

**STATE OF CONNECTICUT
DEPARTMENT OF MENTAL RETARDATION**

Procedure No. I.B.2.PR.003

Issue Date: September 9, 2004

Subject: Enrollment and Eligibility Maintenance
for the DMR Comprehensive HCBS Waiver.

Effective Date: Upon Release

Section: Planning and Resource Allocation, Waiver Management

A. Purpose

The procedure outlines enrollment process followed by the Department of Mental Retardation (DMR) Waiver Management Unit and documentation of on-going eligibility for services and supports available through the DMR under the DMR Comprehensive Home and Community Based Services (HCBS) Waiver.

B. Applicability

This procedure applies to individuals who are seeking new or additional services/supports and to individuals who are provided services and supports in any facility or program administered or funded by the Department of Mental Retardation including those who have an individual support agreement. Children served by the Birth to Three System are excluded.

C. Definitions:

Forms

| FORM # | FORM TITLE | FORM PURPOSE |
|------------------------------------|---|--|
| DMR Form 219 | Home and Community Based Services ICF/MR Level of Need Form | To document the diagnosis of mental retardation or a developmental disability and the need for the level of care provided in an ICF/MR. |
| DMR Form 222 | Home and Community Based Services Service Selection Form | To document that the recipient or his or her legal representative has been informed of any feasible alternatives under the Home and Community Based Services Waiver and given a choice of either institutional or home and community based services. |
| DMR Form 223 Revised 4/5/04 | Home and Community Based Services Notification of Waiver Programs | To notify the Central Office Waiver Management Unit of the recipient's programs and of any changes in recipient data. |
| DMR Form 224 | Reasons for Declining to Submit Medicaid and /or DMR HCB Waiver Applications | To notify the Central Office Waiver Management Unit and to record reasons for inability to enroll in the DMR HCBS waiver |
| DMR Form 225 | PRAT HCBS Waiver Recommendation Form | To record the PRAT eligibility determination after review of HCBS Waiver Application and Enrollment Packet or Request for Additional Services for the Waiver Unit. |
| DMR Form 296 | Home and Community Based Services Waiver Services for People Living with Their Family | To document the Home and Community Based Services Waiver services provided to a recipient under the age of 18 years who lives with his/her family. Used as applicable. |
| DSS Form W1518 | Home and Community Based Services Waiver Referral to Regional Office | To provide required information to the Department of Social Services in order to enroll person in the HCBS Waiver. |
| DSS Form W1576 | DSS DMR Waiver Change Report Form | To notify the DSS and DAS/FCS of changes in the DMR HCBS Waiver participant's plan of care or waiver eligibility status. |

HCBS Waiver – The Home and Community Based Services Waiver administered by DMR “waives” certain restrictions of Medicaid regulations and allows a flexible approach to providing services within the community. These services assist a person to live in the community, who would otherwise be eligible for placement in an ICF/MR.

New Services – Application made by an individual consumer/family/guardian *who is currently not receiving* day, residential and/or individual supports and is seeking day, residential and/or individual support services from the DMR.

Additional Services- Application made by an individual consumer or their planning team, *who is currently receiving* day, residential and/or individual supports, and is seeking additional day, residential and/or individual supports from the DMR.

MMIS – Department of Social Services Medicaid Management Information System

PRAT – Planning and Resource Allocation Team – A Regional Team chaired by the Planning and Quality Coordinator, and comprised of representatives from Resource Management, Case Management Supervision, Business Office, Family Support, and Regional Administration. This team manages the process whereby DMR identifies available resources, identifies individual consumer needs, assigns Priority, implements Planning and Resource Allocation policies and procedures, makes recommendations regarding applicants for the HCBS waiver, processes allocation of resources, and referrals to available out of home residential group living settings and Provider Agency based day services.

Regional Waiver Liaison – Individual appointed by the Regional Director to act as liaison with the Central Office Waiver Management Unit and to coordinate implementation of the Home and Community Based Services waiver at the regional level.

D. Implementation

- 1. Individuals seeking new or additional services/supports that are covered services under the Home and Community Based Services Waiver from DMR.** Individuals in this category must agree to participate in the Waiver application and enrollment process at the time DMR determines it has the resources and waiver slots available to deliver such services/supports. Waiver enrollment enables the State to bill Medicaid and receive federal assistance in funding waiver services, and thereby assists the State of Connecticut in its goal of supporting all citizens with Mental Retardation to safely and successfully live in their communities. If waiver slots are not available, the Department will provide services/supports to eligible individuals without enrollment in the HCBS waiver when state appropriations are available.
- 2. People residing in the community who currently receive services and supports that are included in the Home and Community Based Services Waiver from DMR.** Individuals in this category shall be evaluated for enrollment in the HCBS Waiver when waiver slots are available. This enables the State to bill Medicaid and receive federal assistance in funding those waiver services, and thereby assists the State of Connecticut in its goal of supporting all citizens with Mental Retardation to safely and successfully live in their community.

