



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

*Claudette J. Beaulieu*

Claudette J. Beaulieu, Deputy Commissioner

June 1, 2010  
 Effective Date

POLICY TRANSMITTAL NO.: UP -10-12

**SUBJECT:** Job Connection Childcare (JCC); Work-Related Childcare (WRCC) and Transitional Childcare (TCC) – Uniform Policy Manual Technical Corrections

The following corrections have been made to the Uniform Policy Manual. These corrections removed references to the former Childcare Programs that were operated by the Department of Social Services.

These corrections also include technical corrections to Section 7530 – Recovery.

All references to the Food Stamp Program have been changed to the Supplemental Nutrition Assistance Program to comply with mandatory changes made to the Food Stamp Program by the Food, Conservation and Energy Act of 2008.

INSTRUCTIONS FOR UPDATING THE UPM

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DISPOSITION:

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

DISTRIBUTION:

UPM List

RESPONSIBLE UNIT:

Family Support, (860) 424-5540

Date Issued: August 10, 2010

DCB









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**The Eligibility Process**

**Type:**  
**POLICY**

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**Chapter:**  
**Fair Hearings**

**Program:**  
**AFDC  
AABD  
MA  
FS**

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**Subject:**  
**General Provisions**

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- 1570.05 L. 1. Resolution of the Fair Hearing Issue-Time limits (continued)
- a. issuance of the Fair Hearing decision; and
  - b. notifying the requester of the decision; and
  - c. making any changes in the assistance unit's case as mandated by the Fair Hearing decision; and
  - d. notifying the requester of the changes.
2. The Department issues the Fair Hearing decision within a specified period of time. This period starts with the date the Department receives the request for a Fair Hearing.
- a. for all programs except Food Stamps, the time period is 90 days;
  - b. for the Food Stamp program, the time period is 60 days.
3. When a request for an extension is made by the person who requested the Fair Hearing, the time limit for resolving the dispute is extended if the Fair Hearing is postponed. The extension period equals the number of days the Fair Hearing is postponed.

**M. Issues Affecting More Than One Program**

- 1. If the Fair Hearing issue affects the assistance unit's eligibility for both financial and medical assistance, a single decision serves to resolve the eligibility question for both programs.
- 2. If the Fair Hearing issue affects Food Stamp eligibility and eligibility under another program, one decision resolves the Food Stamp eligibility question and a separate decision resolves the eligibility question for the other program.
- 3. If the Fair Hearing issue involves eligibility for both Food Stamps and another program, the Department follows the guidelines concerning Fair Hearing time limits governing the other program, as described in this chapter.



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Notice of Action

1570.10 A. Notice Requirements

Except in situations described below, the Department mails or gives adequate notice at least ten days prior to the date of the intended action if the Department intends to:

1. discontinue, terminate, suspend or reduce benefits; or
2. change the manner or form of payment for programs.

B. Exceptions to Timely Notice Requirements

1. AFDC, AABD, MA, SNAP

The Department mails an adequate notice no later than the date of the action if the action is based on any of the following circumstances:

- a. the Department has factual information that all members of the assistance unit have died; or
- b. the Department receives a clear, written statement signed by the assistance unit stating that:
  - (1) the unit no longer wishes to receive benefits; or
  - (2) the unit is giving the Department information which requires that the Department terminate or reduce benefits, and that the unit understands that this must be the result of supplying that information; or
- c. the assistance unit is required to submit monthly reports and the unit either:
  - (1) furnishes information which requires that the Department reduce or discontinue benefits; or
  - (2) fails to complete a timely monthly report without good cause; or
- d. the affected individual has been admitted to or committed to an institution, and the individual is not eligible for assistance while living there; or

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1570.10 B. 1. Exceptions to Timely Notice Requirements (continued)

- e. the assistance unit's whereabouts are unknown and the post office returns departmental mail directed to the unit indicating no forwarding address; or
- f. the Department verifies that the assistance unit has been granted benefits under the same program in another state.

2. AFDC

In the AFDC program, the Department sends an adequate notice no later than the date of the action, under the following situations, as well as under those described in paragraph 1:

- a. the Department has factual information that an assistance unit member has died, or that the AFDC payee has died and there is no relative available to serve as new payee; or
- b. the assistance unit member has been placed in a long term care facility and no longer qualifies for assistance; or
- c. an AFDC child is removed from the home as a result of a judicial determination, or voluntarily placed in foster care by his or her caretaker relative or legal guardian; or
- d. the Department grants the assistance unit a special allowance for a specific period of time and informs the unit in writing at the time of grant that the allowance automatically terminates when the specific period ends; or
- e. the Department determines that the AFDC payee has mismanaged the unit's finances and that the Department should issue a restricted method of payment (Cross Reference 6505).

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1570.10 | B. Exceptions to Timely Notice Requirements (continued)

3. AABD

In the AABD program, the Department sends an adequate notice no later than the date of the action, under the following situations, as well as under those described in paragraph 1:

- a. the Department grants the assistance unit a special allowance for a specific period of time and informs the unit in writing at the time of grant that the allowance automatically terminates when the specific period ends; or
- b. the Department determines that the AABD payee has mismanaged the unit's finances and that the Department should issue a restricted method of payment (Cross Reference 6505).

4. MA

In the Medicaid program, the Department sends adequate notice no later than the date of the action, under the following situations, as well as under those described in paragraph 1:

- a. the Department has factual information that a member of the assistance unit has died; or
- b. the unit member's physician prescribes a change in the unit member's level of care; or
- c. the Department authorizes the assistance unit to receive assistance for a specific period of time and informs the unit in writing at the time of authorization that assistance automatically terminates when the specific period ends.

5. SNAP

- a. In the Supplemental Nutrition Assistance Program, the Department does not mail individual notices to assistance units when the Department initiates a mass change affecting a class of recipients. The Department does publicize the mass change, however, by mailing a general notice to the affected class.

