



# LTSS

Thursday

November 9, 2017

# Application Process

## DSS Long - Term Services and Supports Application Centers

**Waterbury Office  
249 Thomaston Avenue  
Waterbury, CT 06702**

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.

**Bridgeport Office  
925 Housatonic Avenue  
Bridgeport, CT 06606**

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.

**Greater Hartford Office  
20 Meadow Road  
Windsor, CT 06095**

For: Statewide Medicaid Waiver Home and Community Based Services Applications Only

**DO NOT SEND FACILITY  
CASES TO THIS ADDRESS**

**New Haven Office  
50 Humphrey Street  
New Haven, CT 06513**

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.



## ***Special Notice about State Supplement Applications For Rated Housing Providers***

**Important new information,  
Effective August 1, 2015**

**Please MAIL new applications to one of three  
DSS Long-Term Services and Supports (LTSS)  
Application Centers**

**\*\*New Rated Housing Application Process at DSS\*\***

To better serve our applicants, clients and facility providers, DSS operates three Long-Term Services and Supports (LTSS) Application Processing Centers. **The centers will receive and process new applications from specific cities and towns for rated housing applicants.** Rated housing facilities include Residential Care Homes, Boarding Homes and Group Homes.

The facility LTSS and rated housing application centers are located in the DSS Bridgeport, New Haven and Waterbury offices. Please check the table in this notice for which application center to use based on your city or town.

Application packets with as much of the required documentation that is available at the time of submission should be **mailed directly to the appropriate LTSS Application Processing Center, beginning August 1.** Please discontinue mailing new applications to the DSS ConneCT Scanning Center. If you would like to apply online go to [www.connect.ct.gov](http://www.connect.ct.gov) and click on the Apply Now button. Once the application is submitted online you will receive an online application ID, please continue to email that ID to the RCH email address at [ResidentialCareHomes.DSS@ct.gov](mailto:ResidentialCareHomes.DSS@ct.gov).

New applications submitted on or after August 1, 2015 to the Bridgeport, New Haven and Waterbury LTSS facility Application Processing Centers will be processed by the center as defined by the catchment area described below. Rated housing redeterminations will continue to be processed statewide through ConneCT. This means that all paperwork for redeterminations and interim changes should be sent to the DSS ConneCT Scanning Center at P.O. Box 1320, Manchester CT 06045 (not to the new LTSS facility Application Centers).

For questions specific to a pending case after an application is made, clients should call the assigned caseworker directly. Applicants will be provided a worker's contact information once the case is assigned. Rated housing providers should continue to use the RCH email address at [ResidentialCareHomes.DSS@ct.gov](mailto:ResidentialCareHomes.DSS@ct.gov). For all other general calls or questions, the DSS Benefits Center staff will serve you at 1-855-6-CONNECT (1-855-626-6632). For questions specific to this notice please call Eligibility Policy and Program Support at 860-424-5250.

Thank you for your participation in this process. We look forward to working with you.

## HUSKY C

# Nursing Home Coverage (L01 & L99) Eligibility Requirements

- Blind, Disabled, 65 years of age or older
- Asset limit of \$1,600
- Institutionalized
- L01 income limit \$2,205
- L99 income exceeds \$2,205

# HUSKY D Nursing Home Coverage (N01) Eligibility Requirements

- Medicaid health care coverage for adults from age 19 to under 65<sup>th</sup> birthday.
- Does not receive Medicare
- Under 138% of federal poverty level, currently \$1386.90
- There is no asset limit for Husky D.

# To Expedite Application Process

- Send fully completed applications (W-1LTC) to the correct HUB. Do not send applications to the Greater Hartford Office for individuals needing nursing home placement/coverage.
- We cannot accept applications by fax or email because of the size and volume of most LTSS applications.
- Once the application is assigned to staff member, work directly with the assigned staff. If you do not know who the eligibility staff member working on the application is, please call the supervisor.
- Submit as complete a package as possible including W-298, POA, Conservator documents, bank statements, documentations of large transactions, proof of income, etc...
- Disclose all information up front.
- Update ASCEND with date of admission and level of care (LOC) timely.
- W-1E is the application needed to apply for cash.

# Important Facts to Remember

- Patient liability (formerly known as applied income) is owed the month that the 30<sup>th</sup> day is reached. It is the nursing facility's responsibility to bill the individual for the patient liability.
- Pick-up is the first day the Medicaid applicant needs any Medicaid coverage regardless if it is only co-insurance.
- Applicants who do not reduce their assets are ineligible for assistance in any month that their assets exceed the Medicaid asset limit (\$1,600) for the entire month. Applicants who have not reduced their assets to the Medicaid asset limit within the standard of promptness will be denied and encouraged to reapply.



# Renewal Process

# Renewal Process

- Long-Term Services and Supports renewals and interim changes will continue to be processed through the statewide ConneCT model. This means that all paperwork for renewals and interim changes should be sent to the DSS ConneCT Scanning Center at P.O. Box 1320, Manchester CT 06045 (not to the Long-Term Services and Supports Application Centers) or complete renewals online and upload documentation to MyAccount.

# Renewal Process

- Submit all proofs with renewal for assets (including the personal needs account), gross income, medical premiums, update of outstanding balance being diverted, etc...
- If the unearned income or medical premium increased or decreased, document when the change occurred.
- Community spouse income and expenses need to be documented for a community spouse allowance.

