

**STATE OF CONNECTICUT  
DEPARTMENT OF DEVELOPMENTAL SERVICES**

**Interim Procedure**

**With revised definitions for “age-out” and “grad”**

**Procedure No:** I.B.1.PR.001

**Subject:** Administration of Requests for

**Day and Residential Supports and Services**

**Section:** Service Delivery, Planning and Resource Allocation

**Issue Date:** February 28, 2003

**Effective Date:** March 1, 2003

**Revised:** July 20, 2004

**Revised:** October 15, 2007

**Revised:** July 23, 2015

**Approved:**/s/Morna A. Murray

**A. Purpose**

This procedure delineates a standardized process to ensure that all individuals receiving services from DDS are treated fairly and equitably in the allocation of resources when requesting day or residential supports and services, and to implement Regs. Conn. Agencies – DDS Secs. 17a-212-1 et seq.

**B. Applicability**

This procedure applies to all individuals determined eligible for Department of Developmental Services (DDS), their families, advocates and guardians.

It also applies to all department staff, particularly those responsible for making and processing requests for residential and/or day supports and services, i.e. case managers, support brokers, and members of the regional Planning and Resource Allocation Teams.

This procedure does not apply to the allocation of family support resources funded through Individual and Family Grants.

**C. Definitions (Revised definitions for “age-out” and “grad”)**

**Ageout:** An individual eligible for DDS funding and services between the ages of 18 and 21 who is receiving residential supports and who (1) has non-DDS funding from a state or municipal agency or local education agency (LEA) that ends at a certain age, generally 21; (2) is receiving funding from the DDS Behavioral Services Program (BSP); (3) is a youth whose family receives funding of not less than \$14,000 from the Department of Children and Families (DCF) for a subsidized adoption; or (4) is placed outside of the family home by DCF. To be eligible for residential age-out funding, an individual shall have received residential funding and services for not less than one year prior to requesting age-out funding. Residential services funded by an individual, an individual’s family or any non-governmental entity (i.e. private pay) shall not qualify an individual for DDS age-out funding. A copy of any agreement between an individual’s family and the LEA that has funded residential supports for the individual shall be provided to DDS prior to any authorization for age-out funding.

**Grad (High School Graduate):** An individual eligible for DDS funding and services between the ages of 18 and 21 who (1) is living at home; (2) is graduating from high school; (3) has requested employment supports or day services upon graduation; and (4) does not receive residential funding and services of \$20,000 or more through a Vendor Service Authorization (VSA) or Contract Service Authorization (CSA).

Planning List: Group of individuals who have requested residential or day supports through the Regional Planning and Resource Allocation Team. (PRAT) **and** whose need for such services has been determined as not urgent in nature. The individual has been categorized as a Priority 2 or 3 for the services requested. Typically the individuals on the Planning List do not have unmet health and welfare issues and/or are planning for future service needs.

Priority The code assigned to individuals requesting services that identifies the urgency of their need for services. Individuals coded as Emergency and Priority 1 are determined to have the most pressing need for services and are classified as Waiting List and are considered first when allocating resources. Those with a Priority of 2 or 3 want or will need services in 2 or more years. Their need is not considered urgent, critical or immediate and they are classified as Planning List.

Priority Checklist The tool used to assign a priority to the individual's request for services or supports.

Planning and Resource Allocation Data Management System (also known as the Planning List Data Base) is a data management system that tracks individuals who request either residential or day/work supports and services as well as individuals who will graduate from or ageout of funded services.

Residential Supports Refers to on-going supports delivered in the individual's family home, own home, Community Companion Home (CCH) , Professional Parent home (for children) a Community Living Arrangement (CLA, group home) or an Intermediate Care Facility for individuals with Mental Retardation (ICF/MR) considered necessary to enable an individual to live in the community.

Status This refers to the individual's current standing on the various lists, relative to their request for services (Active, Withdrawn, Placed).

Target Group of individuals defined by either a dedicated funding allocation or by a mandate to provide services, such as those living in their own home or with their families, high school graduates and those identified through federal requirements.

Waiting List: Group of individuals who have requested residential or day supports through the Regional Planning and Resource Allocation Team. (PRAT) **and** whose need for such services has been determined to be urgent in nature. The individual has been categorized as an Emergency or Priority 1 for the services requested.

#### **D. Implementation**

1. Planning and Resource Allocation Team (PRAT)
  - a. Each region shall have a PRAT responsible for establishing priority of each individual service request for residential and day supports, the

allocation of regional resources and HCBS Waiver eligibility determination.

