

**STATE OF CONNECTICUT
DEPARTMENT OF DEVELOPMENTAL SERVICES**

Procedure No. I.B.2.PR.004

Subject: Waiver Compliance Review

Section: Planning and Resource Allocation, Waiver Management

Issue Date: September 9, 2004

Effective Date: Upon Release

Note: Technical revisions were made to this policy on October 31, 2024, to ensure the policy reflects respectful and person first language. No substantial changes were made.

A. Purpose

The purpose of this procedure within the Department of Developmental Services is to ensure that the DDS Home and Community Based Services Waiver Compliance reviews conducted in the DDS regional offices throughout the year are in compliance with Medicaid requirements.

In the Department of Social Services, the purpose of this procedure is to ensure that a random sample of plans of care be submitted on a quarterly basis to DSS (the single State Medicaid Agency) for required reviews.

B. Applicability

This procedure shall apply to all DDS Regional Offices .

C. Definitions

Federal Financial Participation (FFP): Federal Government's share of a State's expenditures under the Medicaid Program.

Medicaid Waiver Coordinator – Individual from the State Medicaid Agency, CT Department of Social Services, who provides oversight of the DDS waiver.

Regional Waiver Liaison – Individual appointed by the Regional Director to act as liaison with the Central Office Waiver Management Unit and to coordinate implementation of the Home and Community Based Services waiver at the regional level.

Single State Medicaid Agency: Medicaid agency which administers or supervises the administration of a State Medicaid Plan.

D. Implementation

DDS Reviews

1. The Central Office Waiver Management Unit will contact the designated Regional Waiver Liaison to schedule the monitoring visit on a quarterly basis.
2. During the monitoring visit, the Waiver Management unit will randomly select and review ten case files for compliance to Federal Financial Participation (FFP) requirements in claiming HCBS Waiver Services.
3. The review will include the examination of the individual case record and associated files to confirm that all forms listed below are present in the files and are complete and accurate.

FORM #	FORM TITLE
DDS-219	HCBS-ICF/IID Level of Need Form
DDS-222	Home and Community Based Services – Service Selection Form
DDS-223	HCBS-Notification of Waiver Programs Form
DDS-224	Reasons for Declining to Submit Medicaid and/or DDS HCB Waiver Applications
DDS 225	PRAT HCBS Waiver Recommendation Form
DDS-296	HCBS-Waiver Services for People Living With Their Families
DSS W-1518	Home and Community Based Services Waiver Referral to Regional Office
DSS W-1576	DSS/DDS Waiver Change Report Form
DDS Individual Plan	CT DDS Individual Plan (Plan of Care)

4. Following the monitoring visit, the Waiver Management Unit will send a summary of the findings to the Regional Director, DSS and designated regional waiver liaison.
5. The Waiver Management unit will schedule a follow-up visit with the designated regional waiver liaison, if corrective action was determined to be necessary.

DSS Reviews

1. On a quarterly basis, Waiver Management Unit will request four Personal Care Plans from each region.
2. The Waiver Management Unit will send twelve Personal Care Plans to the Department of Social Services (DSS) Medicaid Waiver coordinator.
3. The Medicaid Waiver coordinator will review the Personal Care Plans and report any deficiencies and required corrective action to the Waiver Management Unit.
4. Waiver Management Unit will review the DSS report and required corrective action with the designated Regional Waiver Liaison. Regional waiver liaison will notify the waiver unit of the completion of the corrective action which will be reviewed at the next quarterly regional monitoring visit.
5. The Waiver Management unit will notify the Medicaid Waiver coordinator of the completion of the requested action.

E. References

1. Statutes
2. Rules, Regulations and Policy – External [42 CFR 441.302 (d)(1)(2)]
3. Rules, Regulations and Policy or Instructions – DDS
4. DDS HCBS Waiver Enrollment Packet Forms:
 - DDS 219:HCBS ICF/IID Level of Need
 - DDS 222 HCBS Service Selection
 - DDS 223 Revised 4/5/04: Home and Community Based Services Notification of Waiver Programs
 - DDS 225 PRAT HCBS Waiver Recommendation DDS 296 HCBS Waiver Services for People Living with Their Family (as necessary)
 - DSS Form 1518 Home and Community Based Services Waiver Referral to Regional Office

F. Attachment

Home and Community Based Services Waiver Compliance Review