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.

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 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 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.