A. Purpose
This procedure outlines the process to apply for services and supports available through the Department of Mental Retardation under the MR HCBS Waiver.

B. Applicability
This procedure applies to individuals who are seeking new or additional services/supports available through the DMR. Children served by the Birth to Three System are excluded.

C. Definitions
Department of Administrative Services (DAS) - The state agency responsible for investigation, determination and collection of charges for support of people served by DMR.

Department of Social Services (DSS) - The designated Single State Medicaid Agency which administers the State Medicaid Plan.

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.

Facility or Program Administered by DMR – Includes Public or Private Community Living Arrangements (CLA), Supported Living Programs (SL), Day Programs, Supported Employment Services, Community Training Home (CTH) or Individual Support Agreement (ISA).

Individual Support Agreement (ISA) - The term used to describe the method by which individuals direct their own services and supports through a legally binding agreement between the individual or their guardian and DMR.

Planning and Resource Allocation Team (PRAT) – 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
I.B.2.PR.001 Application for New or Additional Services/Supports and Enrollment Procedures for the MR HCBA Waiver

referrals to available out of home residential group living settings and Provider Agency based day services.

Out of Home Placement: Is the term used to describe a Community Living Arrangement (CLA, group home) ICF/MR, Residential School, or other paid 24 hour supervised living arrangement outside of a family home.

C. Implementation

Individuals seeking new or additional services/supports which are covered services under the Home and Community Based Services Waiver from DMR, 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.

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 ongoing 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.

1. Initiation of Waiver Application for individuals who are seeking new or additional supports from DMR

At least annually, consumers/families/guardians/representatives should be provided the current “Fact Sheet” on the Connecticut HCBS Waivers(s). The Fact Sheet provides a summary of approved waiver services, the application and enrollment process, and hearing rights for decisions related to waiver(s).

a. When an individual, his/her family/guardian, or his/her planning team/circle has initiated a request for new or additional services/supports that are covered services under the waiver, the DMR Case Manager will follow DMR Procedure No: I.B.1.PR.001, Administration of Requests for Day and Residential Supports. A DMR Waiting List Assessment Tool must be completed at that time if one is not on file and current.

b. The Case Manager should review the individual request to determine whether such services/support would be a covered service under the waiver. A preliminary recommendation should be made to the PRAT by the Case Manager, with concurrence from the Case Management Supervisor, based upon the following factors:

i) the individual has Mental Retardation or Related Condition; and,
ii) there is a reasonable indication that the person, but for the provision of waiver services coupled with other available supports, would need services in an ICF/MR or NF, as evidenced by one or more of the following:
   (1) the services/support provided and sought (including state-funded, generic/community, natural and family supports) is critical to maintaining the individual in his or her current living situation,
   (2) without such services/support the individual would require the level of care provided in an ICF/MR-institutional setting,
   (3) in the absence of such services/support, the individual would present an immediate need for an ICF/MR institutional placement, OR,
   (4) there are other compelling indications of an immediate risk of institutional placement.

This determination is documented on **DMR form # 219, HCBS ICF/MR Level of Need Form**, and submitted to the PRAT via the Regional Waiver Liaison.

This preliminary recommendation to the Planning and Resource Allocation Team (PRAT) informs the department if waiver enrollment should be initiated if the individual is authorized for services/supports by the Planning and Resource Allocation Team (PRAT).

### 2. Eligibility for DMR HCBS Enrollment

Following DMR Procedures No. I.B.1.PR.001, Administration of Requests for Day and Residential Supports, the PRAT will identify individuals who are to be considered for DMR services and supports. When an individual is identified for service consideration, the PRAT shall review his/her eligibility for HCBS enrollment at that time based upon the following criteria:

a. The applicant is eligible for DMR services under state law;

b. The individual has Title 19 (Medicaid), or is considered to be eligible for Medicaid;

c. The applicant has “E” or “P-1” status on the DMR Waiting List for residential placement/support/services, or would be assigned such status if on the DMR Waiting List, if the individual will be receiving residential supports;

d. The person’s needs require the level of care provided in an ICF/MR; and,

e. That, but for the provision of one or more of the services covered under the waiver(s), combined with community supports, it is likely that the applicant would need ICF/MR-institutional services within one month.

The following factors may be considered in determining the final criteria:

i. the applicant’s current living situation has deteriorated to the point where either the applicant or others face immediate and serious jeopardy to health and safety;

ii. the applicant exhibits severe behavioral/mental health or medical issues which can no longer be managed in the current living situation;

iii. the applicant is receiving serious consideration for admission to an institutional/ICF/MR residential setting;

iv. the department must respond to a lawfully issued court order requiring residential placement, services, or support; and/or

v. supports and services available in the HCBS waiver are needed to supplement community supports to prevent imminent placement in an ICF/MR, institutional, or similar residential facility for persons with mental retardation.

