State of Connecticut
Spending Plan for Implementation of the American Rescue Plan Act of 2021, Section 9817

Enhancing, Expanding, and Strengthening
Medicaid Home and Community-Based Services

Quarterly Report

Quarter 1

For federal fiscal quarter ending December 31, 2021

Submitted by the Department of Social Services

Introduction

Connecticut submitted its initial spending plan and spending narrative for implementation of the American Rescue Plan Act of 2021 on July 12, 2021. The state received partial approval from the Centers for Medicare and Medicaid Services (CMS) on August 30, 2021. Full approval of the state spending plan and spending narrative was conditioned upon resolving certain issues identified in the notice of partial approval. The state responded to the identified issues on September 29, 2021. Connecticut's first quarterly ARPA report primarily focuses on full resolution of identified issues and subsequent approval of the proposed spending plan and spending narrative.

Quarterly HCBS Spending Plan: CMS requested an amendment to the state's spending plan in Appendix A. Specifically, the state was asked to include four additional columns. The columns provide further clarification related to the category of the proposed expenditure including:

1) new or expanded HCBS (services listed in Appendix B of the SMDL) and would qualify for a one-time 10 percent FMAP increase, e.g. new rehab services;

2) Medicaid coverable services not included in Appendix B and not qualifying for a 10 percent FMAP increase, e.g. behavioral health services that are covered under another Medicaid benefit but could be covered under the rehabilitative services benefit (an Appendix B service) ;

3) activities including infrastructure and administrative activities (not Medicaid admin) to expand, enhance, and strengthen HCBS; no FFP;

4) Medicaid administrative activities for the proper and efficient administration of the state plan and to strengthen Medicaid HCBS.

Connecticut's spending plan in Appendix A was amended to include the requested categories.

Estimate of the funds attributable to the increase in FMAP that the state anticipates claiming through March 31, 2022: $216,111,000.

Expenditures to date: The does not yet have full approval on several initiatives and accordingly has not spent any the ARPA funding.

Quarterly HCBS Spending Narrative: In the partial approval received on August 30, 2021, CMS requested modifications to the initial spending plan language. Revised language was submitted to CMS on September 29, 2021. After reviewing the revised language, CMS requested that the state amend the spending plan narrative to include the revisions. The revisions are underlined in the attached revised spending plan. Where appropriate, initial language was stricken from the document.

Status Update: Initial preparation is in progress on all initiatives pending CMS full approval.

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July 12, 2021

Revised November 1, 2021

Submitted by the Department of Social Services

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American Rescue Plan Act

President Biden signed the American Rescue Plan Act of 2021 (ARPA) on March 11, 2021. Section 9817 of ARPA provides states with a temporary 10 percentage point increase to the federal medical assistance percentage (FMAP) for certain Medicaid expenditures for home and community-based services (HCBS). ARPA funding is available to enhance, expand and/or improve person-centered HCBS. ARPA provides Connecticut with timely access to funds to support the immediate stabilization of the HCBS workforce and to urgently expand needed growth in HCBS capacity given the shift in preference to HCBS in lieu of institutionalization that occurred during the COVID-19 public health emergency. ARPA requires that states use the federal funds attributable to the increased FMAP to supplement, not supplant, existing state funds expended for Medicaid HCBS in effect as of April 1, 2021, and requires states to use state funds equivalent to the amount of federal funds attributable to the increased FMAP to implement or supplement the implementation of one or more activities to enhance, expand, or strengthen HCBS under the Medicaid program.

Initial HCBS Spending Plan Projection

Connecticut's HCBS spending plan projection estimates that the total amount of funds attributable to the state's increase in FMAP between April 1, 2021, and March 31, 2022 is $239,908,700. The table below details the various Medicaid HCBS expenditures that the state took into consideration as the basis for the estimate.