- b. Composition of PRAT may vary, as necessary, depending upon the type of request or nature of the agenda. At a minimum PRAT shall be composed of individuals with knowledge of the person being reviewed, availability of resources and who have decision making authority for resource allocation:
  - i) ARD for Public Services or designee
  - ii) ARD for Individual and Family Support or designee
  - iii) Director of Quality Improvement or designee
  - iv) Planning and Quality Coordinator who shall serve as the chairperson.
  - v) ARD for Private Administration or designee with knowledge of and decision authority for the region's spend plan.
  - vi) Transition Coordinator – when Grads and Ageouts are on the agenda
  - vii) Individual with knowledge of and decision making authority for the regional Housing Subsidy Program
  - viii) Waiver Liaison
- c. The volume of referrals and related activities shall determine the size of the team and the meeting schedule. Teams will meet at least monthly.
- d. The region's Planning and Quality Coordinator shall serve as chairperson, facilitate the meeting and ensure that:
  - i) Requests for resources are reviewed for completeness (incomplete requests will be returned to the applicable case manager supervisor)
  - ii) There is a meeting schedule and agenda for each meeting
  - iii) Data, on all requests for supports/services, is collected and maintained through the regional Planning and Resource Allocation Data Management System
  - iv) All requests for resources are tracked and the status updated
  - v) Written feedback goes to the person initiating the request, which is typically the case manager.
  - vi) Waiver eligibility determinations are forwarded to the Central Office Waiver Unit.
  - vii) Referrals for supports/services are initiated and reviewed including the progress of ISA development for individuals when funding is allocated for the purchase of supports.
- e. PRAT responsibilities:
  - i) Review activities occurring since previous meeting, correspondence, feedback from providers and status of pending referrals to providers
  - ii) Review the status of current Emergencies

- iii) Review the status of all referrals and ISA development.
- iv) Review each new request for services/support
- v) Determine the priority status (Waiting List – emergency or Priority 1, Planning List - Priority 2 or 3) for each individual request.
- vi) Determine HCBS Waiver eligibility
- vii) Review available resources including new dollars and vacancies (actual and projected )
- viii) Review resource profiles for CLAs
- ix) Match resources to individuals in accordance with procedures and department priorities
- x) At least annually review the priority status of all individuals on the Waiting and Planning Lists
- xi) At the beginning of each fiscal year, review the region’s goals and resources, mandates and needs to start the regional planning process

2. Planning List Database

- a. Each region, using the department’s statewide database shall maintain data about the individuals who request residential or day/work supports and services. This data shall consist of information about the individual including but not limited to: where they live, what they do during the day, their age, the age of their caregiver, the type of support requested (day or residential), when they first requested the services, their current priority, date the priority was assigned, projected cost of service requested, current available individual funding, waiver status and the status of the request.
- b. The database resides on the department’s Local Area Network (LAN) maintained and monitored by the staff of the Central Office Strategic Leadership Center’s Planning and Information Management Unit.
- c. The maintenance of the data is the responsibility of the Planning/Quality Coordinator who also chairs the PRAT.

3. Request for Service and Supports and Priority Assignment

- a. The Case Manager submits a request for services to the Planning/Quality Coordinator consisting of:
  - i) Request for Services form
  - ii) Level of Need (LON) assessment to determine level of support need and assign estimated funding needs
  - iii) Priority checklist
  - iv) The individual’s current plan
  - v) The value of the resources currently available to the individual
  - vi) Level of Care determination (DDS Form 219)

- b. The chairperson or other team members may request additional information or the participation of other parties at the PRAT meeting to assist with the decision making.
  - c. PRAT reviews the Priority checklist in relation to any reports or assessments submitted with the request for services. The Team may question the referral source, typically the case manager, to confirm or clarify information before assigning a priority to the individual.
  - d. PRAT assigns the person a Priority status which determines whether the individual is assigned to the Waiting List (Emergencies or Priority 1) or Planning List (Priority 2 or 3)
  - e. For all individuals categorized as Priority 1 or Emergency, the case manager will submit a complete referral packet (described in c. ii) to the P/Q Coordinator to maintain on file if a referral is not made immediately.
4. Resource Allocation Process
- a. Resources include vacancies in public or private programs, or the funding for the supports to be purchased.
  - b. The PRAT reviews available resources and matches them to individuals on the waiting list.
    - i) PRAT considers emergencies first
    - ii) Priority 1s are considered next and the distribution of resources and referrals to providers shall be based upon the following:
      - (a) Any restrictions placed upon the resource including mandated target groups.
      - (b) The individual's HCBS Waiver status
      - (c) The length of time the person has been a Priority 1,
      - (d) The availability of funding/resource sufficient to meet the person's needs and,
      - (e) The person's personal resources and preferences.
  - c. PRAT notifies the Case Manager of the referral(s). Case Manager must notify the individual/family of the referral(s) and of the HCBS waiver enrollment requirements at this time in accordance with Procedure I.B.2.PR.001.
  - d. If PRAT refers the individual to a provider with an available resource:
    - i) P/QC sends the referral packet to the provider with a cover memo that outlines timeframes for response.
    - ii) The referral packet consists of:
      - (a) Cover letter identifying
        - (i) the requested resource match, the expected response time and the person to whom the response should be made.

