

**STATE OF CONNECTICUT  
DEPARTMENT OF MENTAL RETARDATION**

***DIRECTIVE:*** Maximizing Enrollment in DMR HCBS Waiver(s) for  
Individuals Receiving or Seeking DMR Services and  
Supports

No.: I.B.DIR. 001

Issue Date: February 6, 2004

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Employee Groups for Review and Implementation:

EMT, Regional PRATs, "Waiver Unit", CM Supervisors, CMs/Brokers

Manual Section:

I. Service Delivery, B. Planning and Resource Allocation

***Purpose***

The purpose of this Directive is to ensure the maximum enrollment of individuals in the HCBS Waiver who are (a) eligible for enrollment, i.e., in the absence of Home and Community Based Services the individual would need and qualify for imminent placement in an ICF/MR, and (b) receiving substantive services, which are included under the waiver, but currently entirely state-funded without *federal financial participation* (FFP). DMR's plans and initiatives to serve substantial numbers of individuals on the Waiting List, as well as other individuals who are unserved or underserved, over the next *five* years **REQUIRE** a maximum effort to increase enrollment in the DMR HCBS Waiver(s) for eligible individuals.

***Applicability***

This Directive applies to all individuals who receive *substantive services*, which are included within the services covered by the HCBS waiver(s), but who are not currently enrolled in the HCBS waiver(s).

## *Definitions*

HCBS Waiver(s) means Home and Community Based Services Waiver(s), under Medicaid, which are administered by DSS and operated by DMR, to support individuals with mental retardation to live and work in the community.

Federal financial participation means the federal reimbursement for the state-funded services, which are covered under the waiver(s), provided to individuals enrolled in the HCBS Waiver(s). **(Fifty percent (50%) of the state expenditure is reimbursed by the federal government under the HCBS waiver(s)).**

Substantive services means (a) “residential/habilitation”, i.e. residential support, supervision, training, etc., funded in CLAs, supported living, independent living, family homes, which may be through contracts or ISAs, and/or (b) “day services”, i.e., structured site-based programs, enclaves, mobile work crews, supported employment, daily community experience, etc., which is funded by DMR through contracts or ISAs, AND (c) such services combined have an annual individual “cost” or “budget” which exceeds \$5,000.00.

## *Information*

In seeking to initiate the HCBS waiver application and enrollment process, the following information should be provided to individuals, and their families/guardians, as appropriate:

1. Increasing waiver enrollment – resulting in the recovery of federal funding for the state - is the cornerstone of DMR’s Five Year Plan to serve individuals with the most urgent needs who are waiting for services.
2. Increasing waiver enrollment will allow DMR to provide additional services to persons already receiving services who are in the most urgent need for additional services.
3. The refusal of an individual to engage in the waiver application and enrollment process - in the absence of documented and justifiable reasons, as determined by DMR - *may* result in the loss of DMR- funded services for any individual who is, or may be, eligible for HCBS waiver enrollment.
4. If a reluctance to engage in the waiver application and enrollment process is based upon concerns about Medicaid eligibility, there must be a complete disclosure of all assets and income related to the individual. (Note: In many cases, this concern is unfounded as trusts and other assets and income can be effectively insulated from claims by the state, from Medicaid eligibility calculations, and the Probate Court takes a far more liberal view toward the treatment and establishment of “Special Needs”, or “Supplemental Needs” trusts for persons with disabilities than in the past.)
5. Any individual, and “legally liable relatives” of persons under the age of eighteen, has a documented and accounted legal liability for the cost of

programs and services provided by DMR. The state’s capacity to “collect” on that legal liability is more restricted, e.g., at death, etc., if an individual is enrolled in the Medicaid HCBS Waiver.

6. DMR is transitioning to a system in which nearly all DMR services will be connected to HCBS waiver enrollment. Refusal to agree to engage in the waiver application and enrollment process, for current recipients of DMR services - and future applicants for such services - may result in a determination that NO DMR services will be provided, or that such services will no longer be provided.

## ***Exceptions***

DMR, through its Division of Legal & Government Affairs, will consider any explained and documented refusal to engage in the HCBS application and enrollment process and the Commissioner may make exceptions to this Directive as warranted by state and federal law, as applicable.

## ***References***

### ***Federal Law***

42 U.S.C. 1396a (“Social Security Act”, Sec. 1915(c))  
42 CFR 441.300 et seq. (“Waiver regulations”)

### ***State Law***

Conn. Gen. Stat. Sec. 17a-210 (DMR and Commissioner, authority)  
Conn. Gen. Stat. Sec. 17a-281 (“voluntary admission”, “resources”)  
Conn. Gen. Stat. Sec. 17b-222 (DMR programs defined as “humane institutions”)  
Conn. Gen. Stat. Sec. 17b-223 (Calculation of “cost of support”)  
Conn. Gen. Stat. Sec. 17b-224 (Liability for cost of care)  
Conn. Gen. Stat. Sec. 4a –12 (DAS “collection” of liability for cost of care)

Regs. Conn. Agencies – DMR Sec. 17a-212-4 (Priority-setting and service authorization)