RESIDENTIAL CARE HOMES IN-PERSON MEETING
February 16th, 2023 2:30pm-4:00pm

Agenda

- Welcome & Introductions
- Governor's budget: Proposed changes impacting RCH's
- CHOWs and monthly census reporting processes
- **Break 10mins**
- What you need to know about Medication Administration Certification
- Upcoming Events
  Mach 14th 1pm In-person
  March 16th 11am online training– Substance abuse

1:1 Interaction to 4:30am available after the meeting

HOME AND COMMUNITY BASED SETTINGS REQUIREMENTS

The requirements maximize opportunities for individuals to have access to the benefits of community living and the opportunity to receive services in the most integrated setting.

DSS Audit Report of Residential Care Homes with Clients Receiving HCBS

- **Homes that need a lease or similar agreement in place -13**

  Comments: Must have lease or similar agreement in place.

- **Privately owned homes that provides in-patient services - 21**

  Comments: Offering in patient services suggests an institutionalized setting.
  Is there an option to use community-based providers?

- **Settings having the ability to isolate the individual from the broader community - 13**

  Comments: Within the context of HCBS, Isolation refers to lack of access to the community (activities, proximity, public transport/shuttle, frequency, etc.). Residents should not be isolated from the community.

- **Homes with specific visiting hours - 11**

  Comments: Residents should be able to have visitors when they want to.

- **Visitors are restricted to specific meeting areas - 16**
  Comment: Residents should not be restricted to have visitors in specific areas.

- **Participants are not able to come and go from the home when they want to - 1**
  Comment: Resident should be able to come and go as when they want to.

- **Participants who work, do not work in an integrated setting that includes individuals of different ages and individuals with and without disabilities** - 10
  Comments: Participants should be able to work in an integrated setting.

- **No public transport near the home -2**
  Comment: How do residents get to and from appointments, church, shopping etc.? Is transportation provided?

- **Not wheelchair accessible, no ramps, grab bars etc. – 1**
  Comment: If a resident needs ADA accommodations do they have to leave the home?

- **Participants cannot control their own schedule -1**
  Comment: Participants should be able to control their own schedule, when to eat, what time to go to bed, when to have visitors etc.

- **No access provided to Wi-fi, computer, iPad, or similar devices - 7**
  Comment: Residents need access to Wi-Fi and computer access.

- **No choice as to roommate, when possible - 2**
  Comment: Residents should have a choice of roommate.

- **No locks on bedroom or bathroom doors- 27**
  In Progress - 3
  Comment: To be considered a community setting all doors must have locks.

- **Participants cannot choose when to have a meal – 2**
  Comment: Participants must have option to choose when to have a meal, just like all others living in a community setting.

- **Participants do not always have access to food - 1**
  Comment: Residents should have access to food at all times.

- **No person-centered service plan - 18**
  Comment: A service plan provides for continuity of care and should reflect residents' personal preferences and choices.

- **Participants use the same Home and Community Based Providers -27**
  Do residents have the option to choose a provider in the community?

Comment: Participants should have the option to choose any provider in the community and should not be limited to a particular provider assigned by the home.

This choice is even more important if the home is adjacent to or near a nursing home. Using the same provider as others in the nursing home would suggest that the home is operating as an institutionalized setting.

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Residential Care Homes

Overview of the Governor’s Budget

Overview / General Information

RCHs provide a safety net for 2,100 individuals receiving $80 million in State Supplement benefits and additional Home and Community based waiver services. RCH's provide shelter to individuals needing assistance with daily living activities and services including meals, housekeeping, and laundry and transportation to medical appointments

Many residential care homes (RCHs) are experiencing financial issues, which has resulted in the closure of many RCHs in recent years. The RCH industry has contracted from 96 providers in 2019 to 88 provider in 2022. Additionally, there are currently 2 pending CON applications for closure. In recognition of the importance of the RCH as part of the continuum of care, funding is being provided in the Governor's budget to help stabilize and support the industry.

Governor's Budget Highlights

Governor Budget Proposal

1. **Rebase RCH Rates**
2. **ARPA Funding for Capital Improvements**
3. **Changes to State Supplement Eligibility**
4. **No Implementation of Medicaid Billing**

