based on core development and training modules specified by the Department of Mental Retardation and other training negotiated and agreed to by the department and the organization.

(5) Analyses of the operation plan, ACOR, and other relevant information relating to management, financial and programmatic performance will be used in the rate negotiation **process.**

(6) Inadequate management, financial and programmatic performance may result in a contract term of less than twelve months.

(7) Client-based service rates are established prospectively and payments will be made retrospectively each month for costs incurred during the preceding month.

(8) The annual appropriation to the Department of Mental Retardation of funds for community living arrangements, and the allocation of these funds to the respective Department of Mental Retardation regions, shall be taken into account in establishing client-based service rates. In no event shall the Department of Mental Retardation be required to make payments in excess of funds appropriated for this purpose and allocated to the regions.

(9) When negotiations between the organization and the DMR result in agreed upon client-based service rates for the community living arrangements operated by an organization, the Commissioner of Mental Retardation shall certify these rates and shall issue rates in accordance with such certification. If negotiations fail to result in agreed-upon client-based service rates by the first business day following May 15, the Commissioner of Mental Retardation shall certify his department's last best offer and shall issue rates in accordance with such certification.

(10) Newly licensed community living arrangements, for which client-based service rates are established pursuant to this section, shall be fully reimbursed in accordance with the negotiated rate for the first 60 days after the first client is in residence. After 60 days there shall be a proportional adjustment, reflected in the line item cost settlement for each day the community living arrangement is not fully occupied unless the organization provides adequate justification for the reduced occupancy.

(Effective September 28, 1994)

Sec. 17-313-9. Establishment of comprehensive payment levels and computation of residential service rates paid by the department of mental retardation for community training homes

(a) Definitions

As used in this section:

(I) "Client assessment documents" means documents which represent a composite assessment of individual client needs to assist in establishing the appropriate level of supervision. The forms and assessment are provided by the Department of Mental Retardation.

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(2) "Department" means the Department of Mental Retardation.

(3) "Personal need allowance" means income which is available to a resident which may not be used for payment of room, board or service.

(4) "Ongoing comprehensive support" means twenty-four hour supervision with periodic special interventions required due to complex medical or behavioral needs of the resident(s).

(b) (1) Three comprehensive payment levels are established for mentally retarded persons, who are eligible for funding pursuant to section 17a-228 G.S., and the regulations promulgated thereunder, who reside in community training homes. A comprehensive payment level is established by the department in accordance with a client's need for supervision as indicated in client assessment documents. The comprehensive payment level per resident per month for the period July 1, 1993 through June 30, 1994 are as follows:

<u>Level of Supervision</u>	<u>Payment Level per Resident Per Month</u>
Less than 24 hour supervision	\$876.68
24 hour supervision	1,112.33
Ongoing comprehensive	1,419.85

(2) On July 1, 1994 and for each subsequent year commencing July 1, the payment level for each level of supervision will be adjusted by the percentage increase or decrease in legislative appropriations for existing community training homes from the prior year to the present year.

(3) On July 1, 1995 and for each subsequent year commencing July 1, the comprehensive payment level for each level of supervision shall be adjusted by the amount of increase or decrease in the monthly total of the rate established pursuant to Section 17-313b-7 of these regulations.

(c) The comprehensive payment levels set forth in subsection (b) of this section represent the total amount received for room, board and services provided to a resident of a community training home. These payment levels are composed of the monthly total of the rate pursuant to section 17-313b-7 of these regulations and a residential service rate paid by the department. The residential service rate is the difference between the established comprehensive payment level and the monthly total of the rate established pursuant to section 17-313b-7 of these regulations.

(d) A resident of a community training home who is not a recipient of the state supplement program administered by the Department of Social Services may retain, from whatever source, an amount equal to the unearned income disregard plus personal need allowance received by an individual receiving state supplement who lives in a community training home. To the extent that the income of such resident is insufficient to provide this amount, the residential service rate shall be increased by an amount sufficient to equal it.

(e) Special support payments, by the Department of Mental Retardation, may be negotiated between the community training home provider and the appropriate regional director of the department of mental retardation. Special support payments will be in

addition to the applicable payment level, and any other payments established pursuant to subsection (b) of this section, for additional necessary expenses related to special needs of a client which are not reimbursed through the applicable comprehensive payment level. Any request for special support payments must be supported by client assessment documents prepared or approved by a client's request for special support payments must be supported by client assessment documents prepared or approved by a client's assessment documents prepared or approved by a client's interdisciplinary team. Additional expenses which may require special support payments are those relating to:

- (1) Professional services;
- (2) Unusual necessary transportation;
- (3) Unusual and recurring personal care needs; and
- (4) Unusual property damage attributable to client behavior.

(Effective March 28, 1996)

Sec. 17-313b-10. Interim room and board and client-based service rate determination process for newly licensed community living arrangements

Newly licensed community living arrangements shall file an operational plan with the appropriate Department of Mental Retardation regional director.