Connecticut Working Model Calculation of Supplemental Funding from 10% FMAP Increase and Proposed Investments
ARPA Sec. 9817

BASELINE EXPENDITURES THAT QUALIFY FOR 10% HCBS					
Federal Fiscal Year	**FFY 21**	**FFY 21**	**FFY 22**	**FFY 22**	
Quarter	**Q3: Apr to Jun**	**Q4: Jul to Sep**	**Q1: Oct to Dec**	**Q2: Jan to Mar**	**Total**
Service Categories					
Home and Community Based Services	$ 530,835,201	$ 530,835,201	$ 530,835,201	$ 530,835,201	$2,123,340,803
Case Management Services	$ 23,102,640	$ 23,102,640	$ 23,102,640	$ 23,102,640	$ 92,410,560
Rehabilitation Services - Baseline					$ -
Rehab-New 1115 Waiver Services			$ 16,908,490	$ 25,362,735	$ 42,271,225
Other (New Service Investments from Model)	$ 35,266,190	$ 35,266,190	$ 35,266,190	$ 35,266,190	$ 141,064,760
Subtotal: Qualifying Expenditures	$ 589,204,031	$ 589,204,031	$ 606,112,521	$ 614,566,766	$2,399,087,348
Funds Attributable to 10% HCBS FMAP Increase					***$ 239,908,700***

The state plans to invest the $239,908,700 in several key area of the HCBS infrastructure. The table on the following page provides a high-level overview of targeted investments. Appendix A provides a more detailed spending plan aligned with the narrative.

Connecticut Working Model Calculation of Supplemental Funding from 10% FMAP Increase and Proposed Investments				
Funds Available for Reinvestment (10%	**239,908,700**			
	Year 1	**Year 2**	**Year 3**	**Total**
Workforce innovation/transformation	6,050,000	13,500,000	16,250,000	35,800,000
Workforce-Provider stabilization	69,451,843	13,000,000	13,000,000	95,451,843
Assistive Technology	8,450,000	31,170,000	31,170,000	70,790,000
Environmental Modifications	-	7,500,000	7,500,000	15,000,000
Build/transition models of care	3,725,000	10,172,800	12,895,600	26,793,400
Provider infrastructure	12,000,000	24,000,000	30,000,000	66,000,000
Rate increases (excluding P4P)	18,367,890	31,091,067	31,283,999	80,742,956
Quality (rate increases tied to P4P)	5,446,526	8,850,000	8,850,000	23,146,526
Quality (non-P4P)	17,550,000	31,450,000	33,700,000	82,700,000
Evaluation/Metrics/Staffing	1,473,500	4,264,640	4,475,780	10,213,920
Total	142,514,760	174,998,507	189,125,379	506,638,645
Total State Share/Reinvestment	51,220,698	90,124,253	98,562,689	**239,907,640**
Total Federal Share	91,294,062	84,874,253	90,562,689	266,731,005

Overview of Strategic Investments

Connecticut's experience with COVID-19 challenges rebalancing assumptions and forecasts. **While the current status of long-term services and supports (LTSS) clearly reflects a sharp drop in nursing home census and concomitant increase in demand for HCBS, continued demand projections for HCBS are dependent upon two essential factors: adequate supply of workforce and continued quality of care.** The sudden growth in demand for HCBS, in addition to the previously forecasted demand, challenges the stability of the system and drives costs. Rebalancing today is different. The state must consider not only growing and enhancing value of the paid HCBS workforce through the adjustment of rates aligned with performance but also implementing innovative workforce and community solutions to quickly address the growth in demand. Targeting resources to key leverage points provides the greatest opportunity for return on dollar invested.

Key leverage points for ARPA investment include the following:

- Enhance HCBS Workforce
- Expand Integration and Use of Assistive Technology
- Expand Environmental Adaptations
- Enhance Self-Direction
- Expand and Enhance HCBS Delivery Transformation
- Enhance Provider Infrastructure
- Strengthen Quality

Home and Community-Based Spending Plan

Enhance HCBS Workforce

Increase Provider Rates

Connecticut is currently in the process of assessing the adequacy of all HCBS provider rates. In Connecticut, current demand for HCBS is exponentially higher than prior to COVID-19. Rate sufficiency is imperative to quickly build the supply of HCBS workers needed.

Target population: Connecticut is targeting this initiative at providers delivering services that are listed in Appendix B of the SMDL or that could be listed in Appendix B (e.g., behavioral health services that are covered under another benefit but could be covered under the rehabilitative services benefit).

Sustainability plan: Rates that are deemed inadequate will be increased and sustained by the state at the higher levels in 2025.