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Fair Hearings

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Notice of Action

1570.10 B. Exceptions to Timely Notice Requirements (continued)

- b. In the Supplemental Nutrition Assistance Stamp program, the Department does not send individual notices to assistance units regarding a reduction or termination of benefits if:
- (1) the assistance unit has been receiving an increased allotment as a corrective payment, and the Department notifies the unit in writing, at the time of the increase, that such increase will terminate after a specific period of time; or
  - (2) the assistance unit's allotment varies from month to month within the certification period to reflect changes anticipated at the time of certification, and the Department so notifies the assistance unit at the time of certification; or
  - (3) the assistance unit applies for Public Assistance as well as SNAP benefits and has been receiving SNAP benefits pending approval of the Public Assistance grant, and the Department notifies the unit at the time of certification that SNAP benefits will be reduced upon approval of the Public Assistance grant; or
  - (4) an overpaid assistance unit fails to make repayment and the Department recoups the overpayment by benefit reduction (Cross Reference: Section 7000); or
  - (5) the assistance unit consists of someone who is a resident of a drug or alcoholic treatment center or group living arrangement if the facility either loses its certification or has its status as an authorized representative suspended because of disqualification by the Food and Nutrition Service (Cross Reference: Section 1505); or
  - (6) the assistance unit's benefits are being reduced or terminated as a result of an intentional program violation.

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

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<b>Chapter:</b> Fair Hearings		<b>Program:</b> AFDC AABD MA FS
<b>Subject:</b> Resolution of Dispute Prior to Fair Hearing		

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1570.15 A. Effect on Fair Hearing Process

If the Department resolves the requester's dispute prior to the holding of a Fair Hearing, the Department still holds the Fair Hearing unless the request is withdrawn in writing.

B. Department Conference-Food Stamps Expedited Service

1. The Department offers a conference to an assistance unit wishing to contest a denial of expedited service in the Food Stamp program, as described in this Chapter.
2. The Department schedules the conference within two working days from the date the assistance unit contests the denial, unless the unit states that it does not want a conference or that it wants the conference scheduled at a later date.
3. The Department informs the assistance unit that the conference is optional and does not delay or replace the Fair Hearing process.
4. The Department's eligibility supervisor attends the conference, along with the assistance unit or its authorized representative.
5. If the conference leads to a resolution of the assistance unit's dispute, the Department still holds the Fair Hearing unless the unit withdraws the Fair Hearing request in writing.

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**Type:**  
PROCEDURES

**Chapter:**  
Fair Hearings

**Program:** AFDC  
TFA  
AABD

**Subject:**  
Procedures Prior to the Hearing - All Issues Except Emergency Housing

MA  
SNAP

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1. If you receive a written request for a Fair Hearing, stamp the date of receipt and forward the hearing request (including the envelope) to the Office of Legal Counsel, Regulations and Administrative Hearings (OLCRAH) in Central Office. You may fax the request or send it by intra or interoffice mail. Keep a copy of the request for the case record. If the requester did not include a name or address or client identification number, note that information on a separate piece of paper and provide that with the documents you send to OLCRAH.
  2. If you receive an oral request for a Fair Hearing:
    - For all programs except SNAP, inform the requester that he or she must file the request in writing to the OLCRAH in Central Office. Requests may be mailed or faxed to:

Department of Social Services  
Office of Legal Counsel, Regulations and Administrative Hearings  
25 Sigourney Street  
Hartford, CT 06106

FAX 860-424-5729
    - For issues involving SNAP, inform the assistance unit that he or she may request a hearing by calling the Office of Legal Counsel, Regulations and Administrative Hearings at 1-800-462-0134 or 860-424-5760; he or she may also mail or fax his or her request to the above address or fax number.
  3. If the requester asks, assist the requester in submitting the Fair Hearing request to OLCRAH.
  4. When you learn that a Fair Hearing has been requested, determine the issue being contested.
  5. If the request for a Fair Hearing is received by OLCRAH or the regional office within 10 days from the mailing of a notice of adverse action, as described in policy at 1570.20, continue benefits at their present level and do not take the adverse action prior to the Fair Hearing decision unless directed by the Hearing Officer. For Medicaid, if the recipient requests a hearing before the date of the action, the agency may not terminate or reduce benefits. The exception to this rule is for programs where the client was notified ahead of time that there was an expiration date to the benefits, i.e. spenddown cases (S99/F99/G99), and the extended medical benefits program (F03). For the TFA program, refer to Section 8525.10B.



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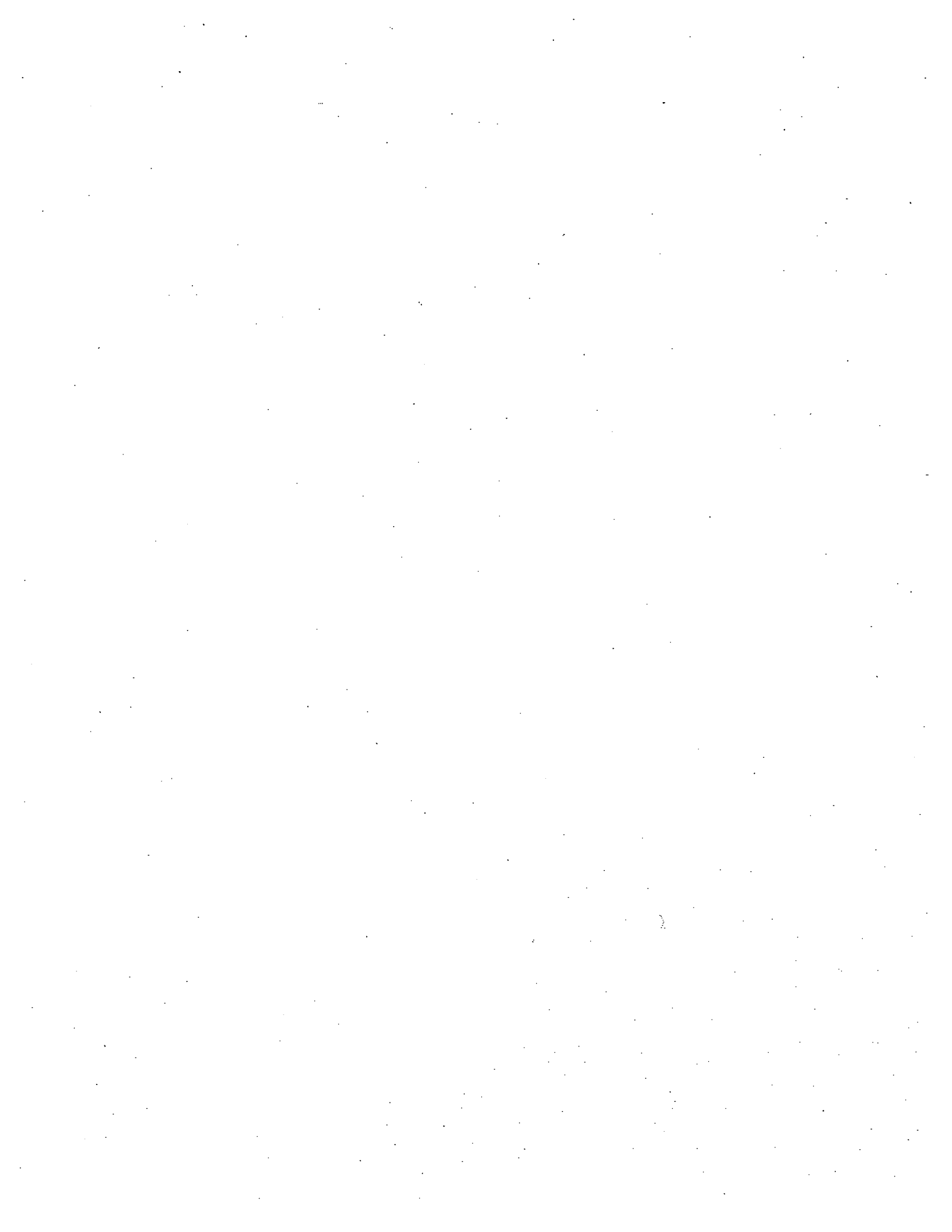
**Chapter:**  
Fair Hearings

