**DEPARTMENT OF SOCIAL SERVICES**

**Notice of Proposed Medicaid State Plan Amendment (SPA)**

**SPA** **23-H: COVID-19 Disaster Relief SPA – Rate Increases and Coverage**

**Additions for Community First Choice (CFC) Under Section 1915(k) of the Social Security Act and State Plan Home and Community-Based Services (HCBS) Options Under Section 1915(i) of the Social Security Act for HCBS Services for Older Adults and Connecticut Housing Engagement and Support Services (CHESS)**

The State of Connecticut Department of Social Services (DSS) proposes to submit the following Medicaid State Plan Amendment (SPA) to the Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health and Human Services (HHS).

**Changes to Medicaid State Plan**

Effective on the dates set forth below, this COVID-19 disaster relief SPA will amend Section 7.4-A of the Medicaid State Plan to add the provisions detailed below. This disaster relief SPA is governed by the flexibility in standard federal requirements implemented by CMS and pursuant to the state’s approved waiver from CMS pursuant to section 1135 of the Social Security Act during the federally declared national emergency and public health emergency to help assist with the state’s response to the COVID-19 pandemic and its effects. In accordance with federal flexibility requirements, this COVID-19 disaster relief SPA will sunset no later than the last day of the federally declared COVID-19 public health emergency, as extended. This flexibility is available only for SPAs that increase access to services, increase rates, or provide other flexibilities designed to expand access to Medicaid services.

The purpose of the provisions of this SPA described in item 1 below is to implement relevant provisions of the state’s Spending Plan for Implementation of the American Rescue Plan Act (ARPA) of 2021, Section 9817, as updated (ARPA HCBS Spending Plan). In addition, consistent with that plan and the applicable federal statute and CMS guidance, the rate increases and service expansions included in this SPA will help address the COVID-19 pandemic and its effects by enabling the specified HCBS providers to recruit and retain qualified staff, help address staffing shortages worsened by COVID-19, and recognize additional costs and burdens resulting from COVID-19 and its effects.

The purpose of the provisions of this SPA described in item 2 below is to reflect that providers of specified section 1915(i) HCBS for elders have increased costs in paying higher wages to certain staff in order to comply with the July 1, 2022 increase in the state’s minimum wage.

1. ARPA HCBS Rate Increases and Service Expansions

All rate increases set forth below apply only to providers actively enrolled on the date payment is issued. Providers and services excluded from these rate increases for 1915(i) HCBS for Older Adults are: Assistive Technology; Environmental Accessibility Modifications, Personal Response Systems, Skilled Chore, Specialized Medical Equipment, Individual Goods and Services, and all Self-Directed Services. The only CFC providers eligible to receive these rate increases are providers of agency-based support and planning coach services. As applicable, payments may be proportionally reduced to the extent necessary to remain within available funding approved under the ARPA HCBS Spending Plan.

1. *Rate Increase for CHESS 1915(i)*

Effective August 16, 2021, the rates for CHESS care plan development and monitoring, pre-tenancy supports, and tenancy sustaining supports increase by 3.5% and, if the provider meets the requirements set forth below, one or more additional performance payments detailed below.

1. *Value-Based Payment Supplemental Payments for 1915(i) HCBS for Older Adults, 1915(i) CHESS, and CFC Agency-Based Support and Planning Coach Services*

CHESS providers who meet applicable benchmarks set forth in the SPA pages (which are the same benchmarks that applied to the other eligible providers for prior payment periods through and including the payment for those providers in November 2022) will be eligible to receive a performance payment to be made on or before March 31, 2023 calculated based on 1% of applicable expenditures from August 16, 2021 through October 31, 2022.

Applicable 1915(i) HCBS for Older Adults and CFC providers will be eligible to receive payments applicable for November 2022 (calculated based on 1% of expenditures for the prior four months), so long as the provider meets applicable benchmarks set forth in the SPA pages, which include, as applicable, standards related to training, surveys, and health information exchange participation.

There will be payments for March 2023, July 2023, and November 2023 for applicable CHESS, 1915(i) HCBS for Older Adults, and CFC providers, who will be eligible for receive payments calculated based on 2% of expenditures for the prior four months, so long as the provider meets the benchmarks set forth in the SPA pages, which include, as applicable, standards related to training, surveys, and health information exchange participation.