# Renewal Process

- In ImpaCT renewal packets are sent out forty-five (45) days prior to the due date. This is a change from the renewal process in EMS.
- If a renewal closes due to the fact that the renewal was not sent in timely, send in a completed renewal packet within ninety (90) days from date of closure. If it is past 90 days a new application will need to be sent. Renewal forms cannot be used to request assistance.
- Submitting the renewal packet by the due date is VERY IMPORTANT. Supporting documentation of assets, income and any allowable deductions can be submitted on a separate date (within a reasonable time period), if necessary.

# DSS Client Information Line & Benefits Center

1. Call [1-855-6-CONNECT \(1-855-626-6632\)](tel:1-855-6-CONNECT)

(TTD/TTY [1-800-842-4524](tel:1-800-842-4524) for persons with speech or hearing difficulties)

2. Follow the prompts to get the information you need

Our new automated 'interactive voice response' telephone system will help DSS clients get the information you need without waiting to speak to an eligibility worker. You will also have the option of speaking to a worker, if you choose, during business hours.

Please use this new, toll-free service instead of the local DSS numbers you have been using. This Client Information Line service is available 24/7. You can also connect directly to a worker in our Benefits Center by following the phone menu prompts, Monday through Friday, between 7:30 a.m. and 4 p.m. The Benefits Center is staffed with workers dedicated to answering your questions, processing change requests and providing you with information about other resources.

# IVR

If your facility is not authorized to use the resident's MyAccount, they can get authorization from the resident to obtain information using our IVR (Integrated Voice Response). Using the IVR requires an active case and the establishment of a PIN (Personal Identification Number). The IVR can tell you the status of an application, the status of documents submitted or to check benefit information.

## **Directions on how to create IVR**

24/7 IVR system for secure anytime access by phone through the use of a confidential PIN and DSS client authentication

Call 855-6-CONNECT (855-626-6632) hotline

Press 1 for English, Press 2 for Spanish

TTD/TTY: 1-800-842-4524

- Press #2 to check status of an application, status of documents you sent in or check benefit information
- Have 9 digit Client ID# ready and press #2
- If you do not have an IVR pin, you will be prompted to create one at this time

## **You will need the following:**

- need last 4 digits of SSN, birth year, IVR PIN #
- then you will be prompted to create a 6 digit IVR PIN
- If you do have an IVR pin established, you will be prompted to enter the PIN now and can follow prompts to access benefit info/status of documents

**For Connect.ct.gov password & IVR reset** –call 1-877-874-1612

# MyAccount

- Creating an online client benefits account at 'MyAccount' with a resident's client ID allows you to look at the benefits they currently receive with DSS. The facility as authorized representative will need to create a user name and password online at [www.connect.ct.gov](http://www.connect.ct.gov) for each resident. The information you enter to create the resident's MyAccount helps to ensure that only the individuals authorized can see a resident's benefit information. When you sign up a resident with their permission, you can access the status of their benefits anytime and anywhere from a computer or smartphone with an internet connection.
- MyAccount technical support (for help using MyAccount online) is available by calling toll-free 1-877-874-1612, Monday-Friday, 8:30AM to 5:00 PM

## How to Get Started Cómo empezar

1. Click **Create an Account** link on main landing page (see image below)
2. Registration page appears
  - o Enter first and last name
  - o Email address is optional
  - o Create unique user ID and Password
  - o Select 4 secret questions and answer them
  - o Click "user acceptance" box
  - o Associate MyAccount to the client ID, if you have a client ID

For technical support call 877-874-1612  
Para apoyo técnico llame al 877-874-1612  
[www.connect.ct.gov](http://www.connect.ct.gov)

## MyAccount Guide

*If you skipped typing your client ID in during registration, don't forget to go back and "Associate Your Case."*

*Si has omitido de ingresar su número de identificación de cliente durante su registraci3n, no olvides de regresar y "Asociar su caso."*

1. Haga clic en el enlace de **Crear un Cuenta** en la página principal de aterrizaje (ver la imagen a continuación)
2. Aparece la página de registro
  - o Ingrese el nombre y apellido
  - o Direcci3n de correo electr3nico es opcional
  - o Crear identificaci3n de usuario y contraseña únicos
  - o Seleccione 4 preguntas secretas y dar respuestas para cada una
  - o Haga clic en aceptaci3n de usuario
  - o "MyAccount" debe ser asociado con su número de cliente, si lo tiene

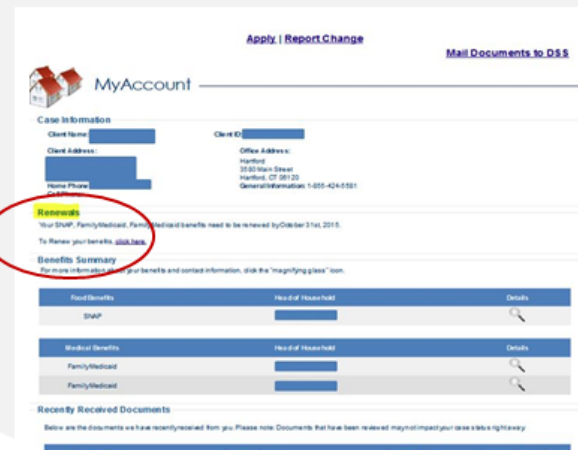


## Online Renewals Renovaciones En Línea

If a customer has set up a MyAccount that has been associated to his or her client ID, and is *within 60 days of a renewal due date*, a link will appear on their MyAccount home page to complete the renewal online. (The "Renewals" section is highlighted below) For more information, please visit:

[www.ct.gov/dss/renewal](http://www.ct.gov/dss/renewal)

Si el cliente ha creado su cuenta asociado con su número de identificaci3n de cliente, y está dentro de los 60 días de la fecha de vencimiento, un enlace aparecerá en la página principal de su MyAccount para completar su renovaci3n en línea. (La secci3n de "Renovaciones" ha sido enfatizada a continuaci3n) Para más informaci3n, por favor visítenos al: [www.ct.gov/dss/renewal](http://www.ct.gov/dss/renewal)





# Online Tools

- The following videos may also be helpful to you:
- •How to Create a ConneCT Account (video).
- •How to Reset Your ConneCT Password (video).
- •How to Retrieve Your ConneCT User ID (video).
- •How to Report Changes Online (video).
- •How to Renew Your Benefits Online (video).
- To access these videos go to the DSS website located at [www.ct.gov/dss](http://www.ct.gov/dss), then in the search bar use the keywords “video guides”, then double click “video guides for DSS clients”.
- <http://portal.ct.gov/DSS/Common-Elements/How-to-Apply-for-Services/Video-Guides-for-DSS-Clients>



# ImpaCT

# ImpaCT

ImpaCT is a new, state-of-the-art Integrated Eligibility system that:

- improves service to DSS clients
- increases DSS efficiency and timeliness
- ensures that CT families are getting *all* of the benefits for which they are eligible

The need for ImpaCT is real – the current EMS is nearly 30 years old and can no longer provide the level of service our clients deserve

ImpaCT is a modern, web-based system with advanced new tools to:

- enhance program integrity
- improve the accuracy of payments
- offer more convenient, self-service options for clients

# ImpaCT

- ImpaCT calculates the community spouse protected amount after all asset information is entered into the system.
- Non-applicant spousal assessments can be completed in ImpaCT. (note: there is a \$50 fee for these assessments)
- Staff can access ConneCT directly from ImpaCT.
- Staff can end date penalties when granting so the facility can receive payment timely once penalty ends.
- Initial verification check list (VCL) generated by ImpaCT.
- At renewal ImpaCT automatically generates the appropriate due date on the VCL and will close the case if information is not received by the due date. – If an AREP or client calls requesting an extension, eligibility can change the due date on the VCL.

# Common Policy Questions

# Holocaust Payments

- Payments made to individuals because of their status as victims of Nazi persecution are excluded as resources as long as they are segregated and not commingled with other countable resources so that the excludable funds are identifiable.
- Payments made to individuals because of their status as victims of Nazi persecution are excluded as income.

# Holocaust Payments

## Excluded Inherited Funds

- the funds were inherited from or can be traced back to an individual who received the funds as payments because of his or her status as a victim of Nazi persecution
- the funds were or would have been excludable under the Victims of Nazi Persecution Act for the original recipient
- the funds are identifiable as reparation payments;  
**and**
- the funds are unspent

# VA Aid & Attendance

- VA gross pension needs to be documented.
- The break-down of the amount for Aid & Attendance needs to be documented. The VA Pension hotline at 1-877-294-6380 will mail out the break-down within a day.
- The improved pension of \$90 will be excluded once the VA pension is reduced to \$90 and will be included with the \$60 personal needs allowance for a total of \$150 personal needs. Until it is reduced, the full VA pension will be applied to the patient liability amount.



# Diversions

- A diversion of the patient liability (applied income) to pay an unpaid medical bill incurred in the six months prior to eligibility is allowed.
- A diversion can not be used to pay a month in which a penalty is imposed nor can it be used to cover any unpaid patient liability (applied income) amounts.
- A diversion to pay the cost of maintaining a home can be allowed for six months for any uninterrupted facility stay if an individual is likely to return home within six months is certified by a physician. The amount deducted is the lower of either \$650 if living alone, \$400 if living with another, or actual expenses (heat, hot water, property taxes, interest on the mortgage, etc.)