**Program:** AFDC  
TFA  
AABD  
MA  
SNAP

**Subject:**  
Procedures Prior to the Hearing - All Issues Except Emergency Housing

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6. Review the case record with your supervisor to determine whether the Department has acted correctly and in a timely manner.
  7. If the Department has erred, contact the requester and resolve the dispute in favor of the requester, if appropriate. If the requester agrees that the issue is resolved, ask him or her to send OLCRAH a written withdrawal. Let OLCRAH know that the requester has indicated that the matter has been resolved.
  8. Ask the requester if he or she wishes to withdraw his or her request for a Fair Hearing if the issue is resolved in favor of the requester. Inform the requester that the withdrawal must be in writing. Assist with the withdrawal if so requested. If the requester tells you that he or she will not attend the hearing or will withdraw the hearing, let the Hearing Officer know as soon as possible.
  9. If you receive a written withdrawal of a Fair Hearing request, make a copy for the case record and fax the withdrawal to the Fair Hearing Unit. If you are unable to fax the withdrawal, please call the Hearing Officer as soon as possible. If you receive an oral withdrawal of a hearing, please call the Hearing Officer as soon as possible.
  10. If the request for a Fair Hearing is not withdrawn, prepare a written case summary for the Hearing Officer. The summary should include:
    - A brief statement of the case situation;
    - All relevant facts pertaining to the issue being contested;
    - The policy citation upon which the Department's decision is based;
    - Your name and telephone number; and
    - Copies of relevant exhibits, e.g. documents, notices from the department, EMS screens.
  11. Submit the summary to your supervisor and have it reviewed by the Operations Manager for approval.
  12. The requester, his or her legal representative and the Hearing Officer should receive a copy of the hearing summary and exhibits so that it is received at least five working days prior to the scheduled hearing date.
  13. Allow the assistance unit and its legal representative to examine the case record at a reasonable time prior to the Fair Hearing date, if so requested, as described in Section 1020.





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Fair Hearings

**Program:** AFDC  
TFA  
AABD  
MA  
SNAP

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**Subject:**  
Procedures Prior to the Hearing - All Issues Except Emergency Housing

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P-1570.10      14. For Spanish-speaking assistance units, arrange to have a Spanish interpreter available to attend the hearing.





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<b>Section:</b> The Eligibility Process	<b>Type:</b> POLICY
<b>Chapter:</b> Fair Hearings	<b>Program:</b> AFDC AABD MA SNAP
<b>Subject:</b> Eligibility Pending Fair Hearing	

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1570.20 B. Exceptions to Maintenance of Benefits (continued)

4. In the Supplemental Nutrition Assistance Program, the Department reduces or terminates the assistance unit's benefits prior to the Fair Hearing decision, in addition to the situations described in paragraphs 1 and 3, if the unit's certification period expires. In this case, the unit must reapply for benefits.

C. Notification of Assistance Unit

The Department promptly notifies the assistance unit in writing if benefits are reduced or terminated pending the Fair Hearing decision, as described in paragraph B.

D. Reinstatement of Benefits

1. Under the conditions described below, the Department reinstates the assistance unit's benefits if such benefits have been reduced or terminated pending a Fair Hearing decision.
  - a. In the AFDC and Medicaid programs, the Department reinstates the assistance unit's benefits if:
    - (1) the Department takes an action without sending timely notice; and
    - (2) the assistance unit requests a Fair Hearing within 10 days of the mailing date of the notice; and
    - (3) the Department determines that federal or state law or departmental policy is not the sole issue involved in the Fair Hearing.
  - b. In the Supplemental Nutrition Assistance Program, the Department reinstates the assistance unit's benefits if:
    - (1) the unit establishes to the satisfaction of the Department that it had good cause for not requesting a Fair Hearing within the 10 day notice period. Good cause includes, but is not limited to the following:

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<b>Subject:</b> Eligibility Pending Fair Hearing	

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1570.20 D. Reinstatement of Benefits (continued)

- (a) an onset of serious illness or injury; or
  - (b) a catastrophic event such as fire, flood or eviction; or
  - (c) non-receipt of the notice; or
- (2) the issue involves a reduction or termination of benefits caused by a mass change, and the assistance unit claims either that the Department made a computation error or that the Department misapplied federal law or regulation.
2. If the Department reinstates the assistance unit's benefits pending the Fair Hearing decision, the unit continues to receive such benefits until the decision is rendered, except under conditions described in paragraph B.

