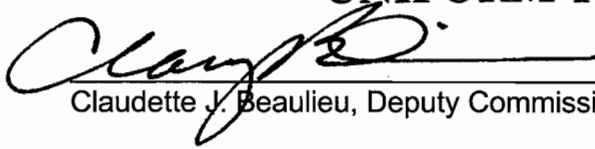




# STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

## UNIFORM POLICY MANUAL

  
Claudette J. Beaulieu, Deputy Commissioner

July 29, 2008  
Effective Date

POLICY TRANSMITTAL NO.: UP-09-05

SUBJECT: State-Funded Connecticut Home Care Program for Elders (CHCPE) Extended Period to Request an Administrative Hearing with Continuation of Benefits.

This transmits revised policy concerning the time period during which a state-funded Connecticut Home Care Program for Elders client can request a continuation of benefits pending the outcome of an administrative hearing.

CURRENT PROCEDURES:

Current policy requires that a state-funded CHCPE client may request a continuation of benefits when he or she requests a hearing within 10 days of an adverse action notice. The department does not take the proposed adverse action until there is a hearing decision favorable to the department.

REVISED PROCEDURES:

Under the revision, a state-funded CHCPE client may request a continuation of benefits when he or she requests a hearing before the proposed effective date of the adverse action. The department postpones the proposed adverse action until there is a hearing decision favorable to the department. This change is consistent with federal Medicaid regulations.

This revision was filed with the Secretary of State on July 29, 2008 and is effective on that date.

INSTRUCTIONS FOR UPDATING THE UPM:

Remove and Recycle

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Insert

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

DISTRIBUTION: UPM list

RESPONSIBLE UNIT: Alternate Care Unit (860) 424-5185

Date Issued: May 12, 2009

Reg. control number 07-20

MDB/DW

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

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**Date: 07-29-08**

**Transmittal: UP-09-05**

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**Section:**  
**Special Programs**

**Type:**  
**POLICY**

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**Chapter:**  
**Connecticut Home Care Program For Elders**

**Program:**  
**CHC**

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**Subject:**  
**Eligibility Process**

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- 8040.10      G.      Ending Date of Assistance (continued)
3.      When a person becomes ineligible for any other reason, the ending date of assistance is the last day of the month in which the recipient ceases to be eligible.
  4.      When a client requests to be discontinued, the ending date is the date the client requests discontinuance.
- H.      The Hearing and Appeal Process
1.      An individual or authorized representative may appeal any decision made by the access agency or assisted living service agency by requesting, in writing, that the access agency or assisted living service agency review its decision. Decisions that may be appealed include but are not limited to the following:
    - a.      decisions that affect the type or quantity of service; or
    - b.      decisions that affect the amount of the financial contribution;  
or
    - c.      the denial of an assessment.
  2.      If the applicant is not satisfied with the results of the access agency or assisted living service agency review, he or she may appeal the decision by requesting, in writing, that he or she be given a Hearing by the Department of Social Services.
  3.      The individual may challenge any decision made by the Department of Social Services or the access agency or assisted living service agency by writing to the Department of Social Services Administrative Appeals Unit within 60 days from the date that the Department mails a notice of action.
  4.      If the individual requests a Hearing anytime before the effective date of the adverse action, the Department will not take the adverse action unless requested by the client.
  5.      Connecticut Home Care applicants and recipients have a right to appeal any decision made by either the access agency, assisted living service agency or the Department of Social Services solely through the Administrative Appeal process. The right to a hearing is confirmed by this regulation to afford applicants and recipients an opportunity to review eligibility decisions.

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

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**Date:** 7-1-94

**Transmittal:** UP-94-19

**8040.15**

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**Section:**

**Special Programs**

**Type:**

**POLICY**

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**Chapter:**

**Connecticut Home Care Program For Elders**

**Program:**

**CHC**

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**Subject:**

**Assistance Unit Composition**

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8040.15 The individual applying for Connecticut Home Care for the Elderly is an assistance unit of one.