(1) The Department of Mental Retardation shall negotiate the cost elements which will serve as the basis for an interim client-based service rate and the Department of Income Maintenance shall establish an interim room and board rate.

(2) The interim rates established pursuant to this section will serve as the basis for the one-time, start-up funding provided by the Department of Mental Retardation pursuant to Sec. 19-483b-3 of the Regulations of State Agencies.

(3) Newly licensed community living arrangements shall be reimbursed at 100 percent of the negotiated rate for the first 60 days after the first client is in residence. There shall be a proportional adjustment, reflected in the line item cost settlement, for each day after 60 days for which the community living arrangement is not fully occupied, unless the organization provides adequate justification for the reduced occupancy.

This proportional adjustment will be calculated in accordance with Section 17-313b-8 (1) (iii) of these regulations, except that the first 60 days shall not be included in the calculation.

(4) Interim rates shall remain in effect until a room and board rate is established pursuant to Section 17-313b-5 or Section 17-313b-6 of these regulations based upon a 12 month ACOR ending June 30th and a client-based service rate is established pursuant to Section 17-313b-8 of these regulations based upon a 12 month ACOR ending June 30th.

These interim per diem rates may be revised by the commissioner at any time based on additional information which may become available to him.

(5) Interim room and board rates shall be replaced by revised rates computed on the basis of actual per diem costs which are allowable as defined in Section 17-313b-5 or Section 17-313b-6 of these regulations for the period in which the interim rates were in effect. Proper

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retroactive adjustments, in favor of the community living arrangement or the state shall be made to all amounts paid on the basis of interim rates.

(Effective June 24, 1988)

Sec. 17-313b-11. Amortization of start-up costs not paid by the Department of Mental Retardation through start-up funding

Costs that are normally identified under generally accepted accounting principles as organizational expenses and/or costs which are to be capitalized shall be excluded from costs proposed to the Department of Mental Retardation for start-up funding under Section 19-483a G.S. and applicable regulations. Any such excluded costs shall be amortized over a reasonable period of not less than thirty-six (36) months beginning with the month during which the first client is in residence and shall be reimbursed in the service portion of the rate.

(Effective June 24, 1988)

Sec. 17-313b-12; Interim contract year adjustment of client-based service rate

Organizations are not to exceed cost elements included in their negotiated rate without prior written authorization from the appropriate Department of Mental Retardation regional director.

An organization may only request negotiation on an adjusted client-based service rate when a new client enters the community living arrangement whose needs, as documented in a residential client needs assessment, will cause a significant variation in the existing client-based service rate or in an emergency situation.

(Effective June 24, 1988)

Sec. 17-313b-13. Phase-in of client-based service rate system

Three separate rate setting systems shall exist to establish service rates for the contract year July 1, 1987 through June 30, 1988. For succeeding contract years, all existing community living arrangements shall have client-based service rates established in accordance with Sec. 17-313b-8 of these regulations. After June 30, 1988, all newly licensed community living arrangements will have an initial rate established in accordance with Sec. 17-313b-10 of these regulations.

(1) All organizations shall file an unaudited consolidated operational report on or before the date established by emergency regulation for the period July 1, 1985 through June 30, 1986. For any organization which failed to comply with the provisions of Section 17-313b-2 of the emergency regulations, effective July 9, 1987, the commissioner may authorize rates comparable to the lowest rate paid to a community living arrangement for the same level of care.

(2) Pilot organizations, selected on a voluntary basis from a region designated by the Commissioner of Mental Retardation, shall file operational plans on or before dates agreed upon by such organizations and the Department of Mental Retardation, for the contract year

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July 1, 1987 through June 30, 1988.

(i) Room and board reimbursement rates shall be established for the community living arrangements operated by the pilot organizations, in accordance with Sec. 17-313b-5 or Sec. 17-313b-6 of these regulations, whichever is applicable for the contract year July 1, 1987 through June 30, 1988.

(ii) Client-based service rates shall be negotiated and established for the community living arrangements operated by the pilot organizations in accordance with Sec. 17-313b-8 of these regulations, for the contract year July 1, 1987 through June 30, 1988, and shall supercede any previously established rates for the pilot organizations.

(3) Existing community living arrangements operated by non-pilot organizations shall have rates established for the contract year July 1, 1987 through June 30, 1988 based upon the unaudited consolidated operational report.

(i) Room and board reimbursement rates shall be established for the community living arrangements operated by the non-pilot organizations, in accordance with Sec. 17-313b-5 or Sec. 17-313b-6 of these regulations, whichever is applicable.

