

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 18-U: Community First Choice Pursuant to Section 1915(k) of the Social Security Act – Update to Reimbursement Methodology for Attendant Care Services and Worker’s Compensation Coverage to Incorporate Applicable Provisions of Collective Bargaining Agreement

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

In accordance with section 17b-8 of the Connecticut General Statutes, DSS gives notices that the Commissioner of DSS intends to amend the Medicaid State Plan provisions regarding the Community First Choice State Plan Option Pursuant to Section 1915(k) of the Social Security Act. Effective on or after April 1, 2018, SPA 18-U will amend Attachment 4.19-B of the Medicaid State Plan to update the reimbursement methodology for attendant care services provided in the Community First Choice Program to conform to the range of permissible hourly wages for attendants set forth in the applicable collective bargaining agreement. If no collective bargaining agreement is in effect at the time a service is provided, the range of permissible hourly wages will be the range set forth in the most recent collective bargaining agreement. In addition, this SPA also incorporates the changes in the collective bargaining agreement that requires worker’s compensation coverage to be provided to attendants in accordance with the provisions set forth in the agreement. This SPA is necessary to enable the incorporation of the changes established by a new collective bargaining agreement, which has been negotiated and is being considered for approval by the Connecticut General Assembly.

Fiscal Impact

Based on the information that is available at this time, DSS estimates that this SPA will increase annual aggregate expenditures by roughly \$1.4 million in State Fiscal Year (SFY) 2018 and \$13.5 million in SFY 2019.

Obtaining SPA Language and Submitting Comments

This SPA is posted on the DSS web site at the following link: <http://portal.ct.gov/dss>. Scroll down to the bottom of the webpage and click on “Publications” and then click on “Updates.”

Then click on “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 or write to: Medical Policy Unit, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5067). Please reference “SPA 18-U: Community First Choice Pursuant to Section 1915(k) of the Social Security Act – Update to Reimbursement Methodology for Attendant Care Services and Worker’s Compensation Coverage to Incorporate Applicable Provisions of Collective Bargaining Agreement”.

Anyone may send DSS written comments about the SPA. Written comments must be received by DSS at the above contact information no later than April 26, 2018.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: Connecticut

Community First Choice State Plan Option

Pursuant to Section 1915(k) of the Social Security Act

Rate Methodology for Attendant Care Services: The client who self-hires an attendant can decide the pay rate up to the maximum allowable rate. The attendant rate is determined by the collective bargaining agreement between the state and SEIU 1199 in effect at the time the services are provided and which sets forth the range of permissible hourly rates. If no collective bargaining agreement is in effect at the time services are provided, the range of permissible hourly wages is the range set forth in the most recent collective bargaining agreement. Sharing an attendant is also an option. The rate for sharing an attendant between 2 participants is 150% of the rate applicable to an attendant providing services to a single participant. The shared attendant rate is distributed evenly between the individual budgets for the 2 participants. All applicable employer taxes are added to the pay rate to determine the Medicaid rate.

Attendant Care services that are not currently covered under the collective bargaining agreement include: overnight attendant care, pro-rated overnight attendant care, per diem attendant care, and pro-rated per diem attendant care. Fees comply with the provisions of the collective bargaining agreement in effect at the time services are provided, including applicable services covered under the agreement. Max fees are published on the CFC Fee Schedule.

Workers Compensation: To the extent required by the collective bargaining agreement in effect at the time services are provided, the CFC participant shall include the cost of Workers Compensation Coverage for their employees as part of their individual budget. Workers Compensation will be calculated in accordance with the State of Connecticut Worker's Compensation Commission and the State of Connecticut Department of Labor.

Transitional Services: The cost of transitional services is over and above the cost limit for the reoccurring individual service budget. The total permissible allocation per individual will be \$1,200.00 over a 2 year period. Transitional services are subject to prior authorization. Department utilizes an approved inventory of transitional services as a standard for the transitional service needs assessment. Funding is provided for the participant to acquire services detailed within the inventory based on the participant's need for the service.

Assistive Technology (AT): Purchase of AT is subject to prior authorization by the State. In support of this, the participant is required to submit three bids for the purchase. The aggregate limit for this service is \$5,000 per individual budget year.

Home-Delivered Meals: Services will be reimbursed in accordance with the current negotiated rates for these services found on the CFC fee schedule.

TN # 18-U
Supersedes
TN # 15-012

Approval Date _____

Effective Date 04/01/2018