Overview of the Governor's Budget

- **$5.2 million Rebasing:** Recognizing the importance of having this level of care available as part of the continuum of care, funding is being provided to rebase rates for residential care homes to help ensure that these homes remain viable. Rates were last rebased in FY 2013 based on 2011 cost reports. $5.2 million in funding is provided to rebase rates based on the 2022 cost reports, the most recently audited rate year.
- **$5.0 million in ARPA funding:** To further assist the industry, ARPA funding of $5 million is being proposed to encourage RCHs grandfathered into outdated health and safety codes to comply with current codes (e.g., installing a generator, fire safety, etc.). Upgrading these older homes will not only help ensure the proper safety of residents, but it will also help ensure that these RCHs provide quality services, remain viable and can be sold to new owners when the time comes.
- **$900,000 State Supplemental Program: T**his proposal aligns State Supplement rules concerning the start date of assistance with the rules that apply for Medicaid beneficiaries in need of nursing home care. This change will allow individuals seeking coverage under the program to receive State Supplement benefits for up 90 days prior to the date of the application if otherwise eligible for the program. This will help stabilize payments for RCHs and RHFs and will help impacted residents with the costs of care and room and board during that interim period.
- **Medicaid Billing:** After an extensive review by DSS, it was determined that, after factoring in applied income, this initiative would result in additional costs to the state and would have been very difficult for many homes to administer due to Medicaid billing complexity. In addition, the changes in the payment structure would have negatively impacted numerous residents who, ultimately, would have lost both their cash and medical assistance.

Rebase Rates for Residential Care Homes: $5.2 million

Many residential care homes (RCHs) are experiencing financial issues that have resulted in the closure of many RCHs in recent years. To ensure access to this important level of care remains available, funding is added to rebase the rates for RCHs to current costs using 2022 cost reports, the most recently audited rate year. RCHs have not had their rates rebased since FY 2013 (based on 2011 cost reports).

Hold-harmless is included in the $5.2 million. This means that any RCH that would have experienced a rate decrease due to the rebasing will instead have their rate remain the same. All other RCHs will experience an increase to their rate.

RCH Cost Report and Rebasing Timeline

The 2022 Cost Report will be used for rebasing RCH rates and should be filed by February 15, 2023.

15 Feb. 2023

Late Cost Reports and amended pages can be filed until July 1, 2023. RCH's that do not file a 2022 cost report will not be eligible to participate in the rebasing process.

2023

The rebased rates will be effective July 1, 2023 to June 30, 2024.

1 July 2023 – 30 June 2024

DSS RCH Cost report training: PowerPoint Presentation (ct.gov)

ARPA Funding to Invest in Capital Projects for RCHs Grandfathered Under Outdated Codes: $5.0 million

Funding is provided to support RCH's that are grandfathered under outdated health and safety codes with compliance with current codes.

Proposed capital funding of $5 million under ARPA is to encourage grandfathered RCHs to comply with current health and safety codes (e.g., installing a generator, fire safety, etc.).

Upgrading grandfathered homes will help ensure the proper safety of residents living in older RCHs and also help ensure that these RCHs provide quality services, remain viable and can be sold to new owners when the time comes.

Allow for Retroactive Payments Under the State Supplement Program: $900,000

Aligns State Supplement rules concerning the start date of assistance with the rules that apply for Medicaid beneficiaries in need of nursing home care.

This change will allow individuals seeking coverage under the program to receive State Supplement benefits for up **90 days prior to the date of the application** if otherwise eligible for the program.

Many admissions are unexpected or result from an emergency placement after a serious injury or hospitalization. Many individuals moving into an RCH do not have the opportunity to apply for assistance prior to or at the time of admission

This will help stabilize payments for RCHs and will help impacted residents with the costs of care and room and board during that interim period.

Medicaid Billing Delayed

Medicaid billing would have allowed DSS to claim applicable RCH services under the Medicaid program. The expectation was that the state would be able to leverage federal dollars for services that are already being provided under State Supplement but are not yet federally reimbursed.

After a period of review, it was determined that, after factoring in applied income, this initiative would result in additional costs to the state, would have been very difficult for many homes to administer, and would have negatively impacted numerous residents who would have lost both their cash and medical assistance.

Instead, recognizing the continued need for supports, the Governor's budget includes $5.2 million to rebase rates to the most recently audited rate year. (Rates were last rebased in FY 2013 based on 2011 cost reports.) ARPA funding of $5 million is also proposed to encourage grandfathered RCHs to comply with current health and safety codes (e.g., installing a generator, fire safety, etc.). $900,000 for retroactive eligibility coverage up to 90-days.

Reminders…

- State Supplemental
- Monthly Census
- Change of Ownership (CHOW)
- Cost Report
- Important Contacts

State Supplement and Medicaid

The State Supplement and Medicaid programs assist individuals in RCHs who have increased needs due to medical conditions to continue living in the community and avoid institutionalization.

Effective January 1, 2023, the rated housing disregard, used by the Department of Social Services to calculate benefits for the State Supplement program will increase from $316.70 to $389.70. Effective January 1, 2023 each recipient of assistance from the State Supplement program is entitled to keep up to the $389.70 disregard, in addition to the personal needs allowance of $31.79 for a total up to $421.49. **Notice of Increase**

DSS State Supplement Eligibility Issues: ResidentialCareHomes.DSS@ct.gov

RCH Census Reporting

Why is this important?