(ii) Per diem service reimbursement rates for community living arrangements licensed for four or more beds, excluding beds designated for staff and/or respite care, shall be calculated based upon:

(a) An amount for direct care staff, administrative and clerical staff and/or services, transportation of residents and staff, and such other expenses necessary to maintain the licensure of the facility in accordance with the regulations of the Department of Mental Retardation, adjusted by the Gross National Product (GNP) deflator percentage increase or decrease for the eighteen month time lag from the cost year to the rate year; plus

(b) A cost efficiency adjustment of 25% of the difference between the allowable cost per resident day in the cost year and the service rate promulgated pursuant to subsection (3) infra of these regulations for the group home's licensed level of care for the rate year ending June 30 following the close of the cost year. In no event shall such cost efficiency adjustment be made if the allowable cost per resident day as defined in these regulations in the cost year exceeds 90% of the amount for the applicable level of care in subsection (3) infra; plus

(c) Computation of a per diem reimbursement rate based upon the total costs as adjusted by the procedures referred to above divided by the minimum allowable resident days for the applicable cost year.

A resident day is the unit of measurement for lodging provided and services rendered to one inpatient between the census-taking hour on two successive days. In computing resident days, the day of admission shall be counted but the day of discharge shall not. In computing resident days, reserve bed days for which payment is received shall be counted.

For purposes of computing minimum allowable resident days, utilization of a facility's licensed beds shall be determined at a minimum of 90% of capacity (excluding beds designated for respite care), except for new facilities and facilities which are licensed for additional beds which may be permitted a lower occupancy rate for the first three months

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of operation after the effective day of licensure. Minimum allowable resident days for beds designated for respite care shall be determined at a minimum of 50% of capacity.

(iii) Per diem service rates for existing community living arrangements, licensed for three or fewer beds, excluding beds designated for staff and/or respite care, operated by non-pilot organizations shall be a flat rate based on the aggregate level of care provided in the community living arrangement as indicated in the license issued by the Department of Mental Retardation. Such rates shall also be the maximum amount paid per day for all community living arrangements at each level of care.

The per diem rates for the level of care as determined by the Department of Mental Retardation at the time of licensure, for the contract year ending June 30, 1988 are as follows:

<i>Licensed Level Of Care</i>	<i>Amount Per Resident Per Day</i>
1	\$ 19.93
2	\$42.67
3	\$ 54.35
4	\$68.59
5	\$ 89.83

The Commissioner of Income Maintenance may, upon the written request of the Commissioner of Mental Retardation, grant an exemption from the per diem service rate for the level of care 5 if the Commissioner of Mental Retardation determines that the per diem service rate would jeopardize an appropriate placement. The per diem service rate established in excess of level of care 5 shall be programmatically and fiscally justified by the Commissioner of Mental Retardation.

If a community living arrangement is licensed to serve clients at more than one disability level, a weighted average amount payable to such community living arrangement shall be computed as follows. The Department of Mental Retardation shall designate the number of beds licensed at each level of care in the community living arrangement. The rate for a community living arrangement shall be determined by summing for each level of care within the community living arrangement the product of the number of beds at each level times the amount specified in this subsection for each level, or the amount granted in an exemption pursuant to this section, updated to the current contract year, and dividing said sum by the total number of licensed beds in the community living arrangement. The commissioner, with the approval of the Commissioner of Mental Retardation, may grant an exemption from the limitations of this section, if such exemption is necessary to accommodate residential direct service staff compensation adjustments approved by the Commissioner of the Department of Mental Retardation. Any such exemptions shall be programmatically and fiscally justified by the Commissioner of the Department of Mental Retardation.

A community living arrangement which does not achieve 90 percent occupancy in the

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first 90 days of operation may petition the Commissioner for a service rate which exceeds the amount specified in this subsection based on the hardship which such limitation would otherwise cause. Such petition must set forth the pertinent factors relating to such hardship, including such detailed cost data as may be required to document the facts of the case and the reasons for the failure to attain the aforementioned occupancy level. Based on the consideration of the foregoing and any other factors as the commissioner deems pertinent, the commissioner, with the approval of the Commissioner of the Department of Mental Retardation, may grant an exemption of not more than ninety days from the limitations of this section.

(4) New community living arrangements operated by non-pilot organizations which receive initial funding through state fiscal year 1987-1988 appropriations, shall have rates established in accordance with the following:

(i) Room and board reimbursement rates shall be established for new community living arrangements which receive initial funding through state fiscal year 1987-1988 appropriations, operated by non-pilot organizations, in accordance with Sec. 17-313b-5 or Sec. 17-313b-6 of these regulations, whichever is applicable.