Beginning in March 2024, for applicable CHESS, 1915(i) HCBS for Older Adults, and CFC providers, the value-based payment will change from the progressive benchmark payments to outcome-based payments with outcome measures set forth in the SPA pages related to decreasing avoidable hospitalization, increasing percent of people who need ongoing services discharged from hospital to community in lieu of nursing home, and increase in probability of return to community within 90 days of nursing home admission. Payments are based on up to 2% of expenditures for the 6 months that immediately precede each payment other than the first outcome payment which will be based on the 4 months that immediately precede the first payment.

1. *Provider Quality Infrastructure Supplemental Payments for 1915(i) HCBS for Older Adults, 1915(i) CHESS, and CFC Agency-Based Support and Planning Coach Services*

Eligible 1915(i) HCBS for Older Adults, 1915(i) CHESS, and CFC providers will receive benchmark payments in each of March, July, and November 2023 based on the greater of 5% of expenditures from the four months prior to the payment or $5,000 based on the provider meeting phase 1, phase 2, and phase 3 benchmarks, respectively, of delivery system quality infrastructure improvements detailed in the SPA pages.

1. *Service Expansions*

Effective on or after July 1, 2022 or as otherwise specified in the SPA pages, this SPA will make the following service expansions:

1. For Section 1915(i) HCBS for Older Adults – Remote Live Supports: This SPA adds Remote Live Support as a new service in the section 1915(i) HCBS for Older Adults benefit. This service is defined in more detail in the SPA pages and includes the provision of supports by staff at a remote location who are engaged with the individual through technology/devices with the capability for live two-way communication. Individual interaction with the staff person may be scheduled, on-demand, or in response to an alert from a device in the remote support equipment system. Note that the equipment is already covered under the assistive technology service portion of this benefit. In order to provide remote live supports, the provider entity must be certified by DSS as a community hub.
2. For Section 1915(i) HCBS for Older Adults – Additional Rate: Addition of new rate of $52.89 for emergency back-up personal care attendant services.
3. For both 1915(i) HCBS for Older Adults, 1915(i) CHESS, and 1915(k) CFC – Updated Definition of Assistive Technology: The definition of assistive technology is modified to specifically reference remote equipment and the associated requirements for internet access.
4. Minimum Wage Rate Increase for Section 1915(i) Portion of HCBS for Older Adults

Effective from July 1, 2022 through September 30, 2022 this SPA will amend Section 7.4-A of the Medicaid State Plan to increase the rates by 5.2% for the following Healthcare Common Procedure Coding System (HCPCS) codes within the state plan home and community-based services option under section 1915(i) of the Social Security Act portion of the Connecticut Home Care Program for Elders (CHCPE): 1021Z, 1022Z, 1023Z, 1200Z, 1201Z, 1202Z, 1206Z, 1210Z, 1213M, 1213M, 1214Z, 1225Z, 1226Z, 1228Z, 1230Z, 1232Z, 1244Z, 1430Z, 1431Z, 1432Z, 1433Z, 1434Z, 3022Z, 3024Z, 3025Z, 3026Z, 3027Z, 3027Z, and 3028Z. Note that this rate increase was already added to the Medicaid State Plan effective October 1, 2022 by approved SPA 22-0032.

**Fiscal Impact**

DSS estimates that this SPA will increase annual aggregate expenditures by approximately $287,668 in State Fiscal Year (SFY) 2023 and $406,949 in SFY 2024.

**Obtaining SPA Language and Submitting Comments**

The proposed SPA is posted on the DSS website at this link: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-State-Plan-Amendments>. The proposed SPA may also be obtained at any DSS field office, at the Town of Vernon Social Services Department, or upon request from DSS (see below).

To request a copy of the SPA from DSS or to send comments about the SPA, please email: [Public.Comment.DSS@ct.gov](file:///C:\Users\HolmesN\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\I538MMOL\Public.Comment.DSS@ct.gov) or write to: Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105. Please reference “SPA 23-H: COVID-19 Disaster Relief SPA – Rate Increases and Coverage Additions for Community First Choice (CFC) Under Section 1915(k) of the Social Security Act and State Plan Home and Community-Based Services (HCBS) Options Under Section 1915(i) of the Social Security Act for HCBS Services for Older Adults and Connecticut Housing Engagement and Support Services (CHESS)”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than **January 27, 2023**.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Connecticut

# **Section 7 – General Provisions**

# **7.4-A. Medicaid Disaster Relief for the COVID-19 National Emergency**

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and waivers will no longer be available, upon termination of the public health emergency, including any extensions.