E. Corrective Action

- 1. If the Department does not reduce or terminate the assistance unit's benefits pending the Fair Hearing decision, and the decision upholds the Department, the Department recoups the overpayment which the unit received during this period.
- 2. If the Department reduces or terminates the assistance unit's benefits pending the Fair Hearing decision, and the decision favors the unit, the Department makes a prompt corrective payment to the unit to correct the underpayment which occurred during this period.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES  
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**Date:** 10-1-89

**Transmittal:** UP-89-46

**1570.25**

**Section:**

**The Eligibility Process**

**Type:**

**POLICY**

**Chapter:**

**Fair Hearings**

**Program:**

**AFDC**

**AABD**

**MA**

**FS**

**Subject:**

**Hearing Procedures**

**1570.25**    **A. Notification of the Requester**

1. The Department notifies the requester in writing regarding the time and place of the Fair Hearing, as follows:
  - a. for all issues except emergency housing at least 10 days in advance;
  - b. for emergency housing issues at least one business day prior to the hearing.
2. The Department's notice:
  - a. advises the requester or the requester's representative of the name, address, and telephone number of the person to notify if the requester is unable to attend the Fair Hearing; and
  - b. states that the Department will dismiss the Fair Hearing request if neither the requester nor his or her representative appears at the Fair Hearing without good cause; and
  - c. describes Departmental Fair Hearing procedures and any other information which would assist the requester in presenting his or her case; and
  - d. explains that the assistance unit or its representative has the right to examine the case record prior to the Fair Hearing.

**B. Scheduling and Location of Fair Hearing**

1. The Department schedules the Fair Hearing to be held:
  - a. during normal working hours; and
  - b. for all issues except emergency housing - within 30 days from the date the request is received; and
  - c. for emergency housing issues - within 4 business days from the date the request is received; and

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The Eligibility Process

**Type:**  
PROCEDURES

**Chapter:**  
Fair Hearings

**Program:** AFDC  
TFA  
AABD  
MA  
SNAP

**Subject:**  
Procedures Subsequent to the Hearing

- P-1570.20
1. If the assistance unit's circumstances change after a Fair Hearing has been held, take whatever action is necessary, as described in this section. There is no need for a referral to the Office of Legal Counsel, Regulations and Administrative Hearings (OLCRAH), as the change in circumstances is a separate issue from the one contested at the hearing.
  2. If the Fair Hearing decision requires action by the Department, take such action by the date indicated in the hearing decision. Notify the assistance unit, requester and his or her authorized representative and the Office of Legal Counsel, Regulations and Administrative Hearings when completing the action. Provide a copy of the specific document requested for compliance to OLCRAH no later than the date specified in the hearing decision.
  3. If the Fair Hearing decision upholds the Department, begin recoupment, if appropriate, as described in Section 7500.
  4. If the requester asks for, and is granted, a reconsideration of the hearing decision, and the Hearing Officer subsequently orders the Department to take a specific action, take such action by the date specified by the Hearing Officer. Provide a copy of the document requested for compliance to OLCRAH no later than the date specified in the decision.
  5. If the requester appeals a Fair Hearing decision to the Superior Court, and the Court subsequently orders the Department to take a specific action, take such action by the date specified by the Court.





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**Date:** 7-1-98

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**5035**

**Section:**

**Treatment of Income**

**Type:**

**POLICY**

**Chapter:**

**Income Deductions**

**Program:**

**AFDC**

**AABD**

**MA**

**Subject:**

**FS**

5035 This chapter describes the amounts of certain deductions which are subtracted from counted income and the rules for their use. The deductions represent actual expenses incurred by the assistance unit, such as the cost of employment or medical services. The deductions vary according to program rules.

Income deductions are not used in determining AABD eligibility and benefit levels for assistance units residing in long term care facilities.

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**Date:** 06-01-10

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**5035.05**

**Section:**

**Treatment of Income**

**Type:**

**POLICY**

**Chapter:**

**Income Deductions**

**Program:**

**AFDC  
FMA**

**Subject:**

**Employment Deductions**

**5035.05 A. Self-Employment Expenses**

1. Expenses of self-employment are deducted from each unit member's total monthly income earned through self-employment.
2. The following are considered to be business expenses and are included as allowable deductions:
  - a. the actual amounts of:
    - (1) overhead expenses including such costs as rent, fuel, utilities and equipment;
    - (2) cost of stock or raw materials purchased;
    - (3) payments to or on behalf of employees.
  - b. if the self-employment income is derived from providing room and board, the Department's standard allowances for expenses associated with providing room and/or board as modified from time to time and found in P-5050 or the actual expenses if greater.
3. The cost of producing self-employment income is converted to a monthly amount in the same manner as the self-employment income is converted to a monthly amount. (Cross Reference: 5025.15)

**B. Employment Expense**

1. Personal employment expenses are deducted from all gross income earned by an assistance unit member including that derived from self-employment.
2. The deduction for employment expenses is \$90.00 per month regardless of whether the individual is employed full or part time.
3. No deduction is allowed when:
  - a. the receipt of income is not reported in a timely manner; or

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<b>Subject:</b> Employment Deductions	

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5035.05 B. Employment Expense (continued)

- b. the unit member who is subject to work requirements terminates or reduces employment without good cause.

C. Day Care Expenses

- 1. A deduction for day care expenses is subtracted from an assistance unit member's earned income when he or she incurs expenses for the care of a child or an incapacitated adult, provided that the following conditions are met:
  - a. the child or adult is a member of the assistance unit; and
  - b. the day care cost is not reimbursed by the Department or by a third party; and
  - c. the day care provider is not the parent or legal guardian of the person receiving care, or a member of the assistance unit; and
  - d. day care is required in order for the assistance unit member to maintain employment.
- 2. The deduction for day care expenses is not allowed when the provider is the caretaker relative's natural child, adopted child, or stepchild, who is under 21 years of age, unless the provider:
  - a. does not live with the assistance unit; and
  - b. is emancipated under State law; and
  - c. was not claimed as a dependent on the caretaker relative's most recent federal tax return; and
  - d. has a bonafide employer/employee relationship with the caretaker relative.
- 3. No deduction is allowed when:
  - a. the receipt of income is not reported in a timely manner; or

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**Section:**

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**Type:**

**POLICY**

**Chapter:**

**Income Deductions**

**Program:** AFDC

**FMA**

**Subject:**

**Employment Deductions**

5035.05 C. 3. Day Care Expenses (continued)

- b. the unit member who is subject to work requirements terminates or reduces employment without good cause.
- 4. Assistance units are entitled to a deduction for day care expenses under the following conditions:
  - a. if the child care subsidy payment for day care costs does not fully cover the cost of care; and
  - b. if the amount of the child care subsidy payment or third party payment is less than the \$175 or \$200 maximum deduction in item 6, below.
- 5. The amount of the deduction is based on charges for day care services performed in the budget month (Cross Reference: 6000).
- 6. The day care deduction for families is equal to the actual out of pocket cost, up to the following maximum:
  - a. \$200 per month for each child under 2 years of age; or
  - b. \$175 per month for an adult, or for each child age 2 or older.
- 7. The amount of the deduction for families in item 4, above, that receive child care subsidy payments is the lesser of the following amounts:
  - a. the difference between the actual cost of care and the amount of the child care subsidy payment; or
  - b. the difference between the \$175 or \$200 maximum day care deduction and the amount of the child care subsidy payment.