(ii) Service rates for these community living arrangements shall be established in accordance with the following modified level of care system. The per diem service rates for the modified level of care as determined by the Department of Mental Retardation at the time of licensure for the contract year ending June 30, 1988, are as follows:

<i>Licensed Level of Care (Level of Supervision)</i>	<i>Amount Per Resident Day</i>
1 and 2 (assisted) 3 and	\$42.67
4 (moderate supervised)5	\$68.59
(ongoing comprehensive)	\$89.83

The Commissioner of Income Maintenance may, upon the written request of the Commissioner of Mental Retardation, grant an exemption from the per diem service rate for the level of care 5 if the Commissioner of Mental Retardation determines that the per diem service rate would jeopardize an appropriate placement. The per diem service rate established in excess of level of care 5 shall be programmatically and fiscally justified by the Commissioner of Mental Retardation.

If a community living arrangement is licensed to serve clients at more than one disability level, a weighted average amount payable to such community living arrangement shall be computed as follows. The Department of Mental Retardation shall designate the number of beds licensed at each level of care in the community living arrangement. The rate for a community living arrangement shall be determined by summing for each level of care within the community living arrangement the product of the number of beds at each level times the amount specified in this subsection for each level, or the amount granted in an exemption pursuant to this section, updated to the current contract year, and dividing said sum by the total number of licensed beds in the community living arrangement. The Commissioner,

with the approval of the Commissioner of Mental Retardation, may grant an exemption from the limitations of this section, if such exemption is necessary to accommodate residential direct service staff compensation adjustments approved by the Commissioner of the Department of Mental Retardation. Any such exemptions shall be programmatically and fiscally justified by the Commissioner of the Department of Mental Retardation.

A community living arrangement which does not achieve 90 percent occupancy in the first 90 days of operation may petition the commissioner for a service rate which exceeds the amount specified in this subsection based on the hardship which such limitation would otherwise cause. Such petition must set forth in pertinent factors relating to such hardship, including such detailed cost data as may be required to document the facts of the case and the reasons for the failure to attain the aforementioned occupancy level. Based on the consideration of the foregoing and any other factors as the commissioner deems pertinent, the commissioner, with the approval of the Commissioner of the Department of Mental Retardation, may grant an exemption of not more than ninety days from the limitations of this section.

(5) Rates will only be established in accordance with this section for the contract year July 1, 1987 through June 30, 1988. Thereafter, rates shall be established in accordance with the remaining sections of these regulations.

(Effective June 24, 1988)

Sec. 17-313b-14. Record maintenance and retention

Each organization shall maintain all supporting accounting and business records and records relating to the provision of service which shall be available for review at a place and time determined by the Department of Mental Retardation or the Department of Income Maintenance for a minimum period of ten (10) years without regard for changes in ownership. The Commissioner may disallow those costs for which appropriate documentation has not been maintained. All organizations shall be required to maintain their books of account on the accrual method of accounting, and accurate time records shall be maintained for all persons paid salaries or wages.

(Effective June 24, 1988)

Sec. 17-313b-15. Audits

The Departments of Income Maintenance and Mental Retardation shall have the right to audit all supporting accounting and business records and all records relating to the provision of services to clients funded by the respective departments in community living arrangements.

(Effective June 24, 1988)

Sec. 17-313b-16. Other reporting requirements

Each organization which has filed an initial operational plan negotiated client-based service rate(s) and has had room and board rate(s) established under that plan shall file

subsequent mid-year operational report summaries on forms provided by the Department of Mental Retardation. Mid-year reports shall be used for ongoing assessment of management, financial and programmatic performance.

(Effective March 22, 1990)

Sec. 17-313b-17. Temporary service supplement

An organization may apply to the Commissioner of Mental Retardation for a temporary service supplement to the established client-based service rate for any community living arrangement. A temporary service supplement shall be available only for payment for time-bounded, client-specific, outcome-oriented resources to be used during periods of unanticipated client stress and transition. The need for a temporary service supplement must be documented and approved by the interdisciplinary team for the specific client. The Commissioner of Mental Retardation shall certify the need for and amount of the supplement to the commissioner who shall authorize payment of the supplement from funds appropriated to the Department of Mental Retardation. In no event shall a temporary service supplement be paid for longer than eighteen (18) months.

(Effective June 24, 1988)

Sec. 17-313b-18. Hearings

Any organization which is aggrieved by any rate decision pursuant to these regulations by the Commissioner of Income Maintenance or the Commissioner of Mental Retardation may, within ten days after written notice thereof from the commissioner issuing the decision obtain by written request from the commissioner issuing the decision a hearing on all items of grievance. Hearings and all subsequent appeals therefrom before the Commissioner of Income Maintenance shall be conducted in accordance with the procedures specified in Section 17-311 (b) G.S., and Sections 17-311-1 through 17-311-40 of the Regulations of Connecticut State Agencies. Hearings and all subsequent appeals therefrom before the Commissioner of Mental Retardation shall be conducted in accordance with the procedures specified in Sections 19-570-1 through 19-570-60 of the Regulations of Connecticut State Agencies. The Commissioners may request the participation of others when appropriate.

(Effective March 22, 1990)