# LTSS Tools

## Long Term Services and Supports---Bridgeport Office

**Fred Presnick- Operations Manager, (203) 551-2894 - [Fred.Presnick@ct.gov](mailto:Fred.Presnick@ct.gov)**

**Jill Sciuto-Supervisor, (203) 551-2873- [Jill.Sciuto@ct.gov](mailto:Jill.Sciuto@ct.gov)**

**Karen Melillo-Supervisor, (203) 551-2936- [Karen.Melillo@ct.gov](mailto:Karen.Melillo@ct.gov)**

ASCEND Caseload	Worker Name/Email	Phone Number	Supervisor	Work Hours
A-BE	Sarah Bradley <a href="mailto:Sarah.Bradley@ct.gov">Sarah.Bradley@ct.gov</a>	(203) 551-2914	Jill Sciuto	7:00-3:30
BF-CH	Michael Briggs <a href="mailto:Michael.Briggs@ct.gov">Michael.Briggs@ct.gov</a>	(203) 551-2910	Jill Sciuto	7:30-4:00
CI-DEL	Sinseara Mercado <a href="mailto:Sinseara.Mercado@ct.gov">Sinseara.Mercado@ct.gov</a>	(203) 551-2733	Karen Melillo	7:00-3:30
DEM-FO	Trish Gethers <a href="mailto:Altricia.Gethers@ct.gov">Altricia.Gethers@ct.gov</a>	(203) 551-2768	Karen Melillo	8:00-4:30
FR-GZ	Michelle Massicotte <a href="mailto:Michelle.Massicotte@ct.gov">Michelle.Massicotte@ct.gov</a>	(203) 551-2815	Karen Melillo	7:00-3:30
H-J	Lindsey Meyer <a href="mailto:Lindsey.Meyer@ct.gov">Lindsey.Meyer@ct.gov</a>	(203) 551-2993	Jill Sciuto	7:00-3:30
K-MAN	Adessa Williams <a href="mailto:Adessa.Williams@ct.gov">Adessa.Williams@ct.gov</a>	(203) 551-2731	Karen Melillo	8:00-4:30
MAO-MZ	Yadira McLaughlin <a href="mailto:Yadira.McLaughlin@ct.gov">Yadira.McLaughlin@ct.gov</a>	(203) 551-2817	Jill Sciuto	7:00-3:30
N-O	Jessica Gomez <a href="mailto:Jessica.Gomez@ct.gov">Jessica.Gomez@ct.gov</a>	(203) 551-2875	Karen Melillo	7:30-4:00
P-Q	Maren Walsh <a href="mailto:Maren.Walsh@ct.gov">Maren.Walsh@ct.gov</a>	(203) 551-2732	Karen Melillo	7:30-4:00
R-SD	Marilyn Phillips <a href="mailto:Marilyn.Phillips@ct.gov">Marilyn.Phillips@ct.gov</a>	(203) 551-2741	Jill Sciuto	8:00-4:30
SE-TH	Angella Querette <a href="mailto:Angella.Querette@ct.gov">Angella.Querette@ct.gov</a>	(203) 551-2719	Karen Melillo	8:00-4:30
TI-Z	Marissa Luciani <a href="mailto:Marissa.Luciani@ct.gov">Marissa.Luciani@ct.gov</a>	(203) 551-2956	Karen Melillo	9:00-4:00
	Christopher Everson <a href="mailto:Christopher.Everson@ct.gov">Christopher.Everson@ct.gov</a>	(203) 551-2808	Jill Sciuto	8:30-5:00
	Michael Barr <a href="mailto:Michael.Barr@ct.gov">Michael.Barr@ct.gov</a>	(203) 551-2882	Jill Sciuto	8:30-5:00

Fax

(203) 551-2722

# New Haven LTSS Ascend Breakdown

ASCEND ALPHA	Worker	Phone		Supervisor
A	PAULA WILCZYNSKI	203-974-8017	<a href="mailto:Paula.Wilczynski@ct.gov">Paula.Wilczynski@ct.gov</a>	Len
B-BH	AMY CHERREZ	203-974-8186	<a href="mailto:Amy.Cherrez@ct.gov">Amy.Cherrez@ct.gov</a>	Len
BI-BZ	NEDRA PIERCE	203-974-8367	<a href="mailto:Nedra.Pierce@ct.gov">Nedra.Pierce@ct.gov</a>	Len
C-CI	GLENDA GONZALEZ	203-974-8385	<a href="mailto:Glenda.Gonzalez@ct.gov">Glenda.Gonzalez@ct.gov</a>	Len
CJ-DA	JACQUELYN MASTRACCHIO	203-974-8086	<a href="mailto:Jacquelyn.Mastracchio@ct.gov">Jacquelyn.Mastracchio@ct.gov</a>	Len
DB-DZ	KRISTEN BERT	203-974-8173	<a href="mailto:Kristen.Bert@ct.gov">Kristen.Bert@ct.gov</a>	Len
E, I, J	DORIS HARE	203-974-8112	<a href="mailto:Doris.Hare@ct.gov">Doris.Hare@ct.gov</a>	Len
F-GA	FELICIA ANDREWS (ESS)	203-974-8185	<a href="mailto:Felicia.Andrews@ct.gov">Felicia.Andrews@ct.gov</a>	Len
GB-GZ	EILIZABETH CLARK	203-974-8044	<a href="mailto:Elizabeth.Clark@ct.gov">Elizabeth.Clark@ct.gov</a>	Christine
HA-HO	MAUREEN HARRY (ESS)	203-974-8170	<a href="mailto:Maureen.Harry@ct.gov">Maureen.Harry@ct.gov</a>	Christine
HP-HZ, KA-KH	JOHN DILEONARDO	203-974-8150	<a href="mailto:John.Dileonardo@ct.gov">John.Dileonardo@ct.gov</a>	Christine
KI-LA	STEFANIA SMITH	203-974-8153	<a href="mailto:Stefania.N.Smith@ct.gov">Stefania.N.Smith@ct.gov</a>	Christine
LB-LZ	NI'TA FREEMAN	203-974-8167	<a href="mailto:Ni'Ta.Freeman@ct.gov">Ni'Ta.Freeman@ct.gov</a>	Christine
M-MH	LAUREN KIMBRO	203-974-8162	<a href="mailto:Lauren.Kimbrow@ct.gov">Lauren.Kimbrow@ct.gov</a>	Christine
MI-MZ	WILLETTE BARNETT	203-974-8062	<a href="mailto:Willette.Barnett@ct.gov">Willette.Barnett@ct.gov</a>	Christine
N-O	MARIO PONZIO	203-974-8058	<a href="mailto:Mario.Ponzio@ct.gov">Mario.Ponzio@ct.gov</a>	Christine
PA-PT	SHANNON BENNETT	203-974-8176	<a href="mailto:Shannon.Bennett@ct.gov">Shannon.Bennett@ct.gov</a>	Eileen
PU-Q, V, X, Y	WILLIAM JOHNSON	203-974-8097	<a href="mailto:William.Johnson@ct.gov">William.Johnson@ct.gov</a>	Eileen
R	BRYANT GRIMES	203-974-8156	<a href="mailto:Bryant.Grimes@ct.gov">Bryant.Grimes@ct.gov</a>	Eileen
S-SH	LAYNETTE SERRANO	203-974-8034	<a href="mailto:Laynette.Serrano@ct.gov">Laynette.Serrano@ct.gov</a>	Eileen
SI-SN	RUTHEVEN ANDREW WILLIAMS	203-974-8292	<a href="mailto:Rutheven.Williams@ct.gov">Rutheven.Williams@ct.gov</a>	Eileen
SO-SZ	DOROTHEA KELSON	203-974-8090	<a href="mailto:Dorothea.Kelson@ct.gov">Dorothea.Kelson@ct.gov</a>	Eileen
T, U	ANTHONY GRANT	203-974-8063	<a href="mailto:Anthony.Grant@ct.gov">Anthony.Grant@ct.gov</a>	Eileen
W, Z	SHAYLA STREATER	203-974-8388	<a href="mailto:Shayla.Streater@ct.gov">Shayla.Streater@ct.gov</a>	Eileen
Gaylord / Riverview	ELLEN CROLL-WISSNER (ESS)	203-974-8160	<a href="mailto:Ellen.Croll@ct.gov">Ellen.Croll@ct.gov</a>	Eileen
ICF, OOS	JANET GIUNTI (ESS)	203-974-8178	<a href="mailto:Janet.Giunti@ct.gov">Janet.Giunti@ct.gov</a>	Eileen
	Len Marcello	203-974-8163	<a href="mailto:Leonard.Marcello@ct.gov">Leonard.Marcello@ct.gov</a>	
	Christine Morin	203-974-8172	<a href="mailto:Christine.Morin@ct.gov">Christine.Morin@ct.gov</a>	
	Eileen Ibarra	203-974-8055	<a href="mailto:Eileen.Ibarra@ct.gov">Eileen.Ibarra@ct.gov</a>	