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**Section:**  
Treatment of Income

**Type:**  
PROCEDURES

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**Chapter:**  
Income Deductions

**Program:** AFDC  
FMA  
SNAP

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**Subject:**  
Determining the Deduction for Dependent Care

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P-5035.05 AFDC/FMA

1. Confirm that the employed person and the individual that receives day care are both eligible AU members. If yes, go on. If no, do not allow a deduction.
2. Determine the relationship of the provider to the person who is receiving care. Do not allow the deduction if the provider is a parent, legal guardian, or an AU member.
3. Review the eligibility requirements if the provider is the caretaker relative's natural child, adopted child or stepchild.
4. Consider the previous month's charge to be the cost of care.
5. Subtract child care payments from sources other than the Department from the cost of care. Refer to Transmittal UP-90-22 for detailed EMS procedures.
6. Deduct from the employed individual's earnings the cost of care as determined in step 4, up to the \$175 or \$200 maximum.

SNAP

1. For each member of the assistance unit requiring dependent care, allow a deduction for each dependent that is equal to the out of pocket cost to the household.
2. If more than one assistance unit member requires dependent care, add together the amount allowed for each member to determine the deduction for the assistance unit.



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**Section:**

**Benefit Issuance**

**Type:**

**POLICY**

**Chapter:**

**Form and Method**

**Program:**

**AFDC**

**AABD**

**Subject:**

**Restricted Payment Methods**

6505.10 A. Provisions

1. Under certain conditions the Department may limit the control that an assistance unit has over the management of cash benefits by providing assistance through a restricted payment method.
2. Restricted payments include:
  - a. vendor payments; and
  - b. protective payments.

B. Conditions for Making Vendor Payments

1. Voluntary Vendor Payments (AFDC, AABD)

- a. Payment is made on behalf of an assistance unit directly to a vendor if the following is true:
  - (1) the assistance unit voluntarily requests the Department to issue a vendor payment; and
  - (2) the payment is for a special need or for a special benefit specified below.
- b. The Department does not make vendor payments for basic needs at the request of the assistance unit.
- c. Requests for voluntary vendor payments must be made in writing and maintained as part of the permanent case file.
- d. Requests for voluntary vendor payments may be withdrawn at any time, provided that the request is made in writing.

2. Special Benefits

All special benefits are issued directly to the vendor, except when the payment is a reimbursement to the assistance unit for an expense which the unit has already paid out of its own funds.



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**Type:**

**POLICY**

**Chapter:**

**Form and Method**

**Program:**

**AFDC**

**AABD**

**Subject:**

**Restricted Payment Methods**

6505.10 B. 3. Boarding Facility Payments (AABD Only)

- a. Payment for the cost of care in a licensed boarding facility may be provided in the form of a vendor payment to the facility, if at the time the benefit is issued any of the following conditions exist:
  - (1) the assistance unit is imminently ready to leave the home for a new residence; or
  - (2) the assistance unit is no longer a resident of the boarding facility; or
  - (3) an additional amount is owed to the facility on behalf of the assistance unit due to a retroactive rate adjustment.
- b. The assistance unit is notified when a vendor payment is made to the boarding facility.

4. Financial Mismanagement (AFDC, AABD)

Cash benefits may be issued through the vendor payment method in cases where the Department has made a determination of financial mismanagement.

C. Conditions for Making Protective Payments

1. Work Registration or Support Penalties (AFDC)

The Department may issue AFDC benefits through the protective payment method in cases where the caretaker relative is penalized for:

- a. non-compliance with a procedural work registration requirement; or
- b. non-compliance with the procedural support requirement (Cross Reference: 3500).

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Benefit Issuance

**Type:** POLICY

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**Chapter:**  
Form and Method

**Program:** AFDC  
AABD

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**Subject:**  
Restricted Payment Methods

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6505.10 C. Conditions for Making Protective Payments (continued)

2. Financial Management (AFDC, AABD)

- a. Cash benefits may be issued in the form of protective payments in cases where the Department has made a determination of financial mismanagement.
- b. Mismanagement may be determined in cases involving inability, negligence or physical or mental incapacity.

- 3. Benefits for a minor parent and his or her child are paid to the minor parent's parent, legal guardian or other adult unless:
  - a. the minor parent is exempted from the requirement of living in a specified living arrangement and there is no other reason to require a protective payee (Cross Reference: 2515); or
  - b. the Department determines that the parent, legal guardian or other adult does not meet the requirements for protective payee (Cross Reference: 6510).

D. Fair Hearings

The Department may initiate or continue to make protective payments while a Fair Hearing decision is pending on the restricted payment issue.



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**Date:** 06-01-10

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**7005.25**

**Section:**

**Benefit Error**

**Type:**

**POLICY**

**Chapter:**

**Overview of Correction Process**

**Program:**

**AFDC**

**AABD**

**MA**

**Subject:**

**Determination of Correction Procedure**

**SNAP**

7005.25 A. Corrective Payments

If the error is an underpayment, subject to the conditions described in this section, the Department issues a corrective payment to or on behalf of the assistance unit.

B. Recoupment

If the error is an overpayment, the Department recoups by one or more of the following methods, after discussing the overpayment with the assistance unit and obtaining an agreement from the unit, if possible:

1. grant reduction for SNAP or cash assistance overpayments, only if the assistance unit is still receiving benefits; or
2. installment repayments by the assistance unit; or
3. lump-sum repayment by the assistance unit.

