

Table of Contents

State/Territory Name: Connecticut

State Plan Amendment (SPA) #: 23-0001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

March 9, 2023

Andrea Barton Reeves, J.D., Commissioner
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105

Re: Connecticut State Plan Amendment (SPA) 23-0001

Dear Commissioner Reeves:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0001. This amendment establishes coverage and reimbursement for a new Targeted Case Management (TCM) services for Integrated Care for Kids (InCK) in New Haven, Connecticut. The target group is individuals under age 21 and those who are pregnant or up to twelve months postpartum residing in zip codes 06510 and 06511.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act Sections 1905(a)(19) and 1915(g) and 42 CFR 440.169 and 441.18. This letter is to inform you that Connecticut's Medicaid SPA Transmittal Number 23-0001 was approved on March 9, 2023, with approved effective date January 1, 2023.

If you have any questions, please contact Marie DiMartino at 617-565-9157 or via email at Marie.DiMartino@cms.hhs.gov.

Sincerely,

James G. Scott, Director
Division of Program Operations

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 3 — 0 0 0 1

2. STATE

CT

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT



XIX



XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION

Social Security Act Sections 1905(a)(19) and 1915(g) and 42 CFR 440.169 and 441.18

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023 \$ 2,148,851
b. FFY 2024 \$ 3,545,604

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement 1 to Attachment 3.1-A(4), Pages 1-6
Attachment 4.19-B, Pages 15m and 15n

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

NEW
NEW

9. SUBJECT OF AMENDMENT

This SPA establishes coverage and reimbursement for a new Targeted Case Management (TCM) benefit for Integrated Care for Kids (InCK) in New Haven, Connecticut. The target group is individuals under age 21 and those who are pregnant or up to twelve months postpartum residing in zip codes 06510 and 06511.

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT



OTHER, AS SPECIFIED:



COMMENTS OF GOVERNOR'S OFFICE ENCLOSED



NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL



Digitally signed by Deidre S. Gifford, MD, MPH
DN: cn=Deidre S. Gifford, MD, MPH, o=Connecticut Department of Social Services, ou, email=deidre.gifford@ct.gov, c=US
Date: 2022.12.12 12:02:03 -05'00'

15. RETURN TO

State of Connecticut
Department of Social Service
55 Farmington Avenue, 9th Floor
Hartford, CT 06105
Attention: Ginny Mahoney

12. TYPED NAME

Deidre S. Gifford, MD, MPH

13. TITLE

Commissioner

14. DATE SUBMITTED

December 8, 2022

FOR CMS USE ONLY

16. DATE RECEIVED

December 12 2022

17. DATE APPROVED

March 9, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

State Plan under Title XIX of the Social Security Act

State/Territory: Connecticut**TARGETED CASE MANAGEMENT SERVICES
for Integrated Care for Kids (InCK) Participants in New Haven**Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

The target group for the Integrated Care for Kids (InCK) Model in New Haven is all children under age 21 and individuals who are pregnant or up to twelve months post-partum.

X Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 180 consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions). (State Medicaid Directors Letter (SMDL), July 25, 2000)

Areas of State in which services will be provided (§1915(g)(1) of the Act): Entire State

X Only in the following geographic areas: zip codes 06510 and 06511, provided that in order to facilitate continuity of care, if someone resides in one of those zip codes at the time the person receives a comprehensive assessment or reassessment but later moves to a location outside those zip codes but still within New Haven, Connecticut, that person may continue to receive TCM services for InCK for the remainder of the length of stay specified in the person's care plan and so long as the person continues to reside in New Haven, Connecticut.

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1)) Services are provided in accordance with §1902(a)(10)(B) of the Act.X Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Targeted Case Management includes the following assistance:

- ❖ Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include
 - taking client history;
 - identifying the individual's needs and completing related documentation; and
 - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;

State Plan under Title XIX of the Social Security Act

State/Territory: Connecticut**TARGETED CASE MANAGEMENT SERVICES
for Integrated Care for Kids (InCK) in New Haven**

After the initial assessment, reassessments occur at least annually if the individual continues to receive services but may be performed more frequently based on the individual's needs, including to the extent necessary to capture changes in the person's needs.

- ❖ Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that
 - specifies the goals and actions to address the medical, behavioral, social, educational, and other services needed by the individual;
 - includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and identifies a course of action to respond to the assessed needs of the eligible individual;
- ❖ Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
 - activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and
- ❖ Monitoring and follow-up activities:
 - activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
 - services are being furnished in accordance with the individual's care plan;
 - services in the care plan are adequate; and
 - changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

Type of Monitoring and Follow-Up Activities: Monitoring and follow-up activities include making necessary adjustments in the care plan and related changes in the services performed by the provider, which may be performed by staff face-to-face, telehealth, or telephone contact with the individual; by chart review; by case conference; by collateral contact with individuals, family members, providers, legal representatives, or other persons or entities for the benefit of the Medicaid member; or any combination thereof.

State Plan under Title XIX of the Social Security Act

State/Territory: Connecticut**TARGETED CASE MANAGEMENT SERVICES
for Integrated Care for Kids (InCK) in New Haven**

Frequency of Monitoring and Follow-Up Activities: Monitoring and follow-up activities are performed quarterly or more frequently in accordance with each individual's care plan.

X Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs.
(42 CFR 440.169(e))

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

Note that throughout this section, all coursework and degrees are counted only from educational institutions accredited by an organization authorized by the United States Department of Education.

- Location: provider must be able to deliver services in New Haven and comply with timely service requirements
- Entity Type: must be enrolled in good standing in CMAP as a TCM InCK provider
- Additional Entity Qualifications
 - Experience providing community-based care coordination services
 - Must designate one or more dedicated care coordinator supervisors sufficient to supervising TCM for InCK Participants for that provider and that must meet the following specified qualifications:
 - A master's degree in a human service or related field with at least one year's full-time equivalent experience providing care coordination or a bachelor's degree in a human service or related field with at least three years' full-time equivalent experience providing care coordination; and
 - One year of experience providing care coordination in the New Haven, Connecticut area.
 - Regular supervision and oversight of care coordinators
- Individual Staff Qualifications and Requirements
 - Care coordinators must meet all of the following:
 - Have at least a bachelor's degree in a human services or a related field.

State Plan under Title XIX of the Social Security Act

State/Territory: Connecticut**TARGETED CASE MANAGEMENT SERVICES
for Integrated Care for Kids (InCK) in New Haven**

- At least one year of full-time equivalent experience providing care coordination services. Related life experience receiving or providing care coordination is also included as part of the experience.

Freedom of choice (42 CFR 441.18(a)(1)):

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

_____ Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services: **[Identify any limitations to be imposed on the providers and specify how these limitations enable providers to ensure that individuals within the target groups receive needed services.]**

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

Payment (42 CFR 441.18(a)(4)):

Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7)):

State Plan under Title XIX of the Social Security Act

State/Territory: Connecticut**TARGETED CASE MANAGEMENT SERVICES
for Integrated Care for Kids (InCK) in New Haven**

Providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual and, as applicable, parent or legal guardian; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers and providers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations: Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

[Specify any additional limitations.]

Duration: TCM for InCK Participants in New Haven is provided for no more than six months after the completion of the initial needs assessment and care plan for each eligible individual, which may be extended with prior authorization based on medical necessity.

State Plan under Title XIX of the Social Security Act
State/Territory: Connecticut

C. Targeted Case Management (TCM) for Integrated Care for Kids (InCK)
Participants in New Haven

1. Monthly Service Payments

Effective January 1, 2023, the state pays TCM InCK providers \$201 per-member per month (PMPM) for each member confirmed at SIL 2 and \$443 PMPM for each member confirmed at SIL 3. The TCM InCK provider is paid an initial PMPM payment for one month based on the initial stratification level of each member projected by the state to be at SIL 2 or SIL 3 based on available information and during which period the provider performs TCM services for each member. For each monthly period thereafter, the state pays the provider the PMPM payments starting with monthly period during which each person's SIL has been confirmed through the assessment and the care plan has been completed. PMPM payments continue for the duration that the services are provided, subject to the limitations set forth in Attachment 3.1-A.

2. Performance-Based Payments

Effective January 1, 2023, the state pays a performance-based payment to each participating InCK provider that meets the quality performance measures detailed below during the first twelve months of service and each calendar year thereafter. The performance period for these quality payments is January 1, 2023 to December 31, 2023 and each calendar year thereafter. The performance payments will be made not later than 12 months after the end of the performance period.

- a. Total Pool Calculation: The total pool for the performance-based payments is equal to 10% of the total monthly service payments made to all InCK providers for dates of service from January 1, 2023 to December 31, 2023 and each calendar year thereafter.
- b. InCK Provider Payment Allocation: InCK providers that meet all quality performance measures (see 2.c below) are eligible for performance-based payments. Each InCK provider's payment is proportional to its share of beneficiaries receiving TCM for InCK services. The performance-based payment to each eligible InCK provider is calculated as follows:
 - i. Identify total pool amount for the performance period (as defined in 2.a)
 - ii. Identify the ratio of member months during the performance period for each eligible InCK provider to the total number of member months during the performance period for all InCK providers that meet the quality performance measures

State Plan under Title XIX of the Social Security Act
State/Territory: Connecticut

- iii. Multiply the eligible InCK provider's ratio (item 2.b.ii) by the total pool amount (item 2.b.i)

- c. Quality Performance Measures: Each measure listed below is weighted equally. Each provider that meets the target for each measure will receive the entire performance-based payment for each quality measure.
 - i. *Completion of Comprehensive Assessments*: This measure is met if an InCK provider completes comprehensive assessments with 60% or greater of members for whom it performs TCM services. This measure is calculated by dividing the total number of completed comprehensive assessments by the total number of members receiving TCM services from an InCK provider.

 - ii. *Comprehensive Collection of Race, Ethnicity, and Language Data*: This measure is met if an InCK provider collects race, ethnicity, and language data in 75% or greater of its completed comprehensive assessments. This measure is calculated by dividing the total number of members receiving TCM services with completed race, ethnicity, and preferred language demographic data by the total number of members receiving TCM services with completed comprehensive assessments by an individual InCK Provider.

 - iii. *Referral Efficacy*: This measure is met if 50% or greater of referrals made by an InCK provider for the members for whom the provider performs TCM services are closed. This measure is calculated by dividing the total number of closed referrals by the total number of referrals made (in aggregate across all members for whom the provider performs TCM services).