- Monthly census tracking assists DSS and DPH if there is a proposed RCH closure or if an RCH has an emergency and needs to place residents at another RCH temporarily.

How do you report?

- RCHs must report census as of the first day of the month. Please complete and submit this report by the 15th day of each month. The email address to submit the completed forms is CTcensus@mslc.com.
- Direct provider census questions to Diana Fernandez at Myers & Stauffer. DFernandez@mslc.com and her direct phone is 860-731-2501. If you call the main office at 860-687-0790, her extension is 101. You will also hear from Diana if you are delinquent on filing your monthly census or if your census report requires follow-up questions.

STATE OF CONNECTICUT

Department of Social Services

Monthly Nursing Facility Census Data

Please submit this information to: CTCensus@mslc.com

Month of	
Name of Facility	
CCNH Provider Number	
RHNS Provider Number	
RCH Provider Number	
Contact Name	
E-mail address	
Telephone Number	
Facsimile Number	

Number of Residents in the Facility on the First Day of the Current Month

	Total
CCNH	
RHNS	
RCH	

RCH Change of Ownership (CHOW)

Department of Public Health is the licensing and inspection agency. Please contact Karen Gworek (karen.gworek@ct.gov) or Timothy Allen (timothy.allen@ct.gov) for assistance with CHOWs.

The new owner is required to include an interim rate letter issued by DSS as part of the licensing process. New or exiting owners should contact DSS to discuss obtaining an interim rate letter for a CHOW. The new owner will have to complete income tax and direct deposit documents to receive state supplement funds on behalf of residents at the RCH.

A Certificate of Need (CON) is not required for a CHOW. A CON is generally required for requests for closure, a change in licensed bed capacity or capital improvements exceeding $2 million dollars.

ANNUAL REPORT PORTAL

- https://ctltcreports.mslc.com

- Add and remove users in the annual report portal for your facility via Annual Report Portal Login Request Form

- Annual Report and required additional documentation must be uploaded by **February 15th**.
  - *Excel version is required. A PDF copy can be submitted in addition to Excel version.*

- Annual rate letters and calculation support files will be uploaded to the annual report portal beginning with Rate Year 2024.

Capital Expenditure Reimbursement

- For CON projects of other capital costs such as renovations, you are reminded to report these items on your annual cost report filing for reimbursement consideration.

- Under the fair rent allowance, capital costs may be reimbursed by amortizing the cost of the asset over its useful life with application of rate of return (ROR). For example, renovation costs of $150,000 with a useful life of 25 years completed in year with an applicable ROR of 5% would yield $10,643 in allowable reimbursement per year.

- It is important to report these cost on your cost report if you wish to be reimbursed.

- Home and Community Settings Rule costs may be eligible for reimbursement.

- ****** When in doubt, report the costs and we will review for consideration.******

Reimbursement and CON Contacts and Resources

DSS Contacts:

- Nicole Godburn, Manager: nicole.godburn@ct.gov
- Rich Wysocki, Principal Cost Analyst: rich.Wysocki@ct.gov
- Rate Setting General Email: con-ratesetting.dss@ct.gov
- DSS RCH Web: https://portal.ct.gov/DSS/Health-And-Home-Care/Long-Term-Care/Residential-Care-Homes-RCH
- DSS CON web: Certificate of Need (CON) (ct.gov)
- DSS Eligibility Issues: ResidentialCareHomes.DSS@ct.gov
- **State Agency Contacts and Resources for RCH residents and facility owners**

Myers and Stauffer:

- Karen Coulombe KCoulombe@MSLC.COM
- https://myersandstauffer.com/client-portal/connecticut/

CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

Residential Care Home– DPH Team

Cheryl Davis RN – Public Health Services Manager
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James Augustyn - Health Program Supervisor
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Timothy Allen – Processing Technician
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Sec. 19a-495a. Unlicensed assistive personnel in residential care homes. Certification re administration of medication. Regulations. Nonnursing duties

(a)(1) The Commissioner of Public Health may adopt regulations, as provided in subsection (d) of this section, to require each residential care home, as defined in section 19a-490, that admits residents requiring assistance with medication administration, to (A) designate unlicensed personnel to obtain certification for the administration of medication, and (B) ensure that such unlicensed personnel receive such certification and recertification every three years thereafter.

(2) Any regulations adopted pursuant to this subsection shall establish criteria to be used by such homes in determining (A) the appropriate number of unlicensed personnel who shall obtain such certification and recertification, and (B) training requirements, including ongoing training requirements for such certification and recertification.