The State Medicaid agency (agency) seeks to implement the policies and procedures described below, which are different than the policies and procedures otherwise applied under the Medicaid state plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof), or for any shorter period described below:

*Describe shorter period here.*

Except as where a shorter period is specifically identified below within each specific section, all other provisions of this Section 7.4-A below apply from March 1, 2020 through the termination of the public health emergency, including any extensions.

As detailed in sections D.1, E.1, and E.4 below, coverage and rates for specified COVID-19 vaccine administration (and administration of other specified vaccines) are in effect from December 11, 2020 through the termination of the public health emergency, including any extensions, except that payment for COVID-19 vaccine administration performed by dental hygienists with training to administer dental anesthesia is in effect from December 11, 2020 through April 15, 2022. As detailed in section D.4 below, (1) 90-day supply of medication other than controlled substance medications is authorized from March 1, 2020 through April 19, 2021 and (2) from April 4, 2020 through May 20, 2021, the state’s requirement for beneficiary signature at the time of outpatient prescription drug pickup or delivery is waived. As detailed in section D.2, (1) effective July 1, 2021 and \_\_\_\_\_\_\_\_, specified new services are added to the section 1915(i) portion of the Connecticut Home Care Program for Elders (CHCPE) and (2) effective \_\_\_\_\_\_\_\_\_, the definition of assistive technology is expanded for 1915(i) CHCPE, 1915(i) Connecticut Housing Engagement and Support Services (CHESS), and Community First Choice (CFC).

As detailed in section E.2 below: (1) the rate increase for inpatient hospital COVID-19 admissions is in effect from April 1, 2020 through June 30, 2020; (2) the rate add-ons for pediatric inpatient psychiatric services are in effect as follows (i) the rate add-on for increasing access and following other specified requirements is in effect from June 1, 2021 through June 30, 2022 and (ii) the rate add-on for increased acuity is in effect from July 1, 2021 through June 30, 2022; (3) the rate increase for private intermediate care facilities for individuals with intellectual disabilities is in effect from April 1, 2020 through June 30, 2020; (4) the rate increases for nursing facilities are as follows: (i) increase in effect from March 1, 2020 through April 30, 2020; (ii) increase in effect from January 1, 2021 through February 28, 2021; (iii) increase in effect from March 1, 2021 through March 31, 2021; and (iv) increase in effect from April 1, 2021 through June 30, 2021; (5) the payment changes for home health services are as follows: (i) increase for home health aide services in effect from September 1, 2020 through October 31, 2020; (ii) increases for specified home health services in effect from July 1-31, 2021; and

TN: 22-0014 Approval Date: \_\_\_\_\_\_\_\_\_\_

Supersedes TN: 22-0003-A Effective Date: March 1, 2020

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Connecticut

*Section 7.4-A. Medicaid Disaster Relief for the COVID-19 National Emergency, Cont’d*

(iii) one-time supplemental payment effective July 1, 2021; (6) (i) the rate increase for chronic disease hospitals is in effect from January 1, 2021 through February 28, 2021 and (ii) the rate add-on for ventilation beds at chronic disease hospitals is in effect from October 1, 2021 through June 30, 2022; and (7) the payment changes for section 1915(i) Connecticut Home Care Program for Elders services, section 1915(i) Connecticut Housing Engagement and Support Services (CHESS), and section 1915(k) Community First Choice agency-based support and planning coach services, as applicable, are as follows: (i) one-time supplemental payment effective July 1, 2021, (ii) increases/performance/supplemental payments for specified services effective July 1, 2021, August 16, 2021, and various subsequent dates specified below and (iii) increases for specified services effective August 1, 2021 and July 1, 2022 through September 30, 2022.As detailed in section E.3 below, the separate codes for behavioral health services delivered via audio-only telephone are in effect from March 18, 2020 through May 6, 2020.

As detailed in section E.4 below, payment to outpatient hospitals for specimen collection for COVID-19 tests for non-patients is in effect starting July 1, 2021.