3. Waiver “Cap” and State Appropriations

The HCBS waiver includes a limit as to the number of individuals who can be enrolled and served through the waiver. In Connecticut, this cap increases for each of the five (5) years of the current waiver, i.e., there is an established number of “waiver slots” which are available. In addition, the availability of HCBS waiver services depends, in the first instance, on state appropriations for which prospective Medicaid funding under the waiver is available.

The ability to accept and process applications for waiver services and enrollment, therefore, requires an on-going assessment of “waiver slots” available **AND** the sufficiency of state appropriations to support waiver enrollment and waiver services. The DMR Regions will be advised by the DMR Central Office Waiver Unit of the status of these two (2) factors on a periodic basis. Applications **will not** be processed, and will be held for future consideration, whenever (a) “waiver slots” are unavailable, or (b) state legislative appropriations are not sufficient to support the services needed by potential **new** enrollee/recipients.

4. Initial Enrollment:

a. Approved Application Packet received from PRAT

The enrollment packet consists of (in order of presentation from top to bottom):

- i. DMR 225 PRAT HCBS Waiver Recommendation
- ii. DMR 219:HCBS ICF/MR Level of Need
- iii. DMR 222 HCBS Service Selection
- iv. DMR 223 Revised 4/5/04: Home and Community Based Services Notification of Waiver Programs
- v. DMR 296 HCBS Waiver Services for People Living with Their Family (as necessary)
- vi. DSS Form 1518
- vii. Waiting List Assessment Tool
- viii. Completed Medicaid Application (as necessary)
- ix. DMR Individual Plan of Care

b. Waiver Packet Review.

- i. Initial information entered in the HCBS Waiver data base as pending
- ii. Packet checked for completeness and forms reviewed for consistent dates and required information. Regions are responsible for maintaining the accuracy of CAMRIS at all times. Information provided on waiver forms must match CAMRIS. Applications will remain in Pending status and not be acted on until the information provided in the waiver packet matches with CAMRIS data.
- iii. CAMRIS reviewed for verification.
- iv. DSS MMIS checked for T19 status
- v. Individual Budget report reviewed as necessary for monthly service/support costs
- vi. Calculation of estimate for monthly service/support costs and completion of DSS 1518
- vii. Waiver database updated - status assigned as Active
- viii. CAMRIS HCB status updated
- ix. Waiver Packet sent to DSS and DAS/FSC notified of enrollment and estimated costs for billing
- x. Final DMR Waiver Unit decision will be issued to the applicant and his/her personal representatives, with a copy to the Case Manager, within forty-five days of receiving the complete file at the waiver unit.
- xi. Waiver documentation permanent individual file created
- xii. Upon DSS approval the applicant will be enrolled in the waiver.

- b. Denied Application Packet received from PRAT
 - i. The Waiver Application Packet as described above is reviewed by the Waiver Case Manager with a final review by the Waiver Unit Director.
 - ii. Final decision will be issued to the applicant and his/her personal representatives, with a copy to the Case Manager and the Chair of the referring PRAT, within forty-five days of receiving the complete file at the waiver unit.
 - iii. An applicant who is denied enrollment in the waivers(s) will receive notice of the right to request a hearing convened by the Department of Social Services (DSS). Forms and directions for initiating the DSS hearing process will be included with any Notice of Denial. DSS, as the “single state Medicaid agency”, makes the final administrative Medicaid/waiver eligibility decision.

5. Refusal or Inability to Enroll In the DMR HCBS Waiver

a. For individuals already funded in a DMR administered program

- i. Case manager advises individual and family of the review process and completes DMR Form 224, Reasons for Declining to Submit Medicaid and/or DMR HCBS Waiver Applications and submits to the CO Waiver Unit.
- ii. Waiver Unit will make a formal written request to the individual, guardian, and legal/personal representative to explain the basis for refusal and review documentation in support of the refusal.
- iii. The request will also advise that the failure to submit the requested explanation and supporting documentation may result in the termination of DMR funding for supports and services.

