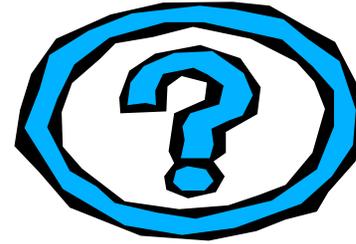


An Overview of the DMR Medicaid HCBS Waiver System

Family Forums

October 2005

What is a HCBS Medicaid Waiver?

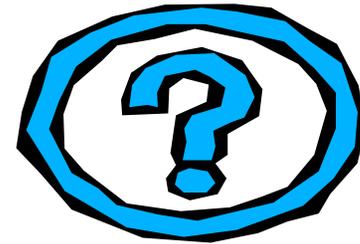


Medicaid: Medicaid is a federal program originally designed to provide medical care and institutional services for people with disabilities. It has a number of rules that details how services can be delivered.

HCBS: means Home and Community Based Services

Waiver Explanation: The HCBS Waivers are arrangements that DMR has with the Medicaid Program (federal government) to have some of the Medicaid rules “waived” so that you can have more choice about how and where you receive services.

What are the DMR HCBS Waivers?



The Individual and Family Support Waiver
is designed to support individuals who live in their own homes
or in their family homes and receive less extensive supports
that typically cost less than \$50,000.

The Comprehensive Waiver
is used to provide services to individuals who live in licensed
Community Living Arrangements (CLA), Community Training
Homes (CTH) or in Assisted Living Facilities.
It can also be used to provide services to individuals who live in
their own homes or in their family homes and who are in need
of a comprehensive level of supports, usually as a result of
significant physical, behavioral or medical support needs.

Foundation of Beliefs

The design of the Medicaid Waivers is based upon a foundation of beliefs that have evolved from the DMR Mission, Self-Determination Principles, and the HCBS Quality Framework:

- Easy Access
- Relationships
- Creative and Flexible Supports
- Choice and Control
- Health and Safety



Steps in the Process To Access Services and Supports through DMR



DMR Eligibility

Priority Checklist

Level of Need (LON)

Planning and Resource Allocation Team (PRAT)

HCBS Waiver Eligibility

DMR Eligibility

In order to receive waiver services, you must first be eligible to receive services from DMR.

*To be eligible to receive services from DMR,
a person must:*

- **BE A RESIDENT OF CONNECTICUT, AND**
- **HAVE MENTAL RETARDATION** as defined in Connecticut General Statutes 1-1g,
- **OR HAVE A MEDICAL DIAGNOSIS OF PRADER-WILLI SYNDROME.**

The Priority Checklist

When an individual or family requests services from DMR, the Case Manager will complete a Priority Checklist with the person and/or their family.

The Priority Checklist is used to determine the urgency of you or your family member's need in relation to others who have requested services from DMR.

The information helps to determine if you will be on the **Waiting List** (want or need services within a year or so), or the **Planning List** (want or need services in two or more years)

Level of Need (LON)



The LON process helps the department to make equitable decisions in resource allocation.

This information is used to plan ahead for the amount of funds you or your family may be eligible for when you are offered an opportunity to apply for a DMR waiver.

The Waiting List Assessment tool is used now to determine a person's Level of Need. A new tool will be introduced next year.

Your case manager will complete the LON Assessment with information that you and others provide to determine your current anticipated funding needs.

Planning and Resource Allocation Team (PRAT)

The Priority Checklist and the LON Assessment will be sent to the Planning and Resource Allocation Team (PRAT) by your case manager.

This information will be used to plan who will be receiving supports and at what amount each year.

The PRAT will review your information and assign a priority to your request for services.

Planning and Resource Allocation Team (PRAT)



Priority Ratings

All of the necessary resources may not be available right away so the PRAT will use the information to place you on a Waiting List or Planning List.

As a result of a federal law suit, DMR and the ARC of CT have a “Settlement Agreement” that specifies that 150 people each year will receive residential supports based on a Priority System that determines urgency of need.

The same process is used when people request day or vocational services.

Planning and Resource Allocation Team (PRAT)



Enrollment in the Waivers

DMR has to award funding to someone before it can offer an opportunity to apply for one of the DMR waivers.

The funding comes from the resources allocated to implement the Settlement Agreement, from money provided to someone else who no longer needs it, or from the Graduate or Age Out funding allocated by the Legislature each year.

If the resources assigned to you are expected to meet your projected needs for supports, you will be asked to enroll in one of the DMR HCBS Waivers. If you do not want to be enrolled in a waiver, you will not be able to get the services and/or funding set aside for you.

Planning and Resource Allocation Team (PRAT)

Requests for Additional Funding

The resource allocation planned for you can be adjusted based upon additional factors not reflected by the LON process.

Requests for services with costs exceeding funding ranges are reviewed by the PRAT, and sent on to regional and statewide Utilization Review Committees, if needed.

Requests in amounts higher than the identified funding ranges are only approved to address health and safety needs.

HCBS Waiver Eligibility



**If you are eligible to apply
for one of the HCBS Waivers,
*DMR will help you through the application
process.***

Being enrolled in one of the waivers
will help you create
a package of services that is right for you.