(3) Training requirements for initial certification and recertification shall include, but shall not be limited to: Initial orientation, resident rights, identification of the types of medication that may be administered by unlicensed personnel, behavioral management, personal care, nutrition and food safety, and health and safety in general.

(b) Each residential care home, as defined in section 19a-490, shall ensure that an appropriate number of unlicensed personnel, as determined by the residential care home, obtain certification and recertification for the administration of medication. Certification and recertification of such personnel shall be in accordance with any regulations adopted pursuant to this section, except any personnel who obtained certification in the administration of medication on or before June 30, 2015, shall obtain recertification on or before July 1, 2018. Unlicensed personnel obtaining such certification and recertification may administer medications that are not administered by injection to residents of such homes, unless a resident's physician specifies that a medication only be administered by licensed personnel.

(c) On and after October 1, 2007, unlicensed assistive personnel employed in residential care homes, as defined in section 19a-490, may (1) obtain and document residents' blood pressures and temperatures with digital medical instruments that (A) contain internal decision-making electronics, microcomputers or special software that allow the instruments to interpret physiologic signals, and (B) do not require the user to employ any discretion or judgment in their use; (2) obtain and document residents' weight; and (3) assist residents in the use of glucose monitors to obtain and document their blood glucose levels.

(d) The Commissioner of Public Health shall implement policies and procedures necessary to administer the provisions of this section while in the process of adopting such policies and procedures as regulation, provided the commissioner prints notice of intent to adopt regulations in the Connecticut Law Journal not later than twenty days after the date of implementation. Policies and procedures implemented pursuant to this section shall be valid until the time final regulations are adopted.

(P.A. 99-80, S. 1; P.A. 07-76, S. 1; Sept. Sp. Sess. P.A. 09-5, S. 44; P.A. 16-66, S. 34; P.A. 17-146, S. 32; P.A. 19-118, S. 15.)

Medication Administration Certification

- The process has been divided into two phases:
- Phase 1 is the uniform interagency medication administration training online curriculum and exam (with a classroom option)
- Phase 2 consists of agency-specific certification and the onsite practicum.

Points to Remember

- The Learner is responsible for contacting the sponsor agency (Residential Care Home, Person in Charge) of their successful completion of the on-line training.
- The sponsor agency arranges for the proctored final exam.
- 100 Question on line exam.
- 85% passing grade.
- Exam is proctored.

Training Program

- Each hiring authority may have specific pre-requisites and those must be satisfied prior to Learners launching the course. Once pre-requisites are satisfied, e.g. criminal background check, the learner will receive a code from their employer to launch the course.
- The learner registers through CT Train. Demographic information is collected as required by CT Train.
- It is expected that the learner will be completing the course independently and will not have support from others to complete the course. During the course the learner will attest to such.
- Once the course is successfully completed, a certificate of completion will be issued from CT Train.

Phase 2

Practicum: Beacon

Practicum

- On-line Exam -
- • Exam is offered:
- Thurs 2:30-5 - 2/16, 3/2, 3/16, 3/30, 4/13, 4/27
- Tues 10-12:30 - 2/21, 3/7, 3/21, 4/4, 4/18, 5/2
- • Location is:
- 410 Capital Avenue (DPH)
- Basement Concourse (under 450 Capital Ave)
- Hartford CT
- • Test Prep Offering - Monday 20th @ 1:30-3 PM
- Join Zoom Meeting
- https://beaconhealthoptions.zoom.us/j/97908601867?pwd=cUtLRDNoUXdLKzl4Q0FuV1Z5ZXFndz09
-
- Meeting ID: 979 0860 1867
- Passcode: 445264
- One tap mobile
- +16469313860,,97908601867#,,,,*445264# US
- +13017158592,,97908601867#,,,,*445264# US (Washington DC)
-
- • Initial certification - In person 4 hr training
- • Re-certification - virtual for wk of 2/13 & 2/20 only
- • Certification valid for 3 years
- Contact information - CTBHPMASTSR@carelon.com

Access to PPE and Test Kits

- Link to order PPE: https://veoci.com/v/p/195647/workflow/4yzhxn2kh5ps
- Link to order Test Kits: https://veoci.com/v/p/195646/workflow/4ccrzbzms5d4

DPH Contacts

- DPH main # 860-509-7400, DPH after hours # 860-509-8000
- Karen Gworek, karen.Gworek@ct.gov office 860-509-7472
  cell# 860-936-2737

- Anthony Bruno, Anthony.m.Bruno@ct.gov, office 860-509-8216
  cell# 860-335-7080

- Cheryl Davis, Cheryl.davis@ct.gov, office 860-509-7436
  cell# 860-324-9834
- James Augustyn, james.Augustyn@ct.gov, office 860-509-7435