

**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.

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