HCBS Waiver Eligibility

To be eligible for either of the waivers, you must:

- ✓ Already be eligible for Medicaid, or be determined to qualify for Medicaid.
- ✓ Have income and assets no greater than the guidelines set by the Department of Social Services (DSS).
- ✓ Have needs that can be met through a waiver so that you do not have to live in an institution (ICF/MR) or Nursing Home to have your support needs met.
- ✓ Need waiver supports in addition to the supports that you already have to lead a safe and healthy life in the community.

These other supports can include DMR state-funded services, Medicaid state plan services, community/generic services, and natural supports such as your family or friends.

New Developments



Things that are important to know!

- **New Service Options**
- **Hiring Choices**
- **Provider Qualifications**
- **Individual Plan**
- **Quality Service Review**

New Service Options

A very extensive set of services and supports is available through the two DMR Waivers. The attached handout provides you with a description of each of these services.

It is important to note that there are a variety of special limitations and restrictions on the use of funds for the services and supports offered under the waivers.

Therefore, it is very important to discuss any proposed plans with your case manager.

Hiring Choices



Once you have identified the services that will best meet your needs, you can choose how you want to manage those services.

You can choose from among a number of different options, including:

SELF DIRECTION

AGENCY WITH CHOICE

VENDOR AGENCY

OR, A COMBINATION OF THE ABOVE APPROACHES

Provider Qualifications

DMR has established standard requirements to make sure that any support provider that delivers waiver services to you is able to provide you with safe, quality services.

Whether you choose an agency vendor, an agency with choice, hire your own staff, or a combination of above, any individual providing waiver services to you must meet established waiver service qualifications.

Individual Plan



Our Quality Management system begins with the *person-centered individual planning process*. You can help ensure that you have good quality supports and services by making sure your **Individual Plan (IP)** includes all of the ideas and components of a good quality plan.

The more you know about creating a good quality plan, the greater the likelihood of achieving your dreams!

Individual Plan Components



- **Personal Profile**
- **Future Vision**
- **Assessments**
- **Action Plan**
- **Summary of Individuals and Agencies Who Will Provide Support**
- **Summary of Monitoring and Evaluation of the Plan**
- **Individual, Family, Guardian, Advocate Involvement**
- **Periodic Review**
- **Plan Follow-up**

Quality Service Review

Whether you are using a Qualified Vendor Agency, an Agency with Choice, or are hiring your own support staff, the department *regularly reviews all support providers* in a formal process called Quality Service Review.

**Quality review activities will be conducted by:
Case Managers,
Regional Quality Monitors,
And Central Office Quality Reviewers.**

Quality Service Review



Case managers, regional staff, and central office staff will gather information in several ways, which may include:

- **Interviewing you and your family**
- **Interviewing your support provider**
- **Observing your support provider while they provide you with supports**
- **Looking at documentation of the work your support staff has done (time sheets, daily logs, etc.)**
- **Conducting a safety review if services are received somewhere other than a family home.**

Quality Service Review



The Quality Review Team will develop recommendations as part of the service review.
These recommendations may include:

Quality Improvement Plan for the Agency

Corrective Action Plan for the Agency

Employer Quality Action Plan if you are the employer and hire your own staff

Your Rights & Responsibilities



As someone who is receiving HCBS Waiver Services, you have some **Basic Rights and Responsibilities**.

YOUR RIGHTS

You have the right to:

- ✓ Be safe
- ✓ Be treated with respect
- ✓ Have your service options explained to you
- ✓ Express your personal desires
- ✓ Privacy
- ✓ Be free of physical and mental abuse
- ✓ Speak up and complain if you don't like something
- ✓ Be informed if there are changes that effect you
- ✓ Appeal a decision about your service options.

Your Rights & Responsibilities

YOUR RESPONSIBILITIES

You are responsible for:

- ✓ Being actively involved in developing your Individual Plan
- ✓ Letting your case manager know if your situation changes
- ✓ Respecting others, as you want to be respected.

Your Rights & Responsibilities

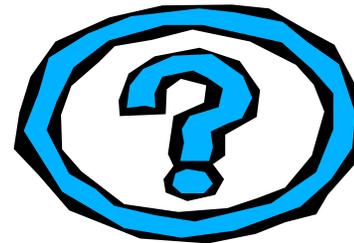


If you do not agree with decisions made by DMR about your waiver services there are a number of options you have to ask for a new decision or to make a complaint.

You can:

- ✓ **Contact Your REGIONAL OFFICE**
- ✓ **Request a PROGRAMMATIC ADMINISTRATIVE REVIEW (PAR)**
- ✓ **Complete a FAIR HEARING REQUEST to appeal through DSS, CT's Medicaid Agency (if one is sent to you from DMR)**
- ✓ **Contact the INDEPENDENT DMR OMBUDSPERSON**

QUESTIONS OR COMMENTS



**What else
would you like
to know?**

**Please Contact Your DMR Case Manager
for More Information
or Visit the DMR Website at
<http://www.dmr.state.ct.us/HCBS/index.htm>**