

Sec. 17a-230-11. Grandfathered individuals

(a) The commissioner shall pay for the per diem reimbursement costs as established by Section 4 of these regulations after June 30, 1984 when the regional eligibility team determines that a grandfathered individual (1) is eligible for authorization at his current level of care in accordance with Section 7 (b) of these regulations; (2) requires a different level of care which is currently available in his current private residential facility or; (3) is not appropriate at the present level of care but that a transfer is clinically contraindicated at the time; (4) meets the financial eligibility requirements of Section 7 (c) and (d).

(b) The regional eligibility team shall provide notice in writing within thirty days after the review to any grandfathered individual who does not meet the conditions addressed in sub-section (a) of this section, of its determination that the client is not eligible for department funding after June 30, 1984. Copies of such notice shall also be forwarded to the provider operating the private residential facility in which the client currently resides. Clients denied eligibility for authorization may appeal the regional eligibility team decision under the provisions of the statute. The department shall, however, provide funding at the level provided by the department of income maintenance prior to July, 1984, until final disposition of the appeal.

(c) The transfer process according to Section 13 of these regulations shall be implemented immediately upon receipt of notice from the regional eligibility team that a grandfathered client has been determined financially ineligible for department funding or determined to be eligible for funding at a different level of care than provided at the private residential facility in which he currently resides.

(Effective June 28, 1994)