b. For individuals who are seeking new or additional supports

- i. If the individual is not eligible for Medicaid due to excess income and/or assets, or the individual / legal representative declines to apply for Medicaid and/or complete the enrollment process for the DMR HCBS waiver, the DMR Case Manager must complete DMR Form 224, Reasons for Declining to Submit Medicaid and/or DMR HCBS Waiver Applications, and return to the PRAT for submission to the CO Waiver Unit.
- ii. The PRAT will suspend consideration for services/supports for the individual until notified by the CO Waiver Unit of a final determination of eligibility for DMR funded services/supports.
- iii. Waiver unit will make a formal written request to the individual, guardian, and legal/personal representative to explain the basis for refusal and review documentation in support of the refusal.
- iv. After review the waiver unit will issue their findings and decision in concurrence with the DMR Commissioner’s Office, and notify the individual, guardian, and legal/personal representative.
- v. Individuals and families who are seeking new supports will be advised of their right to a Programmatic Administrative Review at the Regional Level if they do not agree with the findings.

6. PRAT Denial of Request for Additional Services

- a. The completed **DMR Form 225, PRAT HCBS Waiver Recommendation**, with reason for denial, completed Waiting List Assessment Tool, and supporting documents are received from the PRAT and reviewed by the Waiver Unit.
- b. Final decision by the Waiver Unit will be issued to the applicant and/or his/her personal representatives, with a copy to the Case Manager and the Chair of the referring PRAT.
- c. Individuals and families who are seeking additional supports will be advised of their right to a fair hearing by the DSS, the state Medicaid agency.
- d. Should the family choose to pursue a hearing the PRAT will be notified after the hearing is held and decision delivered.
- e. Should the family waive their right to a hearing the Waiver Unit will notify the PRAT of the findings and decision by the Waiver Unit in concurrence with the Office of the Commissioner of DMR.

7. Changes in Individual Plan and/or Living Situations

- a. Any changes in residential, day program or other waiver services should be reported by the case manager to the waiver unit on Form 223 and CAMRIS updated within 5 days.
- b. Any changes in residence to an ICF/MR, hospital or any nursing facility should be reported to the waiver unit on Form 223 and CAMRIS updated within 5 days.
- c. The waiver unit will review the Form 223 for changes. Form 1576 will be completed to notify DSS and DAS of any Plan of Care Change, Address change or Eligibility change that will assure correct billing in a timely manner.
- d. When it is determined that the reported change will result in the individual's no longer being eligible for the waiver the waiver unit will contact the case manager to review the information and resulting disqualification. The case manager will discuss this with the individual/family and advise them of the review process and document this in their record/notes
- e. The waiver unit will send notification to inform the individual and family of their discontinuance from the waiver and their right to a hearing with DSS, the State Medicaid agency.

8. Annual Re-determinations

- a. All individuals who are enrolled in the DMR waiver should be reviewed annually for re-determination of continued eligibility for waiver/T19 status at the time of their individual plan review by the case manager.
- b. Annual re-determination should be recorded on Form 219 and kept in the case record. A copy is not sent to the waiver unit.
- c. If person is found to be no longer eligible for the waiver Form 224 should be completed and submitted to the PRAT/ regional waiver coordinator for review and submission to the CO Waiver Management Unit.
- d. The waiver unit will issue a letter of notification of dis-enrollment from the waiver and right to a hearing with DSS, the state Medicaid agency.

E. References

1. External [42 CFR 441.300 – 305]
2. Statutes: CGS 4a-12, CGS 17b-222
3. Rules, Regulations and Policy or Instructions
 - DMR Procedure No I.B.1PR.001
 - DMR Procedure No I.B.1PR.002
 - DMR Procedure No I.B.2PR.001
 - DMR Procedure No I.B.2PR.002
 - DMR Directive No. I.B.DIR.001

F. Attachments

1. DMR HCBS Waiver Enrollment Packet Forms:
 - § DMR 219:HCBS ICF/MR Level of Need
 - § DMR 222: HCBS Service Selection
 - § DMR 223: Revised 4/5/04: Home and Community Based Services Notification of Waiver Programs
 - § DMR 224: Reasons for Declining to Submit Medicaid and /or DMR HCBS Waiver Applications
 - § DMR 225: PRAT HCBS Waiver Recommendation
 - § DMR 296: HCBS Waiver Services for People Living with Their Family (as necessary)
 - § DSS Form 1518
2. Notification of Enrollment in the DMR HCBS Waiver
3. Notification of Denial of HCBS Application or Services
4. Notification of Change of Eligibility Status Causing Discharge from the HCBS Waiver
5. Notification of Denial of Request for Additional Waiver Services
6. DSS - Request for Administrative Hearing HCBS Waiver for Persons with Mental Retardation
7. DMR Connecticut HCBS Waiver Fact Sheet