- (ii) If the person referred is in an emergency situation and the expedited response time needed.
  - (b) Referral form noting the reason for the referral and service preferences and materials enclosed.
  - (c) Psychological assessment
  - (d) Current service plan if available such as: Individual Support Plan (ISP), Overall Plan of Service (OPS) or Follow Along Plan (FAP)
  - (e) Medical summary
  - (f) Social summary
  - (g) Vocational summary
  - (h) Educational information or IEP
  - (i) Other reports or assessments as appropriate such as, Physical Therapy, Speech, Neurological.
  - (j) Signed release
  - (k) Additional Information for Supported Living Referrals includes:
    - (i) Self Medication Administration Screening Tool
    - (ii) Community Health and Safety Form
    - (iii) Residential Skill Assessment for less than 24 hours supervision
    - (iv) Increased Risk Assessment
- e. If the referral is to a private provider, the Resource Manager 2 receives a copy of cover letter, and the Resource Manager 1 will:
- i) monitor the referral activity,
  - ii) report at subsequent PRAT meetings until individual is identified and placement occurs or ISA is written.
  - iii) If multiple referrals are made for the same person the Resource Manager 1 notifies all providers as soon as placement has been secured. All other referrals are withdrawn.
- f. A minimum of 3 referrals at a time should be made per provider resource
- g. Referral packet composition may vary depending on the nature of the referral and the availability of assessment materials. For example individuals in emergency situations may have minimal information available.
- h. Provider should respond in writing within three weeks of receipt of the referral packet. The response must state their interest or inability to serve the person. The provider's response may be verbal but must be followed with a written response.
- i. When the provider states their intent to serve the person, the Case Manager notifies the individual/family. The individual/family then has 2 weeks to accept or reject the service.

- j. When the provider makes a commitment and the individual/family accepts, the transition/planning process begins. Ideally supports will begin within 60 days of the decision by the provider and the individual's acceptance of the service.
  - k. Case Manager must complete the HCBS waiver enrollment package at the time of acceptance per Procedure I.B.2.PR.001.
  - l. For individuals allocated resources to purchase their supports through an ISA,
    - i) the Case Manager is notified by the P/Q C of both the current year's available cash and the annualized amount of the resource.
    - ii) The Case Manager in turn notifies the individual/family of the outcome of the PRAT process. Case Manager must complete the HCBS waiver enrollment package at the time of acceptance per Procedure I.B.2.PR.001.
  - m. Emergencies may be dealt with outside of this process due to special circumstances. These cases will be reviewed at the first PRAT meeting following the placement or support provision.
  - n. Exceptions to sec. A.2.a.-c. "Allocation of Resources"
    - i) Emergencies – an emergency situation exists when the health, safety or welfare of the individual or others is at great risk and the situation cannot be resolved any other way. The individual meets the criteria for Emergency established in the priority checklist. And, the individual/caregiver is willing to accept the most appropriate available resource.
    - ii) Available resources are mandated for a specific group of individuals i.e. people at home with elderly parents, high school graduates, Olmstead individuals.
5. Review and change in priority status
- a. Priority status will be reviewed annually or upon request. The priority checklist will be administered and the individual's priority will be adjusted as their needs/situation changes.
  - b. Refusal to accept available resources may result in the adjustment of the individual's priority. For individuals who are emergencies the refusal of any resource that can substantially meet the person's need will result in the change of status to Priority 1. For individuals who are on the P1 list and who refuse repeated offers of appropriate resources, the PRAT will change the status to P2 placing the person on the Planning List unless the age of the caregiver or some other unique circumstance contraindicates this change.

- c. The case manager will notify the individual/family in writing of any change in their priority status. The family has the right to appeal this decision through an administrative review of this change
6. Removal from a list
  - a. An individual's name may be removed from a specific list for the following reasons:
    - i) The person is placed or receives individual support funding.
    - ii) The individual/family requests removal.
    - iii) The individual is no longer eligible for services from the department.
    - iv) The individual moves out of state.
    - v) The individual/family cannot be contacted after repeated attempts. And, after the case manager sends a registered letter notifying the individual/family of the department's intent to remove their name from the list.
  - b. The case manager shall notify the individual/family of their removal from the list.
7. Administrative Review Process

If an individual/family does not agree with the priority status or removal from the list they may request a Programmatic Administrative Review and also has the right to an administrative hearing. The Case Manager will assist in making these requests as needed.
8. Regional Audit

Each region will conduct an internal audit at least annually. The audit should cover such areas as:

  - consistency in prioritization and resource allocation
  - the removal from the list of individuals no longer interested in supports and
  - the identification of individuals on the planning list who will be School Graduates or Aging out of a residential/day support with in the next two fiscal years.
9. Central Office Audit

Within the first six months of each fiscal year, the Central Office Waiver unit conducts audits of regions' prioritization and resource allocation processes for adherence to DDS Procedure

#### **E. References:**

Account Definitions  
Individual Support Procedures  
Waiver Procedures  
Residential Services Protocols  
Programmatic Administrative Review

CGS Secs. 17a-210, 17a-212  
Regs. Conn. Agencies – DDS, Secs. 17a-212-1 et seq.  
Birks v. Lensink, Civ. No. B-89-506, Judgment on Stipulated Compromise

**F. Attachments:**

- Attachment A: [Priority Checklist for People at Home or Living in a CCH](#)
- Attachment B: [Request for Service/Support Form](#)
- Attachment C: [Level of Need Assessment and Screening Tool](#)
- Attachment D: [PRAT Referral Consent Form](#)