*Waterbury LTSS ASCEND Breakdown (11-1-17)*

<b>Alpha/Home</b>	<b>Worker</b>	<b>DMC</b>	<b>Phone #</b>	<b>Supervisor</b>
Aa ~ Ak	Laurie Dew-Church * ESS <a href="mailto:laurie.dew-church@ct.gov">laurie.dew-church@ct.gov</a>	3395	203-578-4519	M. Milles
Al ~ Az	Joanne Crist * ESS <a href="mailto:joanne.crist@ct.gov">joanne.crist@ct.gov</a>	0576	203-597-4080	M. Milles
Ba ~ Bm	Kelley, Germain <a href="mailto:kelley.germain@ct.gov">kelley.germain@ct.gov</a>	5869	203-578-4512	M. Milles
Bn ~ Bz	Kim Divirgilio <a href="mailto:kimberly.divirgilio@ct.gov">kimberly.divirgilio@ct.gov</a>	6256	203-597-4071	M. Milles
Ca ~ Cl	Rachel Figueroa <a href="mailto:rachel.figueroa@ct.gov">rachel.figueroa@ct.gov</a>	0412	203-597-4110	M. Sorbo
Cm ~ Cz	Carleen Mason <a href="mailto:carleen.mason@ct.gov">carleen.mason@ct.gov</a>	3690	203-578-4501	M. Sorbo
Da ~ Di	Julie Risko <a href="mailto:julie.risko@ct.gov">julie.risko@ct.gov</a>	0713	203-597-4033	M. Sorbo
Dj ~ E	Pam Corbin-Riddick <a href="mailto:pamela.corbin-riddick@ct.gov">pamela.corbin-riddick@ct.gov</a>	6278	203-597-4117	M. Sorbo
F	Ornela Bejleri <a href="mailto:ornela.bejleri@ct.gov">ornela.bejleri@ct.gov</a>	2947	203-578-4544	M. Milles
G	Carah Barrieau <a href="mailto:carah.barrieau@ct.gov">carah.barrieau@ct.gov</a>	8064	203-597-4120	M. Sorbo
H, I	Ilirjana, Sabani <a href="mailto:ilirjana.sabani@ct.gov">ilirjana.sabani@ct.gov</a>	6306	203-597-4162	M. Sorbo
J, K	Darlene Rogers <a href="mailto:darlene.rogers@ct.gov">darlene.rogers@ct.gov</a>	5770	203-578-4513	M. Sorbo
L	Angela Rosa <a href="mailto:angela.rosa@ct.gov">angela.rosa@ct.gov</a>	6251	203-578-4545	M. Sorbo
M	Lori McDonald <a href="mailto:lori.mcdonald@ct.gov">lori.mcdonald@ct.gov</a>	5387	203-578-4536	M. Sorbo
N, O	Enkelejda Trifoni * ESS <a href="mailto:enkelejda.trifoni@ct.gov">enkelejda.trifoni@ct.gov</a>	0607	203-597-4003	M. Sorbo
P	Ryan Barganier <a href="mailto:ryan.barganier@ct.gov">ryan.barganier@ct.gov</a>	2892	203-578-4524	M. Milles
Q ~ Rj	Joanne Crist * ESS <a href="mailto:joanne.crist@ct.gov">joanne.crist@ct.gov</a>	0576	203-597-4080	M. Milles
Rj ~ Rz	Amelia Duarte <a href="mailto:amelia.duarte@ct.gov">amelia.duarte@ct.gov</a>	6112	203-597-4124	M. Milles
Sa ~ Sj	Nancy Sciascia <a href="mailto:nancy.sciascia@ct.gov">nancy.sciascia@ct.gov</a>	5791	203-597- 4081	M. Sorbo
Sm ~ Sz	Carah Barrieau <a href="mailto:carah.barrieau@ct.gov">carah.barrieau@ct.gov</a>	8064	203-597-4120	M. Sorbo
T	Leyla Miranda <a href="mailto:leyla.miranda@ct.gov">leyla.miranda@ct.gov</a>	6296	203-597-4161	M. Milles
U, V	Laurie Dew-Church * ESS <a href="mailto:laurie.dew-church@ct.gov">laurie.dew-church@ct.gov</a>	3395	203-578-4519	M. Milles
W, X, Y, Z	Patricia Losure <a href="mailto:patricia.losure@ct.gov">patricia.losure@ct.gov</a>	0296	203-597-4037	M. Milles
The Summit Sheriden Woods Cherrybrook Countryside Manor	Janice Scricca * ESS <a href="mailto:janice.scricca@ct.gov">janice.scricca@ct.gov</a>	6685	860-628-0364 X210	M. Sorbo