The PRAT will record the review determination on **DMR form 225, PRAT HCBS Waiver Recommendation**, and notify the Case Manager to proceed with the regional enrollment process.
3. Regional Enrollment Procedures

a. Upon authorization by the Regional Planning and Resource Allocation Team (PRAT) notifying the Case Manager of available resources and a waiver slot, the Case Manager shall coordinate the completion of a Medicaid Application if necessary, and completion of the DMR HCBS Waiver enrollment forms:

- DMR 222, Service Selection, and,
- DSS W1518, HCBS Referral to Regional Office.

A Completed Waiting List Assessment and the above stated DMR and DSS Forms constitutes the initial “Waiver Application and Enrollment” Packet. NOTE: Completion of these forms does Not mean an individual is enrolled in the waiver(s), and consumers and their respective representatives should never be lead to believe, or mislead, that the completion of forms equals waiver eligibility and enrollment.

i) If the identified resource is an existing funded opportunity in an out-of-home residential setting (referral), the Case Manager shall inform the individual and/or legal representative that when the individual/legal representative and the provider of this service agree that the referral will be accepted, the individual/legal representative must complete a HCBS Waiver Application and Enrollment Packet to complete the admission process. If the individual/legal representative decline to do so at any time, the referral shall be withdrawn, and 3) below will be initiated.

ii) If the Medicaid Application is dependant upon enrollment in the DMR HCBS waiver (income limits exceed standard Title 19 limits, but is less than 3 times the current SSI amount), the completed Medicaid Application and the DMR HCBS waiver enrollment package (DMR 219, 222, and DSS W-1518) will be submitted to the PRAT for review and submission to the Central Office (CO) Waiver Unit at this time.

iii) 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. 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.

b. Under the following circumstances, the DMR Case Manager will proceed with coordinating the Person Centered Planning process:

i) Upon completion of the DMR HCBS Waiver Application for individuals who are already Title 19 (Medicaid) recipients; or,

ii) The Regional Waiver Liaison notifies the Case Manager that Medicaid eligibility has been established as a result of the DMR HCBS waiver enrollment (3.A.2 above); or,

iii) The PRAT notifies the Case Manager that the circumstances described in 3.A.3 above have been resolved and the individual is eligible to resume the enrollment process, or found otherwise eligible for DMR funded services/supports.

The Case Manager will assist the individual with coordinating preferred circle/team members and initiate person centered planning to identify support needs and preferences which may be addressed by waiver services and/or state-funded, generic and natural supports. Once the planning process is completed and the proposed type, amount, and frequency of each waiver service/support have been identified to implement the Individual Plan, the Case Manager must submit to the PRAT via the
Regional Waiver Liaison the completed Individual Plan, proposed Individual Budget, and DMR form 223, Notification of Waiver Services.

c. Upon final authorization of the Individual Plan and Individual Budget, the PRAT will submit a recommended decision and the reasons therefore for enrollment in the DMR HCBS waiver by completion of DMR form 225, PRAT HCBS Waiver Recommendation Form, all records and forms considered, and the waiver application packet (DMR forms 219, 222, 223, DSS form W-1518, and the Waiting List Assessment Tool) to the DMR CO Waiver Unit. The Waiver Unit will issue a final decision to the applicant and his/her personal representatives, with a copy to the Case Manager, within forty-five (45) days of submission of the complete file. Need for immediate placement or other emergency protective services will continue to be addressed under the Commissioner’s state law authority, CGS Sec. 17a-274(k), without regard to waiver issues.

d. If the individual applicant is not in agreement with the approved Individual Plan and/or Individual Budget based on a denial of a type, amount or frequency of a waiver service/support, the PRAT must record the specific nature of the dispute, its recommended decision and the reasons therefore when submitting DMR form 225, PRAT HCBS Waiver Recommendation Form, and all records and forms considered, to the DMR CO Waiver Unit as described in 3. C.. The Waiver Unit will issue a final decision to the applicant and his/her personal representatives, with a copy to the Case Manager, within forty-five (45) days of submission of the complete file. Need for immediate placement or other emergency protective services will continue to be addressed under the Commissioner’s state law authority, CGS Sec. 17a-274(k), without regard to waiver issues.

4. DMR Central Office Waiver Unit Action
The DMR Central Office Waiver Unit will issue a final decision on all applications for waiver enrollment, and on recommended type, amount and/or frequency of waiver services/supports. Upon DSS approval of any such application the applicant will be enrolled in the waiver.

An applicant who is denied enrollment in the waiver, or is denied the type, amount and/or frequency of waiver services/supports requested, 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. Waiver Recipient Request for Additional Waiver Services
Any “waiver recipient” may request additional services under the waivers at any time. All such requests will be submitted on the PRAT Request for Service/Support form, include a completed DMR Waiting List Assessment Tool if one is not on file and current, and an explanation as to why the recipient “needs” such services. The PRAT will review the request based upon the recipient’s ‘need’, that is, in the absence of such additional service(s), the recipient is likely to require – and be eligible for – placement in an ICF/MR/institutional setting within one month. If a request for additional waiver services is approved by the PRAT, based upon DMR Needs Assessment criteria, the Region will coordinate the provision of such services as soon as possible. The PRAT will document their approval on DMR Form # 225, PRAT HCBS Waiver Recommendation Form and copy the Case Manager for the recipient’s file. Approval of additional waiver services does not require DMR Central Office review.
The DMR Region will provide immediate notice to the DMR Central Office Waiver Unit of any changes in waiver services through the submission of either DMR form 223, Notification of Waiver Services.

