



STATE OF CONNECTICUT DEPARTMENT OF MENTAL RETARDATION



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Individual and Family Fact Sheet – Home and Community Based Services Waivers

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What Is a Waiver?

A Home and Community Based (HCBS) Waiver is a way for the State to receive partial reimbursement from the federal government for providing needed community based programs and supports designed to enable individuals to leave institutional settings or to prevent their placement into institutional settings in the first place. The federal government reimburses Connecticut 50% of the cost of services and supports for people enrolled in a HCBS Waiver. This reimbursement helps the state to fund programs that might otherwise not be affordable. The reimbursement is received through the Medicaid program, therefore, a person must be enrolled in Medicaid to participate.

DMR currently has two HCBS Waivers. One is the **Individual and Family Support** waiver, to provide in-home, day, vocational, and family supports services for people who live in their own or family home. The second is the **Comprehensive Supports** waiver for services delivered in licensed settings, and provides for the vocational and in-home services needed for people who need a more intensive level of support to remain in their own or family home.

What Is Medicaid?

Medicaid, or Title 19, is a *state-federal partnership* to provide health care services to certain low-income populations, primarily children, disabled adults and the elderly. States and the federal government *share the cost* of the Medicaid program. DMR services are considered health care services for disabled children and adults, and through our HCBS Waivers, the federal government will *share the costs*.

What Services Are Provided Through The Waivers?

DMR Waiver services are used in combination with other Medicaid and generic services to provide a level of support that enables you to remain in the community and to meet your health and safety needs. Both waivers offer a wide variety of services to do so.

Individual and Family Support Waiver:

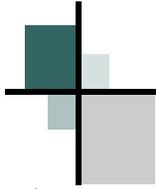
- ♦ **Residential and Family Support Services:** Supported Living; Personal Support; Individual Habilitation; Adult Companion; Respite; Personal Emergency and Response Systems; Home and Vehicle Modifications; and Family Training.
- ♦ **Vocational and Day Services:** Supported Employment; Group Day such as day activity, retirement programs and sheltered work; and Individualized Day, an individually tailored service.
- ♦ **Specialized and Support Services:** Behavior and Nutritional Consultation; Specialized Equipment and Supplies; Interpreters; Transportation; and Family and Individual Consultation and Support.

Comprehensive Supports Waiver :

- ♦ **Licensed Residential Services:** Community Living Arrangements (CLA); Community Training Homes (CTH); and Assisted Living.
- ♦ **Residential and Family Support Services:** Supported Living; Personal Support; Adult Companion; Respite; Personal Emergency and Response Systems; and; Home and Vehicle Modifications.
- ♦ **Vocational and Day Services:** Supported Employment; Group Day such as day activity, retirement programs and sheltered work; and Individualized Day; an individually tailored service.
- ♦ **Specialized and Support Services:** Behavior and Nutritional Consultation; Specialized Equipment and Supplies; Interpreters; Transportation; Individual Directed Goods and Services; and Family and Individual Consultation and Support.

Why Should I Enroll In The Waiver?

- ◆ Enrolling in a waiver is how you will be able to obtain services and supports from DMR such as day and vocational services and residential supports. People already in service also have to enroll so CT can receive all the federal matching funds for which it is eligible. This is now a State Statute, or a law, requiring waiver enrollment in most cases.
- ◆ When needs increase over time, those enrolled in the waiver will be eligible for an increased level of services and supports in a timely fashion.
- ◆ By enrolling in a waiver, individuals can earn more monthly income and still retain their Medicaid health benefits. Persons in the Working Disabled program are eligible for waiver services as well.



What Options Do I Have In Service Delivery?

You will have an Individual Budget that includes all the services and supports you and your support team decided would best meet your needs. How much service and support you are eligible for is decided based on your assessed Level of Need. There are a number of choices you have in how the services and supports are provided to you.

- ◆ **Qualified Enrolled Vendors:** Many agencies across the state are enrolled with DMR to offer waiver services. Each Region has a listing of all those agencies and can help you with arranging services. You have the choice of using any agency on the list that offers the service(s) you want.
- ◆ **Agency with Choice:** Some agencies will work with you to let you decide who is hired to work with you, how much to pay, and provide help to supervise and train your staff, but the agency will be the employer of your staff.
- ◆ **Self-directed:** You can choose to hire directly the staff who work with you and be the employer yourself. If you do this, you decide who to hire, fire, how much to pay, schedules, benefits and job duties. Self-directing services requires that you use a Fiscal Intermediary to handle the transfer of funds, payroll, tax filing, and reporting duties. You also might need a DMR Broker or can hire your own Family and Individual Consultation and Support person to help you manage your staff and individual budget.

How Does A Person Enroll?

DMR notifies people who are on the DMR Waiting List when there is an available opening on a waiver through the Regional Planning and Resource Allocation Process (PRAT). If you are eligible for the waiver program at that time, you and your team will start the Individual Plan process and complete the waiver application, and if necessary a Medicaid application. If you already are receiving services, your case manager can help you determine if you are waiver eligible and help complete the application process. To be eligible;

- ◆ The person must have Medicaid or be Medicaid eligible.
- ◆ The person must need an ICF/MR level of care. That is, the person must have a level of need which would necessitate the level of services provided in an institution.
- ◆ The person must say that they want to live in a community setting.
- ◆ The person must demonstrate a need for one or more of the services provided by a HCBS Waiver.
- ◆ The person's income and assets must be within the limits specified for the waiver. That is, assets less than \$1,600 and income and entitlements less than three times their SSI payment. If you work, you may be eligible for the Working Disabled (SO5) Medicaid program which has even higher income and asset limits. It is only the assets of the individual (over the age of 18), which are considered, not those of his or her family.

What Happens If I Do Not Or Cannot Enroll?

- ◆ DMR will work with you and your family to determine if you need to enroll in the waiver to obtain or keep services from DMR. If you do but choose not to enroll at that time, DMR will not offer you most services, such as day and vocational services and residential supports. If a family believes that their son or daughter is ineligible due to assets, staff from the department's Division of Legal and Government Affairs will review the particular financial circumstances to assist in a resolution.
- ◆ If you are willing to enroll in a waiver, but cannot because you have excess assets, DMR will help you to arrange to spend down those assets to become eligible, or you would privately pay for your services until you become waiver eligible. If DMR assists you, we will reserve funding for you so you can enroll in the waiver when you meet Medicaid eligibility requirements and continue with your services.

What If I Am Found Ineligible or Denied Services?

If a person applies for the waiver and is found ineligible, or, does not agree with service limits, requests additional services but is denied or is told that services will be reduced, they will be notified in writing by DMR and may appeal the decision to the Department of Social Services.