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State: Connecticut

*Section 7.4-A. Medicaid Disaster Relief for the COVID-19 National Emergency, Cont’d*

## NOTE: States may not elect a period longer than the Presidential or Secretarial emergency declaration (or any renewal thereof). States may not propose changes on this template that restrict or limit payment, services, or eligibility, or otherwise burden beneficiaries and providers.

## **Request for Waivers under Section 1135**

\_\_X\_\_ The agency seeks the following under section 1135(b)(1)(C) and/or section 1135(b)(5) of the Act:

1. \_\_X\_\_ SPA submission requirements – the agency requests modification of the requirement to submit the SPA by March 31, 2020, to obtain a SPA effective date during the first calendar quarter of 2020, pursuant to 42 CFR 430.20.
2. \_\_X\_\_ Public notice requirements – the agency requests waiver of public notice requirements that would otherwise be applicable to this SPA submission.  These requirements may include those specified in 42 CFR 440.386 (Alternative Benefit Plans), 42 CFR 447.57(c) (premiums and cost sharing), and 42 CFR 447.205 (public notice of changes in statewide methods and standards for setting payment rates).
3. \_\_X\_\_\_ Tribal consultation requirements – the agency requests modification of tribal consultation timelines specified in Connecticut’s Medicaid state plan, as described below:

*Please describe the modifications to the timeline.*

Tribal notice will be submitted not later than ten business days after this SPA is submitted to CMS.

## **Section A – Eligibility**

1. \_\_X\_\_ The agency furnishes medical assistance to the following optional groups of individuals described in section 1902(a)(10)(A)(ii) or 1902(a)(10)(c) of the Act. This may include the new optional group described at section 1902(a)(10)(A)(ii)(XXIII) and 1902(ss) of the Act providing coverage for uninsured individuals.

*Include name of the optional eligibility group and applicable income and resource standard.*

COVID-19 Testing Group: The state elects to cover all uninsured individuals as defined under 1902(ss) of the Act pursuant to Section 1902(a)(10)(A)(ii)(XXIII) of the Act effective March 18, 2020.

1. \_\_\_\_\_ The agency furnishes medical assistance to the following populations of individuals described in section 1902(a)(10)(A)(ii)(XX) of the Act and 42 CFR 435.218:
   1. \_\_\_\_\_ All individuals who are described in section 1905(a)(10)(A)(ii)(XX)

Income standard: \_\_\_\_\_\_\_\_\_\_\_\_\_

TN: 23-H Approval Date: \_\_\_\_\_\_\_\_\_\_

Supersedes TN: 22-0014 Effective Date: March 1, 2020

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Connecticut

*Section 7.4-A. Medicaid Disaster Relief for the COVID-19 National Emergency, Cont’d*

HCBS Taxonomy Category: participant training

HCBS Taxonomy Service: participant training

HCBS Taxonomy Category: other health and therapeutic services

HCBS Taxonomy Service: occupational therapy HCBS Taxonomy Category: other health and therapeutic services

HCBS Taxonomy Service: medication assessment or management

Effective Date: July 1, 2021

c. Environmental Adaptations are those physical adaptations to the private residence of the participant or the participant’s family, required by the participant's service plan, that are necessary to ensure the health, welfare and safety of the participant or that enable the participant to function with greater independence in the home. Such adaptations include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or the installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies that are necessary for the welfare of the participant. Excluded are those adaptations or improvements to the home that are of general utility and are not of direct medical or remedial benefit to the participant. Adaptations that add to the total square footage of the home are excluded from this benefit except when necessary to complete an adaptation (e.g., in order to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair).

All services must be provided in accordance with applicable state or local building codes.

Effective Date: July 1, 2021

HCBS Taxonomy Category: equipment, modifications, technology

HCBS Taxonomy Service: home modifications

- The services are limited to additional services not otherwise covered under the state plan (outside this section of the Medicaid state plan for 1915(i) CHCPE), including EPSDT, but consistent with 1915(i) CHCPE objectives of avoiding institutionalization.

d. Remote Supports is the provision of supports by staff at a remote location who are engaged with the individual through technology/devices with the capability for live two-way communication. Equipment used to meet this requirement must include one or more of the following systems: motion sensing system, radio frequency identification, live video feed, live audio feed, GPS tracking, web-based monitoring system, or a device that otherwise meets the requirement for two-way communication. Individual interaction with the staff person may be scheduled, on-demand, or in response to an alert from a device in the remote support equipment system.