Any denial of a request for additional waiver services will be issued by the DMR Central Office Waiver Unit, upon recommendation of the PRAT through the submission of DMR form 225, PRAT HCBS Waiver Recommendation Form, and include Notice to the recipient of applicable hearing rights as set forth above for eligibility determinations.

6. **Hearing Process**

All determinations by the DMR Central Office Waiver Unit to deny waiver eligibility or deny additional requested waiver services are subject to a request for hearing before DSS in accordance with the Uniform Administrative Procedures Act. The DMR division of Legal & Government Affairs will coordinate the hearing process and present the department’s position at such hearings.

If an applicant/waiver recipient prevails at the DSS hearing, the DMR Regional Office will be notified and DMR shall implement the hearing decision as soon as possible thereafter.

7. **Children and Minors**

Persons under the age of eighteen (18), and older than three (3), may be enrolled in the waiver if they are seeking, and approved by the Waiver Unit, waiver service(s) which will be provided on at least a monthly basis. The HCBS Waiver(s) cannot be used solely for the purposes of establishing Medicaid eligibility. Applications for children will be approved by DMR only if there is a legitimate need for at least monthly waiver services and, without such service(s), along with other state-funded, generic and natural supports the child will imminently require a residential placement outside the family home OR such service(s) will allow the child to return to the family home.

The enrollment of children and minors presents some critical distinctions from the enrollment of adults. Children and minors who are potentially eligible for the waiver, generally, have a right to a Free Appropriate Public Education (FAPE) through their 21st year. Legal parental obligations, generally, continue through the age of majority. Given these legal rights and obligations, waiver enrollment of children - if there is a legitimate need for regular and periodic waiver services – is encouraged.

If, however, a child or minor needs out-of-home placement, in most cases, a Child Protective Services or educational issue is presented and the HCBS waiver is not the mechanism to address such issues, i.e., if a child requires out-of-home placement as a result of abuse, or a child requires a residential/educational placement to benefit from his/her right to FAPE.
D. References
1. Statutes: CGS 4a-12, CGS 17b-222
3. Rules, Regulations and Policy or Instructions –
   DMR Procedure II.B.2.32, II.B.2.34, PAR procedure
   DMR Procedure I.B.1.PR.001 Administration of Requests for Day and Residential Supports, the PRAT

E. Attachments
1. DMR Forms
   219, 222, 223, 224, 225, and 296
2. DSS Form W-1518
3. Notification of Enrollment in the DMR HCBS Waiver
4. Notification of Denial of HCBS Application or Services
5. Connecticut HCBS Waiver Fact Sheet
COMPANY LOGO

CONNECTICUT DMR
WAIVER ENROLLMENT FOR NEW APPLICANTS/SERVICE REQUESTS

- CM submits PRAT Request for Service/Support and Waiting List Assessment
- Level of Need for ICF/MR established by CM, DMR Form 219, submits to PRAT
- PRAT reviews Priority and makes initial eligibility determination
- PRAT notifies CM of available waiver slot, or referral to possible funded opportunities

☐ If referral, CM meets with family, reviews the HCBS Waiver Fact Sheet, and determines if the family will participate in the HCBS Waiver enrollment process:
  - yes, proceed with referral process
  - no, suspend referral process, complete DMR 224, Reasons for Declining to Submit Medicaid and/or HCBS Waiver Application, submit to Regional Waiver Liaison

- When authorized, CM coordinates PCP process, completes waiver application and enrollment packet, and submits to Regional Waiver Liaison:
  - Medicaid (Title 19) Application if needed
  - DMR 222, Service Selection
  - DMR 223, Notification of Waiver Services
  - DSS W-1518, HCBS Referral to Regional DSS Office
  - OPS, FAP or ISA Plan Summary; and, Proposed Individual Budget of appropriate

- PRAT reviews Individual Plan and Budget if appropriate and recommends approval/denial
  - Submits DMR 225, PRAT HCBS Waiver Recommendation and all documents to CO Waiver Unit

- CO Waiver Unit issues final decision on enrollment and sends approval/denial and due process notice to the individual/legal representative and copies CM.

- Additional Service/Support(s) requested: CM submits PRAT Request for Service/Support

- PRAT reviews request and recommends approval/denial
  - Approval: DMR 225 to CM
  - CM completes DMR 223, Notification of Services, submits to Regional Waiver Liaison
  - Regional Waiver Liaison submits to CO Waiver Unit

  - Denial: DMR 225 to CO Waiver Unit
  - CO Waiver Unit issues final decision on request and sends approval/denial to the individual/legal representative and copies CM. If approved, copies PRAT to initiate service/support planning for individual

- Individual/legal representative declines or has asset/income concerns
  - CM completes DMR 224, Reasons for Declining to Submit Medicaid and/or HCBS Waiver Application, submits to Regional Waiver Liaison
  - Regional Waiver Liaison submits to CO Waiver Unit