**Supervisors**

Monica Milles (3618) 203-597-4102  
[monica.milles@ct.gov](mailto:monica.milles@ct.gov)

Michele Sorbo (3450) 203-597-4164  
[michele.sorbo@ct.gov](mailto:michele.sorbo@ct.gov)

**Manager**

Karen Main 203-578-4517  
[karen.main@ct.gov](mailto:karen.main@ct.gov)



W-298  
(Rev. 11/14)

STATE OF CONNECTICUT – DEPARTMENT OF SOCIAL SERVICES  
**AUTHORIZATION FOR DISCLOSURE OF INFORMATION**

Name of DSS Client \_\_\_\_\_ Client ID or S.S. # \_\_\_\_\_

I authorize DSS to disclose the information indicated below to: (name and address of person to receive information)

for the following purpose(s):

(If you do not wish to state a purpose, you may write "at my request.")

Type of Information DSS is Authorized to Disclose (check all that apply):

- ☐ PHI (other than mental health, substance abuse and HIV-related records) ☐ mental health records\*  
☐ substance abuse treatment records\*\* ☐ HIV related information\*\*\*  
☐ DSS application and documentation relating to benefits applied for, received or receiving  
☐ other \_\_\_\_\_

(Please specify)

- I understand that my refusal to sign will not affect my ability to obtain services or benefits from DSS.
- I understand that I may revoke this authorization at any time by notifying DSS, in writing, except if a disclosure has already been made in reliance on it.
- I understand that the information I authorize a person or entity to receive may be re-disclosed and no longer protected by privacy regulations.

This authorization expires on \_\_\_\_\_ or upon \_\_\_\_\_ (If use or disclosure of  
(Date) (Event)

PHI is for research, including the creation and maintenance of a database, write "end of research study" or "none.")

X \_\_\_\_\_ Date: \_\_\_\_\_

Signature of DSS Client or Person with Legal Authority to Sign for Client  
(Attach copy of designation as Conservator/ Power of Attorney/ Guardian)

Printed Name of Person Who Signed \_\_\_\_\_

**Note to Recipient of Information:**

\* The confidentiality of psychiatric records is required under chapter 899 of the Connecticut general statutes. This material shall not be transmitted to anyone without written consent or other authorization as provided in the aforementioned statutes.

\*\* Alcohol and/or Drug Treatment Records: This information has been disclosed to you from records protected by Federal confidentiality rule (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

\*\*\* HIV Related Information: This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

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.



W-1696  
(Rev. 6/07)

State of Connecticut  
Department of Social Services

**Patient Liability Change Report**

To: Department of Social Services

Date: \_\_\_\_\_

Attn: \_\_\_\_\_

Patient Name: Last \_\_\_\_\_ First: \_\_\_\_\_ M.I. \_\_\_\_\_

Medicaid (Client) Number: \_\_\_\_\_

Month(s) of Service	RA Patient Liability Amount	Proposed New Liability Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

Explanation: \_\_\_\_\_

(Attach proof of income change such as a copy of check or award notice.)

Provider Name: \_\_\_\_\_ Provider NPI: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Facility: (Please check one) ☐ Nursing Facility – SNF ☐ Nursing Facility – ICF  
☐ ICF/MR ☐ Chronic Disease Hospital

Provider Contact Person: (please print) \_\_\_\_\_

Provider Telephone Number: \_\_\_\_\_

## Instructions To Nursing Facilities for W-1696

This form is to be filled out completely and forwarded to the Eligibility Worker in the Department of Social Services office to which the patient reports.

1. Fill in the appropriate Department of Social Services Regional or Sub-office address. Add the name of the Eligibility Services Worker who is working on the patient's case in the "Attn." space, if known.
2. Insert the date the form is filled out.
3. Insert the patient's name.
4. Insert the patient's Medicaid (client) Number. This is the nine-digit number used to identify the client.
5. Insert the information which pertains to the change:  
  
"Month(s) of Service" – these are the months of service which require the change. A group of months can be listed on each line, e.g., 1/06 – 6/06 or 4/06 – present.  
  
