



State of Connecticut
Department of Developmental Services

Ned Lamont
Governor

Jordan A. Scheff
Commissioner

Peter Mason
Deputy Commissioner

Operations Memo 2021-05

TO: DDS Private Providers

FROM: David David, Director of Service Development and Support, Operations Center

CC: Jordan Scheff, Commissioner, Peter Mason, Deputy Commissioner, Katie Rock-Burns, Chief of Staff, Scott McWilliams, Chief of Fiscal/Administrative Services, Regional Directors, Assistant Regional Directors, Resource Administrators, The Alliance, The Arc CT

DATE: November 30, 2020

SUBJECT: Group Day Hourly Authorizations

This past summer the Department of Developmental Services (DDS) converted all group day per diem authorizations to hourly in order to maximize our Medicaid revenue. As individuals have begun returning to day programs, DDS has received questions on the flexibility of the hourly authorizations and individual's attendance in their day program. The following guidelines apply for group day hourly authorizations:

1. The standard six (6) support hours are available to the individual
2. The individual receives a minimum of at least three (3) support hours for each day attended
3. The provider must establish a set schedule for each participant based on the approval of the individual's team
4. Providers may intermittently adjust the schedule with the approval of the residence or the guardian. Any permanent adjustment or excessive intermittent changes must be approved by the individual's team.
5. Individual teams have the flexibility to maximize utilization based on the needs of the individual including adjusting the number of days in the week and the length of the day. Maximum number of hours of support in a single day is eight (8) hours but no more than forty (40) hours in a week.
6. Providers supporting individuals with group day hourly authorizations must not exceed the maximum billable units except if the individual has attended for at least five hours each day for more than the standard 225 days.

7. The set schedule must be available to the individual for fifty-two (52) weeks in the year whether or not the individual has exceeded their maximum billable units. Prior approval of the regional director or designee is required to have less than the required 52 weeks of supports available to the individual.

During the Covid-19 outbreak, the following alternative guidelines may apply:

1. The standard support hours available to the individual will be based on the provider's approved reopening plan.
2. There is no minimum number of daily support hours.

If you have any questions, please email David David at David.David@ct.gov