Fund Temporary Workforce and Provider Stabilization

In an effort to rebuild and sustain the qualified provider network workforce that was severely impacted by the COVID-19 pandemic, the state will develop an incentive-based program to help with recruitment and retention of provider staff. As the qualified provider network delivers the large majority of HCBS to eligible participants in the state, this program will help rebuild the infrastructure to bring quality staff into the workforce and maintain the staff on a long-term basis. One-time funding will also be used to offset COVID -19 related impacts that destabilized the provider network.

Target population: ~~**Medicaid HCBS providers**~~ Connecticut is targeting this activity solely at providers delivering services that are listed in Appendix B of the SMDL or that could be listed in Appendix B (e.g., behavioral health services that are covered under another benefit but could be covered under the rehabilitative services benefit).

Sustainability plan: Return on investment to be measured by a sustainable provider network with quality staff that translates to providing and maintaining high quality supports and services to HCBS participants.

Provide Supports for Informal Caregivers

Target population: HCBS waiver participants and Medicare Savings Program (MSP) participants at risk of nursing home placement

Informal caregivers are the foundation for all HCBS in the State of Connecticut. This foundational support system was even more important during the COVID-19 public health emergency when many people provided services to family members at home in lieu of placing the family member in a nursing home. Stabilizing and sustaining this informal system supports Medicaid HCBS members and also addresses the supply shortages in the paid workforce. This initiative will provide access to caregiver assessment, dementia

supports, care coordination, respite services, and training. The state will implement the evidence-based COPE [1] (Care of Persons with Dementia in their Environments) model as part of this initiative.

Sustainability plan: Return on investment to be measured by reducing 'burn-out' of informal caregivers, improving quality of life for members, reducing need for paid caregivers, and reducing unneccessary or premature reliance on Medicaid.

Invest in Capacity Building and Training

Reduce Racial Health Inequity

Connecticut aims to contract with two full time trainers to design and develop statewide required training for all HCBS providers. Trainers will develop a train-the-trainer model for sustainability in 2025. Training will include the following content areas:

- Integrating a Racial Equity Lens
- Implicit Bias
- Health Literacy and Self-Management
- Cultural Humility
- Racial Microaggressions
- Cross Training

Target population: ~~All HCBS providers~~ Connecticut is targeting this activity solely at providers delivering services that are listed in Appendix B of the SMDL or that could be listed in Appendix B (e.g., behavioral health services that are covered under another benefit but could be covered under the rehabilitative services benefit).

Sustainability plan: Trainers will develop a train-the-trainer model for sustainability in 2025.

Provide Provider Training to Support Evidence-Based Models

Several initiatives proposed under ARPA require specialized training, especially training related to dementia supports. This funding will ensure adequate training to support successful implementation of evidence-based models.

Target Population: Connecticut is targeting this activity solely at providers delivering services that are listed in Appendix B of the SMDL or that could be listed in Appendix B (e.g., behavioral health services that are covered under another benefit but could be covered under the rehabilitative services benefit).

[1] Effectiveness of the Care of Persons With Dementia in Their Environments Intervention When Embedded in a Publicly Funded Home- and Community-Based Service Program - PubMed (nih.gov)

Sustainability plan: Trainers will develop a train-the-trainer model for sustainability in 2025.

Improve Medication Assisted Treatment

The prevalence of substance use disorders (SUDs) in older adults is rising in the United States. Older adults using opioids are at increased risk of overdose, falls, cognitive and psychomotor impairments, and drug interactions, all of which are issues of concern that affect treatment outcomes. Long-term care facilities, home health agencies, and nursing homes generally do not administer medication assisted treatment when it is used for the treatment of opioid use disorders. Medication-assisted treatment (MAT) refers to the use of medications and behavioral therapy to treat substance use disorders. This method is known to provide a "whole-patient" approach to substance use disorder treatment. The Substance Abuse and Mental Health Services Administration (SAMHSA) reports that not only can MAT help treat addiction, but it can help sustain long-term recovery as well. MAT is used primarily on patients with opioid use disorders but can also benefit some people with alcohol use disorders.

After discharge from the hospital, many clients require further nursing care. Nursing homes are hesitant to accept clients with substance use or co-occurring disorders often because of stigma, the widespread misconception that abstinence is superior to medications for treating addiction, and significant gaps in staff training. MAT and other evidence-based interventions ensure that recipients experience a recovery-oriented and improved quality of life. Lack of evidence-based interventions precipitate negative sequelae of the addictive process and often lead to nursing home or other restrictive level of care readmissions, cycling in and out of emergency departments, overdose, other types of associated decompensation and, in the worst case scenario, death.