The use of an intrusive device that signals the whereabouts or movements of an individual to ensure the safety of the individual or safety of the community, or a restriction that prevents an individual from having access to specific experiences, must always be reviewed and approved by the DSS. Remote supports includes an monthly equipment monthly cost covered under assistive technology and a virtual support fee- for- service cost. Note that the equipment is already covered under the assistive technology service portion of this benefit. In order to provide remote live supports, the provider entity must be certified by DSS as a community hub.

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Supersedes TN: 23-0003-A Effective Date: March 1, 2020

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Connecticut

*Section 7.4-A. Medicaid Disaster Relief for the COVID-19 National Emergency, Cont’d*

Effective Date: January 1, 2023

HCBS Taxonomy Category: Other

HCBS Taxonomy Service: Remote Supports

- The services are limited to additional services not otherwise covered under the state plan (outside this section of the Medicaid state plan for 1915(i) CHCPE), including EPSDT, but consistent with 1915(i) CHCPE objectives of avoiding institutionalization.

**Coverage Expansion for Both Section 1915(i) Portion of HCBS for Older Adults (formerly known as the Connecticut Home Care Program for Elders (CHCPE)) and Section 1915(k) Community First Choice (CFC)**

a. Expansion of Assistive Technology Definition: Effective January 1, 2023, the definition of assistive technology for both 1915(i) HCBS for Older Adults and Section 1915(k) CFC is expanded to include equipment used for remote support such as motion sensing system, radio frequency identification, live video feed, live audio feed, or web-based monitoring. Assistive technology equipment does not include non-technical, non-electronic equipment (e.g., grab bars or wheelchair ramps) or items otherwise available as environmental accessibility adaptations or specialized medical equipment and supplies. Internet service may be provided through assistive technology equipment only when the remote support vendor indicates internet service is required for the equipment used for remote support to function and the vendor to secure the connection to ensure appropriate use of the internet service solely for the function of equipment used for remote support. All other elements of the assistive technology definition set forth in, as applicable, Attachments 3.1-i and 3.1-K of the Medicaid State Plan, remain in effect, including with respect to remote supports assistive technology.

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Supersedes TN: NEW Effective Date: March 1, 2020

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Connecticut

*Section 7.4-A. Medicaid Disaster Relief for the COVID-19 National Emergency, Cont’d*

Rate Increases and Supplemental Payments to Enhance, Expand, and/or Strengthen Home and Community-Based Services (HCBS), Implemented in Accordance with the State’s HCBS Spending Implementation Plan Pursuant to Section 9817 of the American Rescue Plan Act (ARPA HCBS Spending Plan)

1. Home Health Services (section 1905(a)(7) of the Social Security Act)

Supplemental Payment: Effective July 1, 2021, a one-time supplemental payment calculated at 5% of state fiscal year (SFY) 2021 Medicaid expenditures for home health services provided by each home health agency. The supplemental payment will be paid within 30 days of CMS’ approval of SPA 21-0031 only to providers who are actively enrolled in Medicaid on the date of payment.

Rate Increases: Effective from July 1, 2021 through July 31, 2021, rates are increased by: 3.5% for all home health services other than pediatric complex skilled nursing services, 30% for pediatric complex skilled nursing services, and an additional 1% for all home health services paid no later than March 31, 2022 if the provider is actively enrolled in Medicaid on the payment date and meets the following performance standards: (a) Participation in the Department of Social Services racial equity training – 80% of all supervisors employed by the agency must complete the first training by February 1, 2022; and (b) Provider has executed a data sharing agreement with the state’s Health Information Exchange (HIE).

1. Section 1915(i) Portion of the Connecticut Home Care Program for Elders (CHCPE) Services, 1915(i) Connecticut Housing Engagement and Support Services (CHESS), and Section 1915(k) Community First Choice (CFC) Agency-Based Support and Planning Coach Services:

General Requirements: All rate increases set forth below apply only to providers actively enrolled on the date payment is issued. Providers and services excluded from these rate increases for 1915(i) HCBS for Older Adults are: Assistive Technology; Environmental Accessibility Modifications, Personal Response Systems, Skilled Chore, Specialized Medical Equipment, Individual Goods and Services, and all Self-Directed Services. The only CFC providers eligible to receive these rate increases are providers of agency-based support and planning coach services. As applicable, payments may be proportionally reduced to the extent necessary to remain within available funding approved under the ARPA HCBS Spending Plan.

