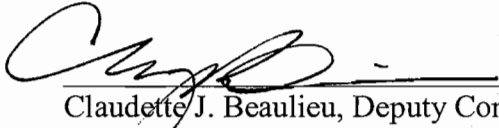




**STATE OF CONNECTICUT**  
*DEPARTMENT OF SOCIAL SERVICES*  
**UNIFORM POLICY MANUAL**

  
\_\_\_\_\_  
Claudette J. Beaulieu, Deputy Commissioner

\_\_\_\_\_  
November 9, 2009  
Effective Date

POLICY TRANSMITTAL NO.: UP-09-19

SUBJECT: Therapeutic Diets

This transmits policy to change the timeline for reviewing therapeutic diets

CURRENT POLICY:

The policy now states that a review must be done every six months. The physician submits a W-351 every six months as part of the review

REVISED POLICY:

Under the revision, the guidelines state that the mandatory six month review is eliminated. Instead, the review is based on a timeframe recommended by the individual's physician. The physician continues to submit a W-351 whenever a review is necessary.

INSTRUCTIONS FOR UPDATING THE UPM:

Remove and Recycle

4525.55/4525.60  
4525.60 page2/4525.65  
P-4525.60

Insert

4525.55/4525.60  
4525.60 page 2/4525.65  
P-4525.60

DISPOSITION: This Policy Transmittal may be recycled once the UPM has been updated.

DISTRIBUTION: UPM list

RESPONSIBLE UNIT: Adult Support, (860) 424-5250

RB

Date Issued:

Reg. Control No. 09-04/MB

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

---

**Date:** 4-1-88

**Transmittal:** UP-88-21

**4525.55**

---

**Section:**

**Standards of Assistance**

**Type:**

**POLICY**

---

**Chapter:**

**Special Needs**

**Program:**

**AABD**

---

**Subject:**

**Telephone Installation**

---

4525.55 A. Provisions

1. Installation charges required in order to obtain telephone service are recognized as a non-recurrent special need when:
  - a. the physical or mental condition of an assistance unit requires immediate access to a telephone in case of an emergency; and
  - b. there is no operational telephone within the confines of the unit's residence; and
  - c. the assistance unit does not reside in a licensed boarding facility.
2. In order to qualify for telephone installation on the basis of physical or mental condition, the disorder or disability must be chronic in nature rather than a temporary illness, or the result of a severe injury or illness.

B. Standard of Assistance

The standard of assistance for emergency telephone installation is the amount charged for the following services, up to the appropriate maximum if indicated:

1. the standard residential line service connection charge;
2. a one-time product charge for telephone rental, up to a maximum of \$5.00;
3. the cost of labor, up to a maximum of \$23.00;
4. the cost of one telephone jack, up to a maximum of \$4.00.

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

---

**Date 11-09-09**

**Transmittal: UP-09-19**

**4525.60**

---

**Section:**

**Standards of Assistance**

**Type:**

**POLICY**

---

**Chapter:**

**Special Needs**

**Program:**

**AABD**

---

**Subject:**

**Therapeutic Diets**

---

4525.60 A. Provisions

1. The cost of a therapeutic diet is recognized as a recurrent special need in the following situations:
  - a. When the nutritional status of the assistance unit requires modification of the normal diet; and
  - b. When modification of the normal diet is a necessary part of medical care; and
  - c. When modification of the diet increases the cost of the food budget.
2. Requests for inclusion of special dietary needs are not submitted to the Medical Review Team for review.
3. A physician is required to submit a statement indicating:
  - a. why this special need is a necessary part of medical care; and
  - b. whether or not it represents an increased cost to the unit member; and
  - c. the length of time for which the therapeutic diet may be needed.
4. Roomer and Boarder assistance units are not entitled to receive the therapeutic diet special need.
5. Assistance units receiving the following special needs are not entitled to receive the therapeutic diet special need:
  - a. Meals-on-Wheels;
  - b. Restaurant meals.

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

---

**Date 11-09-09**

**Transmittal: UP-09-19**

**4525.60 page 2**

---

**Section:**

**Standards of Assistance**

**Type:**

**POLICY**

---

**Chapter:**

**Special Needs**

**Program:**

**AABD**

---

**Subject:**

**Therapeutic Diets**

---

4525.60 B. Standard of Assistance

The standard of assistance for a therapeutic diet is the Department's food standard for restaurant meals for permanent housing.

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

---

**Date:** 10-1-88

**Transmittal:** UP-88-49

**4525.65**

---

**Section:**

**Standards of assistance**

**Type:**

**POLICY**

---

**Chapter:**

**Special Needs**

**Program:**

**AABD**

---

**Subject:**

**Conversion Needs Item (CNI)**

---

4525.65 A. Provisions

1. A Conversion Need Item (CNI) amount exists only if an assistance unit experiences a lower benefit amount as the direct result of the Department's implementation of AABD needs limits which are effective January 1, 1988.
2. The CNI represents the amount of the difference between the total of the unit's basic needs prior to January 1988, and the basic needs amount which resulted from the conversion to the new limits.
3. The CNI is used to maintain the unit's basic needs at the pre-January 1988 level unless at least one of the following circumstances exists:
  - a. the assistance unit moves to another living arrangement; or
  - b. the number of people living in the living arrangement changes; or
  - c. the amount of rent is reduced as the result of the living arrangement becoming subsidized housing; or
  - d. the status of the living arrangement changes from ownership by the assistance unit to rental by the unit, or vice versa; or
  - e. the unit is reapplying following a discontinuance which occurred after conversion took place.

B. Maximum CNI Amount

The CNI amount may not exceed the difference between the total of the unit's basic needs prior to conversion to the new limits effective January 1, 1988, and the amount of its basic needs resulting from the conversion.

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

---

**Date:** 11-09-09

**Transmittal:** UP-09-19

**P-4525.60**

---

**Section:**  
Standards of Assistance

**Type:**  
PROCEDURES

---

**Chapter:**  
Special Needs

**Program:**  
AABD

---

**Subject:**  
Determining Need for Therapeutic Diets

---

- P-4525.60
1. Using the principles in policy determine if the assistance unit qualifies for the special need.
  2. Inform the assistance unit member that a statement from the attending physician is needed. Provide the assistance unit with form W-351, Therapeutic Diet Request.
    - a. the medical reason for this special need; and
    - b. the additional cost, in any, to the unit; and
    - c. the time limit for which the diet is needed.
  3. Document the case record accordingly upon the receipt of the W-351.
  4. Set a tickler or alert to reevaluate the therapeutic diet request for the month before the expiration date if the physician indicates the diet is only needed for a temporary period of time.
  5. A review is not required for recipients with a chronic condition requiring the therapeutic diet indefinitely.