"RA Patient Liability Amount" – this is the current liability amount.  
  
"Proposed new Liability Amount" – this is the proposed liability change.
6. Include an explanation regarding the change. Was there an income change? If so, when did it begin?
7. Attach proof of the income change, such as a copy of a check or an award notice. Failure to provide such proof will delay the Department's processing while we independently verify the information.
8. Fill in the provider's name and address (physical location of facility). Include zip + 4.
9. Insert the 10-digit provider National Provider Identifier (NPI) number.
10. Check appropriate box to indicate the type of facility; SNF (skilled), ICF (intermediate) care, ICF/MR, Chronic Disease Hospital.
11. Provide the name of a contact person.
12. Include the telephone number of the contact person.





## STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

55 FARMINGTON AVENUE • HARTFORD, CONNECTICUT 06105

### Special Notice Regarding Direct Deposit of the Personal Needs Allowance

This notice is to inform you of a change in how the Department of Social Services (DSS) will send you the \$30 personal needs allowance for residents of your nursing facility who are recipients of Supplemental Security Income (SSI).

#### **Background**

Individuals who receive SSI and reside in a nursing facility have their SSI benefit reduced to \$30 per month. DSS supplements this SSI benefit with a Connecticut State Supplement benefit of \$30 so that individuals have sufficient funds to meet the personal needs standard of \$60. This benefit is paid directly to the nursing facility for deposit into the individual's personal needs account.

#### **Change to Direct Deposit**

DSS recently completed a statewide phase-in of a new computer eligibility system known as ImpaCT. This new system is used to issue the \$30 State Supplement benefit, but does not support issuance by paper check. **Instead, the benefit will be issued via direct deposit into your nursing facility's operating account. The first such direct deposit occurred on September 1, 2017.**

DSS did not mail a remittance identifying the resident(s) for whom the benefit was intended. If you would like to obtain a copy of a detailed remittance, please call Andy Davis at 860-424-5709, Kay Randall at 860-263-1708, Jessica Carroll at 860-424-5721 or Laura Catarino at 860-424-5503.

On October 1, 2017, the \$30 State Supplement benefit will again be directly deposited into your facility's operating account for each resident who qualifies for the benefit. On the same day, a remittance identifying the resident(s) for whom the payment was made will be mailed to your facility. **Upon receipt of this remittance, it is important that your facility immediately transfer these funds to the personal needs account of the resident(s) for whom payment was issued.**

Moving forward, DSS will continue to directly deposit these benefit payments into your facility's operating account and mail you a remittance on the first day of each month. Please note that these deposits will be issued for each facility based on its provider number. If your facility's corporate operating account is shared by multiple Connecticut nursing facilities, multiple deposits could be made on the first of the month into the corporate account corresponding to the nursing facilities' provider numbers.

If you have any questions about this notice please contact Jessica Carroll at [Jessica.Carroll@ct.gov](mailto:Jessica.Carroll@ct.gov) or Laura Catarino at [Laura.Catarino@ct.gov](mailto:Laura.Catarino@ct.gov).

# Community Spouse Allowance

**State of Connecticut  
Department of Social Services  
Community Spouse Allowance Calculation**

Client:

Effective 10/1/2017

Client# :

\$0.00	Rent
\$0.00	Mortgage Payment
\$0.00	Property Taxes
\$0.00	Home Insurance
\$0.00	Condo Fees
\$728.00	Utility Allowance
\$728.00	
\$609.00	30% of \$2030.00 (150% of Poverty Level for 2)
\$119.00	Excess Shelter Costs
\$2,030.00	150% of Poverty Level for 2
\$2,149.00	Minimum Monthly needs Allowance (capped at \$3022.50)

**Community Spouses Itemized Gross Monthly Income**

Social Security	\$0.00
Interest Income	\$0.00
Dividend Income	\$0.00
Other	\$0.00
Total Community Spouse Gross Mo. Income	\$0.00