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**7005.30**

**Section:**

**Benefit Error**

**Type:**

**POLICY**

**Chapter:**

**Overview of Correction Process**

**Program:**

**AFDC**

**AABD**

**MA**

**FS**

**Subject:**

**Notification of Assistance Unit**

7005.30 A. Notification Prior To Action To Correct

The Department notifies the assistance unit before taking action to correct an error.

1. If there is an underpayment the Department notifies the assistance unit that it is entitled to a corrective payment, subject to the conditions described in this section.
2. If there is an overpayment the Department notifies the assistance unit of its intended action to recoup.

B. Contents of Notice

The Department's notice of intent to correct an error informs the assistance unit of:

1. the type of error which has occurred;
2. the amount of the error;
3. the specific cause of the error, as preliminarily determined by the Department;
4. the time period covered by the error;
5. the amount of any offsetting done to reduce the error;
6. the Department's proposed method to correct the error;
7. the assistance unit's right to participate in the correction process;
8. the assistance unit's right to a Fair Hearing to dispute the Department's intended action based on either the action itself or the amount of the error;
9. the availability of free legal representation, if any.

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**Section:**

**Benefit Error**

**Type:**

**PROCEDURES**

---

**Chapter:**

**Overview of Correction Process**

**Program:**

**AFDC**

**AABD**

**MA**

**SNAP**

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**Subject:**

**Determining the Correction Procedure**

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- P-7005.25
1. If the error is an underpayment and the assistance unit is eligible for a corrective payment as described in this section, authorize the corrective payment.
  2. If the error is an overpayment which is subject to recoupment, take steps to initiate recoupment by contacting the assistance unit.
  3. After notifying the assistance unit, as described in Section P-7005.30, decide upon the recoupment option to be used. Involve the assistance unit in devising the recoupment plan whenever possible.



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**Date: 1-1-88**

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**7010**

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**Section:**

**Benefit Error**

**Type:**

**POLICY**

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**Chapter:**

**AFDC Underpayments**

**Program:**

**AFDC**

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**Subject:**

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7010 This chapter outlines the Department's policies and procedures regarding the correction of AFDC underpayments.



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<b>Date:</b> 1-1-88	<b>Transmittal:</b> UP-88-1	<b>7010.10</b>
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<b>Section:</b> Benefit Error	<b>Type:</b> POLICY
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<b>Chapter:</b> AFDC Underpayment	<b>Program:</b> AFDC
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<b>Subject:</b> Computation of an AFDC Underpayment
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7010.10 A. General Description of the Process

The Department computes the amount of the underpayment by comparing the amount of the benefit which the assistance unit received during a month or series of months to the amount the assistance unit should have received during that period.

B. Benefits Due the Assistance Unit

1. The Department follows the policy outlined in Section 6000 to compute the amount of benefits the assistance unit should have received.
2. If retrospective budgeting was not in effect at the time the underpayment occurred, the Department uses the assistance unit's actual income and circumstances to compute the amount of the proper assistance payment for the month or series of months.

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**7010.05**

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**Section:**

**Benefit Error**

**Type:**

**POLICY**

---

**Chapter:**

**AFDC Underpayments**

**Program:**

**AFDC**

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**Subject:**

**General Principles**

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7010.05 A. When Corrective Payments are Made

1. The Department issues a corrective payment to an underpaid assistance unit whether the case is active or closed.
2. If the composition of the underpaid assistance unit changes, the Department makes a corrective payment to that unit containing the majority of individuals who were members of the underpaid unit.
3. The Department issues a corrective payment to an underpaid assistance unit regardless of when the underpayment occurred.

B. Offsetting

1. Before issuing a corrective payment, the Department investigates whether the assistance unit has received an AFDC overpayment during the time period containing the underpayment. The Department also investigates whether the unit has received any other documented AFDC overpayments which have not yet been recouped.
2. If an overpayment and an underpayment have occurred for the same assistance unit, the Department offsets the amount of the overpayment against that of the underpayment.
3. If the amount of the underpayment exceeds that of the overpayment, and the assistance unit is eligible for a corrective payment, the Department issues to the unit a corrective payment which is equal to the difference between the underpayment and the overpayment.

C. Treatment of Corrective Payments

1. The corrective payment is excluded income in the month the assistance unit receives it, and, to the extent retained, an excluded asset in the following month. Any remaining part of the corrective payment becomes a counted asset as of the second month following the month of receipt (Cross Reference: 4000 and 5000).
2. The assistance unit receives its corrective payment in addition to its present benefit.

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7030

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**Section:**

**Benefit Error**

**Type:**

**POLICY**

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**Chapter:**

**Overpayment**

**Program:**

**AFDC**

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**Subject:**

---

7030 This chapter outlines the Department's policies and procedures regarding the correction of AFDC overpayments.

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**Section:**

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**Type:**

**POLICY**

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**Chapter:**

**AFDC Overpayments**

**Program:**

**AFDC**

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**Subject:**

**General Principles**

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7030.05 A. All Overpayments Recouped Promptly

1. The Department attempts to recoup all AFDC overpayments, regardless of when the overpayment occurred, and regardless of whether the overpaid assistance unit is still intact or still receiving AFDC.
2. The Department takes one of the following actions by the end of the quarter following the quarter in which it first identifies the overpayment:
  - a. it recoups the overpayment; or
  - b. it executes a monthly recoupment agreement from an active assistance unit; or
  - c. it initiates action to locate or recoup the overpayment from an assistance unit member who is now not receiving benefits.

B. Subject of Recoupment Actions

1. The Department recoups from the assistance unit which received the overpayment.
2. If the Department is unable to recoup from the overpaid assistance unit, it recoups from:
  - a. another assistance unit if this unit now contains an individual who was a member of the overpaid assistance unit; or
  - b. an individual member of an overpaid assistance unit, regardless of whether this individual is now receiving benefits.

C. Offsetting

1. Before taking action to recoup an AFDC overpayment, the Department investigates whether the assistance unit has received an AFDC underpayment during the same time period. The Department also investigates whether the assistance unit has received any other documented AFDC underpayments which have not been corrected.

