



State of Connecticut
Department of Developmental Services



M. Jodi Rell
Governor

Peter H. O'Meara
Commissioner

Kathryn du Pree
Deputy Commissioner

August 25, 2008

DDS Private and Public Providers

Re: Elimination of Supported Living Services from the DDS Waivers

The Comprehensive Waiver renewal and IFS Waiver amendments will be implemented on October 1, 2008. The new waivers allow DDS to continue to expand waiver services, maximize federal reimbursement and keep Connecticut in the mainstream of waiver administration, moving in the direction that the federal government has mapped out for the program. The new IFS Waiver changes some of the services. Supported Living will no longer be a service under the HCBS waivers operated by DDS. Individualized Home support is replacing Supported Living in the Comprehensive Waiver and Individual Support Habilitation in the IFS waiver.

Currently, Supported Living under DDS contracts was billed to Medicaid on a per diem basis. Providers also reported their contracted SL attendance to the DDS waiver unit on a per diem basis. Since these services were not included in the Comprehensive Supports Waiver renewal or the IFS Waiver amendment we can not bill for SL services after 9/30/08.

On October 1, 2008 Supported Living will not be a service in the DDS HCBS waivers and is replaced with Individualized Home Supports. Individualized Home Support is a service that is billed on a 15 minute unit basis and requires attendance to be reported on a 15 minute unit basis. In order for DDS to continue to obtain Federal Financial Participation for these services, the current SL services provided by both the public sector and private providers will be required to be reported on a 15 minute unit basis beginning with the October attendance. This will have no effect in the way providers are paid for this service. Documentation is still required to support all attendance data.

Providers who are delivering service through a Vendor Service Authorization are already providing billing data and service documentation on a 15 minute basis. These providers will have to rename Supported Living or IS Habilitation to Individualized Home Supports on their billing invoice. This change should have minimal effect on the providers delivering service through a Vendor Service Authorization, as they are already providing billing data and service documentation on a 15 minute unit basis. They will just need to rename the service Individualized Home Supports instead of Supported Living or IS Habilitation.

The public sector providers and contracted private providers will need to insure that their reporting system is adjusted from charting attendance on a per diem basis to documenting the hours of support an individual receives in 15 minute units of service. To accomplish this change the following steps will be taken:

1. Attendance sheets for consumers currently in SL programs will be annotated to indicate that providers must report the number of 15 minute units of direct service provided rather than just checking off days. Direct service is defined as the time staff spend face to face with the consumer implementing the goals and objectives documented on the individual plan. Indirect time such as phone calls with the

Phone: Voice 860 418-6000 TDD 860 418-6079 Fax: 860 418-6001
460 Capitol Avenue Hartford, Connecticut 06106
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consumer and follow up with medical professionals is not to be included in the number of units of service provided. Thus, a provider who provides 2 hours of direct service to a consumer on October 10th and an hour of follow up calls to the doctor would write 8 units in the box corresponding to October 10th.

2. As in the past, documentation should be available in the consumer file to show services had been provided on that day.
3. Public sector providers will not have access to electronic billing for this service at this time but have to provide attendance on paper attendance sheets which will be provided.
4. The change is effective for services provided on or after October 1, 2008 and will begin to be submitted on the October attendance due by November 10, 2008.

The department is working on an electronic attendance reporting system for implementation this fiscal year, which includes the ability to report in 15-minute units for Individual Home Support.

If you have any questions regarding this change please contact Kurt Hildenbrandt at phone number 860-418-6033.

We appreciate your support in implementing these required changes. HCBS Waiver funding is critical to maintaining existing services and our efforts to provide support to people on the waiting list. Our shared commitment to meeting the HCBS Waiver requirements is critical to the success of our services.

Andrew J. Wagner

Andrew J. Wagner
Director of Medicaid Operations

cc. Commissioner
Deputy Commissioner
V. O'Connell
J. Drexler