(a) *One-Time Supplemental Payment for 1915(i) CHCPE and CFC Agency-Based Support and Planning Coach Services*: Effective July 1, 2021, a one-time payment calculated at 5% of SFY 2021 expenditures, as applicable, for section 1915(i) CHCPE services or CFC agency-based support and planning coach services, is paid to the applicable provider. The supplemental payment will be paid within 30 days of CMS’ approval of this SPA to providers who have an active Medicaid enrollment on the date of payment.

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Supersedes TN: 22-0003 Effective Date: March 1, 2020

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Connecticut

*Section 7.4-A. Medicaid Disaster Relief for the COVID-19 National Emergency, Cont’d*

Rate Increases and Supplemental Payments to Enhance, Expand, and/or Strengthen Home and Community-Based Services (HCBS), Implemented in Accordance with the State’s HCBS Spending Implementation Plan Pursuant to Section 9817 of the American Rescue Plan Act (cont’d)

(b) *Rate Increases*: Effective July 1, 2021, the rates for 1915(i) CHCPE services and section 1915(k) CFC agency-based support and planning coach services are increased by 3.5%. Effective August 16, 2021, the rates for CHESS care plan development and monitoring, pre-tenancy supports, and tenancy sustaining supports increase by 3.5% and, if the provider meets the requirements set forth below, one or more additional performance payments detailed below. If the provider meets the requirements set forth below, the provider may be eligible for one or more additional payments detailed below.

(c) *Performance Supplemental Payments*:

i. The first 1% performance payment for 1915(i) CHCPE and CFC providers will be paid on or before March 31, 2022 and is effective for and based on expenditures from July 1, 2021 through February 28, 2022 for each qualifying provider that meets the following standards: (a) Participation in the Department of Social Services’ racial equity training – 80% of all supervisors employed by the agency must complete the first training by February 1, 2022; and (b) Provider has executed a data sharing agreement with the state’s Health Information Exchange (HIE).

ii. The second 1% performance payment for 1915(i) CHCPE and CFC providers will be paid on or before July 31, 2022 and is effective for and based on expenditures from March 1, 2022 through June 30, 2022 for each qualifying provider that meets the following standards: (a) participation in the Department of Social Services’ racial equity training – 80% of all supervisors employed by the agency must complete the second training and 50% of all other staff employed by the agency must complete the first training; (b) signing, at a minimum, the HIE Empanelment Use Case; and (c) action plan detailing how the provider sends their client roster in an approved format to the state’s HIE.

iii. The third 1% performance payment for 1915(i) CHCPE and CFC providers will be paid on or before November 30, 2022 is effective for and calculated based on expenditures from July 1, 2022 through October 31, 2022 for each qualifying provider that meets the following standards no later than November 1, 2022: (a) Participation in Department of Social Services’ racial equity training; identification and participation of a ‘champion’ for racial equity service delivery change; (b) Completion of HIE stakeholder input tool; identification and participation of individual who will 'champion' delivery system change.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Connecticut

*Section 7.4-A. Medicaid Disaster Relief for the COVID-19 National Emergency, Cont’d*

Rate Increases and Supplemental Payments to Enhance, Expand, and/or Strengthen Home and Community-Based Services (HCBS), Implemented in Accordance with the State’s HCBS Spending Implementation Plan Pursuant to Section 9817 of the American Rescue Plan Act (cont’d)

iv. On or before March 31, 2023, a one-time supplemental payment will be paid to CHESS providers calculated at 1% of expenditures from August 16, 2021 through October 31, 2022 for each qualifying provider that meets the standards applicable to the payments in the three paragraphs immediately above on or before the payment date.