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**Type:**

**POLICY**

**Chapter:**

**AFDC Overpayments**

**Program:**

**AFDC**

**Subject:**

**General Principles**

7030.05 C. Offsetting (continued)

2. If both an AFDC overpayment and an AFDC underpayment have occurred for the same assistance unit, the Department offsets the overpayment against the underpayment.
3. If the amount of the overpayment is greater than that of the underpayment, the offset is used to reduce the amount the Department recoups from the assistance unit.
4. If the Department has recovered all or part of the AFDC benefits provided to the assistance unit for a particular month through any of the recovery actions described in Section 7500, the Department subtracts this amount from the amount of the overpayment for that month.

D. Rate of Recoupment

1. If the recoupment rate has been set by a court, the Department recoups at that rate. Otherwise, the Department must allow the assistance unit to retain, as monthly income, an amount equal to at least 90% of the amount of benefits a unit of the same size would receive if it had no income.
2. The Department adjusts the monthly recoupment rate downward if the assistance unit has relatively high shelter expenses, as described in this chapter.
3. The Department recoups an overpayment from an individual no longer receiving assistance at a rate not to exceed that at which the Department would recoup from an active assistance unit with the same financial circumstances, unless the individual voluntarily repays at a higher rate.
4. Voluntary payments from active assistance units are not accepted if this would result in the unit retaining less than 90% of the amount of benefits a unit of the same size would receive if it had no income.

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**Section:  
Benefit Error**

**Type: POLICY**

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**Chapter:  
AFDC Overpayments**

**Program: AFDC**

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**Subject:  
General Principles**

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7030.05 D. Rate of Recoupment (continued)

5. Recoupment by a lump sum payment is allowed as long as it would not cause the unit to suffer a hardship.

E. Awards Less Than Ten Dollars

1. The assistance unit remains eligible for AFDC, and the Department issues benefits to the assistance unit for the appropriate amount, if the unit's monthly AFDC award is reduced to less than ten dollars because of a recoupment action.
2. An assistance unit which is categorically eligible for AFDC but whose monthly deficit is less than ten dollars prior to a recoupment action, and is therefore not receiving a monthly cash award, is not credited with repaying the Department unless the unit actually makes a payment.

F. Participation of Assistance Unit in Recoupment Process

1. The Department allows the assistance unit to participate in the recoupment process by:
  - a. discussing the cause and amount of the overpayment with the Department; and
  - b. negotiating with the Department in establishing a recoupment plan.
2. The assistance unit has a right to a Fair Hearing if it contests any phase of the recoupment process.

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

**Date:** 7-1-87

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7530

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**Section:**

Recovery

**Type:**

**POLICY**

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**Chapter:**

Recovery by Legal Action

**Program:**

AFDC  
AABD  
MA

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**Subject:**

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7530 In certain situations, the Department, in conjunction with the Attorney General's Office, recovers benefits from active or former assistance units by means of a legal action. This is usually a method of last resort, when there is no other way in which the Department can recover such benefits.

This chapter describes the situations in which the Department recovers by legal action, and also describes what some of these actions include.

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

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**7530.05**

**Section:**

**Recovery**

**Type:**

**POLICY**

**Chapter:**

**Recovery by Legal Action**

**Program:**

**AFDC  
AABD  
MA**

**Subject:**

**Recovery of Financial Assistance**

**7530.05 A. Situations Requiring Legal Action**

Situations in which the Department may initiate legal action to recover benefits include but are not limited to the following:

1. upon the death of an assistance unit member or parent of an assistance unit child when the deceased leaves an estate. In such a case, the Department files a claim in Probate Court to recover the appropriate amount of benefits;
2. when a legally liable relative refuses to support the assistance unit member. The Department is involved in such actions, which may include the garnishment of the relative's wages;
3. when the assistance unit has or acquires property against which the Department has a claim, but the Department's claim has not been secured by a mortgage, lien, or assignment, and the assistance unit refuses to repay the Department. This includes situations in which the Department discovers that the assistance unit has a bank account with assets in excess of the program asset limit. In such situations, the Department may act to freeze the assets in the account;
4. when the assistance unit fraudulently obtains benefits and the Office of the Chief State's Attorney is involved in the prosecution of the case;
5. When someone has induced the assistance unit to transfer an asset in order to establish eligibility for assistance, and the transferee refuses to return the asset to the unit. In such a case, the Department, in conjunction with the Attorney General's Office, either files a claim against the transferee or attempts to void the transfer and return the asset to the assistance unit. This is also true in cases involving a person who, acting on behalf of an incompetent individual, transfers an asset in order to establish eligibility.

**B. Amount of Claim**

The amount of benefits the Department recovers by legal action is limited by state and federal law as described in the previous chapters in this section.



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

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**Section:**  
Special Programs

**Type:**  
POLICY

**Chapter:**

**Program:**

RCA-RMA  
CHC CIAPAP  
CADAP IFG  
SAGA SMANC  
AFDC-WSP  
State-funded SNAP  
ConnTRANS  
ConnPACE

**Subject:**

8000 This section includes the policy and procedure for special programs. Special programs are intended to meet the particular needs of a defined group of individuals for a relatively limited period of time.

Although similar in some respects to other Public Assistance programs, particularly AFDC, special programs differ substantially in terms of the groups covered, what is considered to be a need item or service, and the degree of participation by the Department in the administration of the program.

This section includes the following special programs:

- Refugee Assistance Program (RCA-RMA);
- Cuban and Haitian Entrant Program (EP);
- State Medical Assistance for Non-Citizens;
- Individual and Family Grant Program (IFG);
- Repatriation Program (RP);
- Connecticut AIDS Drug Assistance Program (CADAP);
- Connecticut Insurance Assistance Program for AIDS Patients (CIAPAP)
- Connecticut Home Care Program for Elders (CHC);
- Work Supplementation Program (AFDC-WSP);
- Connecticut Organ Transplant Program (ConnTRANS);
- State-Administered General Assistance (SAGA);
- State-Funded Supplemental Nutrition Assistance Program (SFSNAP)
- Connecticut Pharmaceutical Assistance Contract to the Elderly and Disabled (ConnPACE).



**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES  
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**Section:**

**Special Benefits**

**Type:**

**POLICY**

**Chapter:**

**Program:**

**AFDC**

**AABD**

**MA**

**Subject:**

**SNAP**

9000 Besides providing financial and medical assistance and SNAP benefits to eligible assistance units, the Department, under certain circumstances, provides these special benefits:

- payments for funeral and burial expenses;
- payments for out-of-state transportation;
- payments for Medicare part B coverage;
- payments for property repairs;
- payments for attorneys' fees in successful appeals of SSI/OASDI terminations; and
- payments for health and hospital insurance premiums.

