



Department of Developmental Services Case Management - Frequently Asked Questions

Due to the current state economy, and the freeze on hiring and refilling state positions, effective July 1, 2009, DDS will no longer be assigning case managers to:

- Individuals who are not enrolled in the fee-for-service Medicaid program and are not receiving DDS residential or day supports.
- Individuals who live in private ICF/MR settings.
- Newly eligible individuals who are not enrolled in fee-for-service Medicaid.

The following information applies to families who have been notified that DDS case management will be discontinued.

Will my family member lose their eligibility for services from DDS?

No. Individuals who no longer have a case manager assigned will still be eligible for DDS services.

Who should I contact to discuss options or ask questions?

You may contact your case manager until June 30, 2009. After that please use the contact number for your region which is listed below.

My adult family member is not on Medicaid. Should I apply?

Yes. You are encouraged to apply for fee-for-service Medicaid (Title 19) if your family member is age 18 years or older. Applications for Medicaid are submitted to the Department of Social Services (DSS). Your case manager can assist with a Medicaid applications prior to July 1st. Once your family member is enrolled in Medicaid he or she is entitled to case management under the state Medicaid Plan. This case management is provided by DDS.

What is the difference between Husky Managed Care Medicaid and fee-for-service Medicaid?

Husky Managed Care Medicaid is available to children whose families meet certain income limits. These children are issued two insurance cards, one is a grey Medicaid Connect card and the other is an insurance card from the Managed care group. Children on Managed Care Medicaid will **not** be assigned a case manager at this time.

Fee-for-service Medicaid is available to adults who have disabilities. The Department of Social Services (DSS) considers only the income of the individual with a disability, not the family income, when determining Medicaid eligibility for an adult age 18 or older. Individuals with fee-for-service Medicaid do not go through a managed care organization to receive medical services. By exception, fee-for-service Medicaid is also available to some children served by DDS.

Can I still apply for DDS Family Supports?

Yes. If you would like to request Family Support, you may contact your case manager prior to July 1, 2009.

To gain access to Family Supports after July 1, 2009, you may contact the Individual and Family Supports (IFS) Division in your region:

- North – (860) 331- 2044
- South – (2030) 294-5097
- West – (203) 805-7420

What type of assistance will be available through the IFS Division?

Family Supports include: individual and family grants, respite center stays, educational support, transition coordination, family support workers, behavioral consultation, and nursing consultation. DDS will also have staff available to:

- Provide information about DDS, other state and community agencies, and community recreational activities.
- Coordinate requests for family supports (e.g., family support workers, behavioral support, transition coordinator support).
- Coordinate one time requests for individual and family grants.
- Coordinate requests for respite at DDS respite centers.
- Assist with Medicaid benefit applications (upon the age of 18).
- Respond to crisis situations, provide triage and referrals.
- Process requests for additional DDS supports– including completion of needed assessments. (LON, Priority Checklist).

My child has behavioral health needs. Can I still apply for DDS Voluntary Services?

Yes. If your child is between the ages of 8 and 18 years and has behavioral health needs, you may apply to the DDS Voluntary Services Program. Information about Voluntary Services is available on the DDS website at: <http://www.ct.gov/dds/>. If you would like to request Voluntary Services, please contact your case manager before July 1st or the IFS Division number listed above after July 1st. Requests will be considered based on the availability of resources.

Will my family member still be eligible to apply for Residential Services or Employment/Day Supports?

If you would like to request residential or day support, make that request to your case manager prior to July 1st or notify the number above after that date. Requests will be considered based on availability of resources.

Will my family member be able to have a DDS case manager assigned in the future?

A case manager will be assigned when:

- Your family member enrolls in fee-for service Medicaid.
- Your family member is scheduled to complete high school and receive school graduate funding for DDS adult day services or employment support.
- Your family member receives DDS Voluntary Services.
- Your family member's situation becomes an emergency status.

Is there an appeal process for this change in case management?

No. This is a final administrative decision that cannot be appealed.