v. On or before March 31, 2023, benchmark payments will be paid to 1915(i) CHCPE, CHESS, and CFC providers effective for and calculated based on 2% of expenditures from November 1, 2022 through February 28, 2023. Benchmarks must be met no later than February 15, 2022, and are as follows: (a) Participation in Department of Social Services’ racial equity training and related learning collaboratives; (b) Participation in the Department of Social Services’ workforce retention recruitment survey; and (c) Identification and enrollment of HIE administrator; participation in training, accessing data within the HIE; and participation in data use learning collaboratives.

vi. On or before July 31, 2023, benchmark payments will be paid to 1915(i) CHCPE, CHESS, and CFC providers effective for and calculated based on 2% of expenditures from March 1, 2023 through June 30, 2023. Benchmarks must be met no later than June 15, 2023, and are as follows: (a) Participation in Department of Social Services’ racial equity training and participation in related learning collaboratives; (b) Accessing data within the HIE and viewing baseline participation in data use learning collaboratives and training.

vii. On or before November 30, 2023 benchmark payments will be paid to 1915(i) CHCPE, CHESS, and CFC providers effective for and calculated based on 2% of expenditures from July 1, 2023 through October 31, 2023. Benchmarks must be met no later than October 15, 2023, and are as follows:

(a) Department of Social Services’ racial equity training required component of all new staff orientation. Participation in related learning collaboratives; (b) Accessing data within the HIE and viewing baseline participation in data use learning collaboratives and training.

viii. Beginning with payments to be made on or before March 31, 2024, and every six months thereafter, payments will be paid to 1915(i) CHCPE, CHESS providers who meet the following outcomes:

(a) Decrease in avoidable hospitalization; (b) Increase in percent of people who need ongoing services discharged from hospital to community in lieu of nursing home; and (c) Increase in probability of return to community within 90 days of nursing home admission. Payments are based on up to 2% of expenditures for the 6 months that immediately precede each payment (other than the first outcome payment which will be based on the 4 months that immediately precede the first payment). The higher limit of 2 % will be based on availability of funds as approved within the ARP 9817 Spending Plan. Providers must meet all measures in order to receive the payment; there is no partial payment.

TN: 23-H Approval Date: \_\_\_\_\_\_\_\_

Supersedes TN: NEW Effective Date: March 1, 2020

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State: Connecticut

*Section 7.4-A. Medicaid Disaster Relief for the COVID-19 National Emergency, Cont’d*

Rate Increases and Supplemental Payments to Enhance, Expand, and/or Strengthen Home and Community-Based Services (HCBS), Implemented in Accordance with the State’s HCBS Spending Implementation Plan Pursuant to Section 9817 of the American Rescue Plan Act (cont’d)

(d) *Quality Infrastructure Supplemental Payments*

Payments will be made on or before March 31, 2023, July 31, 2023, and November 30, 2023 to 1915(i) CHCPE, CHESS providers payments who meet the benchmarks set forth below effective during and based on the greater of 5% of expenditures during the four calendar months that immediately precede the month in which the payment is made or $5,000. For purposes of determining the applicability of the $5,000 in lieu of the percentage, expenditures used as the basis of the payment are total HCBS expenditures for the provider across all programs. The following benchmarks apply and must be met no later than the first day of the month in which the payment is made: (a) Phase 1 benchmark (March 2023 payment) – Providers have requirements to improve member service delivery documented and contracts in place with vendors to modify delivery system; providers have member satisfaction survey drafted; (b) Phase 2 benchmark (July 2023 payment) – Providers have delivery system modifications complete; (c) Phase 3 benchmark (November 2023) – Providers have delivery system implemented and integrated into member service planning; member satisfaction survey complete.

(e) Effective August 1, 2021, the following section 1915(i) CHCPE services are increased by 6% to reflect the increase in the state’s minimum wage: agency-based personal care assistants (PCAs), chore/homemaker, companion services, assisted living services, adult day health, recovery assistant, community mentor, and agency-based respite services. Effective July 1, 2022 through September 30, 2022, the above referenced rates are increased by an additional 5.2% to reflect an additional increase in the state’s minimum wage.

(f) Effective January 1, 2023, the new/additional/increased rate for section 1915(i) CHCPE services emergency back-up personal care attendant services, which will be implemented simultaneously with the coverage addition of remote supports, is $52.89.

Payment for services delivered via telehealth:

TN: 23-H Approval Date: \_\_\_\_\_\_\_\_\_\_

Supersedes TN: NEW Effective Date: March 1, 2020