Monthly Community Spouse Allowance **\$2,149.00**

# LONG TERM SERVICES AND SUPPORTS AMOUNTS

Effective Date	Ave. Cost of Care	Minimum CSPA	Maximum CSPA	Min. MMNA	Base Shelter	Utility Allowance	Max. MMNA
10/1/2017	\$12,604.00	\$24,180.00	\$120,900.00	\$2,030.00	\$609.00	<b>\$728.00</b>	\$3,022.50
7/1/2017	<b>\$12,604.00</b>	\$24,180.00	\$120,900.00	<b>\$2,030.00</b>	<b>\$609.00</b>	\$698.00	\$3,022.50
1/1/2017	\$12,388.00	<b>\$24,180.00</b>	<b>\$120,900.00</b>	\$2,002.50	\$600.75	\$698.00	<b>\$3,022.50</b>
10/2/2016	\$12,388.00	\$23,844.00	\$119,220.00	\$2,002.50	\$600.75	<b>\$698.00</b>	\$2,980.50
7/1/2016	<b>\$12,388.00</b>	\$23,844.00	\$119,220.00	<b>\$2,002.50</b>	<b>\$600.75</b>	\$708.00	\$2,980.50
1/1/2016	\$12,170.00	\$23,844.00	\$119,220.00	\$1,991.25	\$597.38	\$708.00	\$2,980.50
10/1/2015	\$12,170.00	\$23,844.00	\$119,220.00	\$1,991.25	\$597.38	<b>\$708.00</b>	\$2,980.50
7/1/2015	<b>\$12,170.00</b>	\$23,844.00	\$119,220.00	<b>\$1,991.25</b>	<b>\$597.38</b>	\$724.00	\$2,980.50
1/1/2015	\$11,851.00	<b>\$23,844.00</b>	<b>\$119,220.00</b>	\$1,966.25	\$589.88	\$724.00	<b>\$2,980.50</b>
10/1/2014	\$11,851.00	\$23,448.00	\$117,240.00	\$1,966.25	\$589.88	<b>\$724.00</b>	\$2,931.00
7/1/2014	<b>\$11,851.00</b>	\$23,448.00	\$117,240.00	<b>\$1,966.25</b>	<b>\$589.88</b>	\$694.00	\$2,931.00
1/1/2014	\$11,581.00	<b>\$23,448.00</b>	<b>\$117,240.00</b>	\$1,938.75	\$581.63	\$694.00	<b>\$2,931.00</b>
10/1/2013	\$11,581.00	\$23,184.00	\$115,920.00	\$1,938.75	\$581.63	<b>\$694.00</b>	\$2,898.00
7/1/2013	<b>\$11,581.00</b>	\$23,184.00	\$115,920.00	<b>\$1,938.75</b>	<b>\$581.63</b>	\$668.00	\$2,898.00
1/1/2013	\$11,183.00	<b>\$23,184.00</b>	<b>\$115,920.00</b>	\$1,891.25	\$567.38	\$668.00	<b>\$2,898.00</b>
10/1/2012	\$11,183.00	\$22,728.00	\$113,640.00	\$1,891.25	\$567.38	<b>\$668.00</b>	\$2,841.00
7/1/2012	<b>\$11,183.00</b>	\$22,728.00	\$113,640.00	<b>\$1,891.25</b>	<b>\$567.38</b>	\$683.00	\$2,841.00
1/1/2012	\$10,586.00	<b>\$22,728.00</b>	<b>\$113,640.00</b>	\$1,838.75	\$551.63	\$683.00	<b>\$2,841.00</b>
10/1/2011	\$10,586.00	\$21,912.00	\$109,560.00	\$1,838.75	\$551.63	<b>\$683.00</b>	\$2,739.00
7/1/2011	<b>\$10,586.00</b>	\$21,912.00	\$109,560.00	<b>\$1,838.75</b>	<b>\$551.63</b>	\$662.00	\$2,739.00
4/1/2011	\$10,366.00	\$21,912.00	\$109,560.00	\$1,821.25	\$546.37	<b>\$662.00</b>	\$2,739.00
7/1/2010	<b>\$10,366.00</b>	\$21,912.00	\$109,560.00	\$1,821.25	\$546.37	\$720.00	\$2,739.00
7/1/2009	<b>\$9,959.00</b>	\$21,912.00	\$109,560.00	<b>\$1,821.25</b>	<b>\$546.37</b>	\$720.00	\$2,739.00



# Important Facts to Remember

# Important Facts to Remember

- Ascend needs to be entered timely and accurately to avoid additional processing.
- Each LTSS application processing center administers the ASCEND website. Each processing center's ASCEND caseload is sent to Mag Morelli and Matt Barrett as they are updated for distribution to their members. Questions about admissions, discharges and level of care (LOC) need to be directed to the appropriate staff member based on the caseload.
- Include name and client ID on all documents sent to scanning. You do not need a cover sheet.
- Information received for an application **after** the application has been denied will not be reviewed until a new application is submitted.
- Make sure a W-9 is submitted to alleviate some pay start issues.

# Important Facts to Remember

- All questions related to applications need to be asked to the eligibility staff member processing the application or their supervisor. Even after grant or denial if the question is related to the application, initial calculation of the patient liability you need to contact the eligibility staff member who processed the application or their supervisor.
- A break-down of the patient liability is sent to listed authorized representatives at initial grant. If your facility is an authorized representative you will receive one.
- Any changes to the patient liability a facility receives should be reported to DSS within ten (10) days on form W-1696 and with supporting documentation. DSS UPM states that eligibility staff have at least 30 days from date of receipt when received timely to make the change.
- All questions related to billing should be directed to the Convalescent Unit, NOT eligibility. The convalescent unit cannot answer questions about patient liability, if an admission or discharge was entered or why a case is closed.
- There is a Connecticut interChange MMIS provider manual on [www.ctdssmap.com](http://www.ctdssmap.com) where you can find answers regarding billing issues.

# Important Facts to Remember

- If you stop receiving payment for an individual or you have a general question about reporting a change you need to call the benefits center at 1-855-626-6632 and ask to speak with a LTSS Benefits Agent.
- Keep in mind that eligibility cannot be determined over the phone, if you are calling the benefits center to confirm coverage, the benefits center agent can only tell you the coverage the individual currently has and if a look-back is needed. This information is not a guarantee of payment. Additional issues may arise once an application is received and reviewed. Until an individual actually is admitted to a facility, patient liability cannot be disclosed. Patient liability is only disclosed if it is needed to administer our programs.
- You can receive confirmation of DSS receipt of proofs (such as bank statements, proof of premium changes, etc...) from MyAccount or the IVR.
- Authorized representatives who have submitted a release to DSS, such a W-298 (please include on the W-298 use of online tools such as creating and using MyAccount) can create a MyAccount for the individual who authorized them to do so. By setting this up, it will eliminate your need to call the benefits center to confirm whether or not we received forms or proofs.

# Questions/Answers