STATE OF CONNECTICUT
DEPARTMENT OF MENTAL RETARDATION

Procedure No. I.B.2.PR.004  Issue Date: September 9, 2004
Subject: Waiver Compliance Review  Effective Date: Upon Release
Section: Planning and Resource Allocation, Waiver Management

A. Purpose
The purpose of this procedure within the Department of Mental Retardation is to ensure that the DMR Home and Community Based Services Waiver Compliance reviews conducted in the DMR 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 DMR 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 DMR 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
DMR 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.

<table>
<thead>
<tr>
<th>FORM #</th>
<th>FORM TITLE</th>
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<tbody>
<tr>
<td>DMR-219</td>
<td>HCBS-ICF/MR Level of Need Form</td>
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<tr>
<td>DMR-222</td>
<td>Home and Community Based Services – Service Selection Form</td>
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<tr>
<td>DMR-223</td>
<td>HCBS-Notification of Waiver Programs Form</td>
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<tr>
<td>DMR-224</td>
<td>Reasons for Declining to Submit Medicaid and/or DMR HCB Waiver Applications</td>
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<tr>
<td>DMR-225</td>
<td>PRAT HCBS Waiver Recommendation Form</td>
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<tr>
<td>DMR-296</td>
<td>HCBS-Waiver Services for People Living With Their Families</td>
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<tr>
<td>DSS W-1518</td>
<td>Home and Community Based Services Waiver Referral to Regional Office</td>
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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
3. Rules, Regulations and Policy or Instructions – DMR
4. DMR HCBS Waiver Enrollment Packet Forms:
   - DMR 219:HCBS ICF/MR Level of Need
   - DMR 222 HCBS Service Selection
   - DMR 223 Revised 4/5/04: Home and Community Based Services Notification of Waiver Programs
   - DMR 225 PRAT HCBS Waiver Recommendation DMR 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