The special benefits described in this section for the AABD program are only available for assistance units residing in rated or non-rated housing.

This section describes the situations in which the Department provides these special benefits to its recipients and describes how the actual payment amount is computed.



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

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**Section:**

Special Benefits

**Type:**

POLICY

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**Chapter:**

Verification

**Program:**

AFDC

AABD

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**Subject:**

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9099 This chapter describes the information which the recipient must supply and that which the Department verifies before granting a special benefit to the assistance unit.

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

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**9099.05**

**Section:**

**Special Benefits**

**Type:**

**POLICY**

**Chapter:**

**Verification**

**Program:**

**AFDC  
AABD  
MA**

**Subject:**

**General Principles**

9099.05 | The recipient shall provide certain information to the Department to establish eligibility for a special benefit. Also, the Department verifies certain information before issuing any of the special benefits described below to an AFDC, AABD or MA recipient who is otherwise eligible for the benefit.

**A. Funeral and Burial Expenses**

1. The Department verifies the total amount of the deceased's burial funds and life insurance policies.
2. If the total amount of the deceased's burial funds and life insurance policies is less than \$1,800 the Department verifies:
  - a. the actual cost of the funeral and burial; and
  - b. what services are included in this cost.

**B. Out-of-State Transportation**

1. The Department verifies the cost of the move, based on the most economical rate.
2. The recipient shall provide the following information to the Department:
  - a. the amount of the recipient's income and assets, including the value of any furniture and appliances owned by the recipient and not being taken to the new residence; and
  - b. that the recipient has relatives or friends at the new residence who are willing to aid in the recipient's support; or
  - c. that the recipient has an employment opportunity or other private means of support at the new residence.
3. If the recipient fails to provide the information described above, the Department does not issue the benefit to the recipient.

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UNIFORM POLICY MANUAL**

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<b>Section:</b> Special Benefits	<b>Type:</b> POLICY
<b>Chapter:</b> Verification	<b>Program:</b> AFDC AABD MA
<b>Subject:</b> General Principles	

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9099.05 C. Medicare Part B

The Department verifies:

1. that the recipient is entitled to Medicare Part B coverage; and
2. the cost of Medicare Part B Coverage.

D. Property Repairs

1. The Department verifies:
  - a. that the assistance unit owns the property and is using it as its principal residence; and
  - b. the need for the repair, including the fact that the assistance unit would have to move out of the property if the repair were not made; and
  - c. that the contractor has satisfactorily made the repair.
2. The recipient shall provide three bids to verify the cost of the repair.
3. If the recipient fails to provide the necessary bids, the Department does not provide the benefit.

E. RESERVED

F. Attorneys' Fees in Successful SSI Appeals

1. The following points shall be verified in order for payment to be made:
  - a. that the Social Security Administration's decision to discontinue disability benefits has been successfully appealed; and
  - b. that the amount of payment made by the Department will be accepted by the attorney as payment in full for services rendered.
2. In order for a payment of more than \$1,000.00 to be made, the amount of OASDI/SSI retroactive benefits awarded to the recipient shall be verified.

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<b>Section:</b> Special Benefits	<b>Type:</b> POLICY
<b>Chapter:</b> Verification	<b>Program:</b> AFDC AABD MA
<b>Subject:</b> General Principles	

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9099.05 G. Hospital and Health Insurance Premiums

1. Group Health and Hospital Insurance Premiums

The Department verifies:

- a. the amount of the premium; and
- b. payment, if already paid by the applicant or recipient; and
- c. who is covered or eligible to be covered by the plan; and
- d. policy information such as insurance company, employer name and membership and group numbers.

2. Individual Health and Hospital Insurance Premiums

The Department verifies:

- a. that the recipient was participating in the insurance plan prior to applying for AABD; and
- b. the amount of the premium; and
- c. payment, if already paid by the applicant or recipient; and
- d. who is covered by the insurance plan; and
- e. policy information such as insurance company and membership numbers.



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

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**Date:** 10-1-91

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**P-9099.05**

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**Section:**  
Special Benefits

**Type:**  
PROCEDURES

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**Chapter:**  
Verification

**Program:** AFDC  
AABD  
MA

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**Subject:**  
Acceptable Means of Verification

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P-9099.05 The following are examples of acceptable means of verification which the recipient needs to provide before he or she receives a special benefit.

Funeral and Burial Expenses

1. Copies of life insurance policies and burial funds covering the recipient who has died.
2. Statement from the funeral home detailing:
  - costs of the funeral; and
  - services included in these costs.

Out-of-State Transportation

1. Means of support at the new residence:
  - a letter from a relative at the new residence which states that the relative is willing and able to support the recipient; or
  - a letter from an employer at the new residence which states that the recipient has a job opportunity at the new residence.
2. Value of furniture and appliances owned by the recipient and not being taken to the new residence:
  - landlord's statement that the major appliances are not the recipient's but are furnished with the apartment;
  - sales receipt for any of the recipient's furniture not being taken to the new residence;
  - receipt for any item of furniture sold by the recipient prior to the proposed move.



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UNIFORM POLICY MANUAL

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Section:  
Special Benefits

Type:  
PROCEDURES

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Chapter:  
Verification

Program: AFDC  
AABD  
MA  
SNAP

---

Subject:  
Acceptable Means of Verification

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P-9099.05 Property Repairs

Three written bids stating what work is to be done and what the cost of the repair will be.

Attorneys' Fees in Successful SSI Appeals

1. The court decision is acceptable verification of the success of the appeal.
2. A statement on the "Invoice-Voucher for Goods or Services Rendered to the State of Connecticut (CO-17)" or any other statement signed by the attorney is acceptable verification that the attorney will accept the Department's payment as the full fee for services.
3. A document from the Social Security Administration is acceptable verification of the retroactive benefits awarded.

Health and Hospital Insurance Premiums

1. Copy of the insurance plan.
2. Membership card or other documentation showing:
  - effective date of coverage;
  - persons covered by the plan;
  - amount and frequency of premiums;
  - medical services covered under the plan.
3. A written or oral statement from the employer or insurance company noting the beneficiaries, insurance company and membership numbers.