Target Population: Connecticut is targeting this activity solely at providers delivering services that are listed in Appendix B of the SMDL or that could be listed in Appendix B (e.g., behavioral health services that are covered under another benefit but could be covered under the rehabilitative services benefit).

Sustainability plan: Consultant will develop train-the-trainer model and develop self-guided web-based curricula for sustainability in 2025.

Improve Service Delivery for Members with Acquired Brain Injury (ABI)

Consultant to provide training and workforce development recommendations that span the scope of services for HCBS, including ABI waiver, mental health waiver, and the Connecticut Housing Engagement and Support Services initiative. Training will be provided both from a structural/physical aspect of the brain and effects of an injury, to the cognitive/emotional/ behavioral ramifications resulting from brain damage.

Training sessions will include the following content areas:

- ABI 101
- Advanced ABI
- Brain Injury and Behavioral Issues – strategies for managing behavioral distress/ dyscontrol in community settings
- ABI Waiver Overview
- Recovery Assistant Training
- Independent Living Skills Training
- Understanding Assessments for Individuals with Brain Injury – roles of neurologist, neuropsychologist, physiologist, OT, PT, speech/language, neuro-ophthalmologist and adjunctive team members
- Brain Injury and Substance Use
- Certification of Brain Injury Specialists (CBIS) Training

Target Population: Connecticut is targeting this activity solely at providers delivering services that are listed in Appendix B of the SMDL or that could be listed in Appendix B (e.g., behavioral health services that are covered under another benefit but could be covered under the rehabilitative services benefit).

Sustainability plan: Consultant will develop train-the-trainer model and develop self-guided web-based curricula for sustainability in 2025.

Expand Integration and Use of Assistive Technology

Integrate Smart Home Technology into Subsidized Housing

Connecticut's subsidized housing provides housing security to thousands of older adults and people with disabilities. This investment in smart home technology offers a needed update to that housing stock with the aim of increasing independence for those who live there.

- HUD Section 202 and 236 and Assisted Living Conversion Program housing.
- Low Income Housing Tax Credit projects
- State-funded assisted living

Sustainability plan: Return on investment to be measured by costs offset by decreasing need for paid caregivers, decreasing number of people with housing who ultimately are institutionalized, and increasing independence.

Expand Access to and Use of Assistive Technology

Target populations: HCBS waiver participants and MSP participants at risk of nursing home placement

Connecticut's assistive technology initiative aims to establish a Medicaid assistive technology oversight committee to monitor implementation of this two-year project. The state will contract with an expert team of consultants who will oversee integration of technology into care plans, in coordination with the state's existing HCBS care planning team, provide in-home training to recipients of technology and their caregivers to ensure proper use of technology, and provide training to HCBS providers.

Sustainability plan: Return on investment to be measured by increasing independence, decreasing reliance on paid supports, and reducing unnecessary or premature reliance on Medicaid.

Expand Access to and Use of Assistive Technology

Target population: HCBS waiver participants under DDS

This initative increases HCBS waiver caps to allow assistive technology and expands assistive technology utilization in group settings operated by DDS. Expanding assistive technology utilization promotes independence while providing a cost-effective option for assistance that maintains quality and oversight of health and safety measures.
Connecticut plans to pay for ongoing internet connectivity costs as part of the activities to "Expand Integration and Use of Assistive Technology (AT)". Connecticut acknowledges that ongoing internet connectivity costs are not authoirzed for FFP.

Sustainability plan: Return on investment to be measured by increased independence, decreased reliance on paid supports, and reduced unnecessary reliance on Medicaid

Expand Environmental Adaptations

Implement CAPABLE[2] Model in Medicaid HCBS

Target populations: HCBS waiver participants and MSP participants at risk of nursing home placement

The approach teams a nurse, an occupational therapist, and a handy worker to address the home environment and uses the strengths of the older adults themselves to improve safety and independence.

Sustainability plan: Return on investment to be measured by reducing unnecessary reliance on Medicaid, reducing signs of depression, and increasing quality of life.

[2] CAPABLE | School of Nursing at Johns Hopkins University (jhu.edu)

Enhance Self-Direction

Create and Implement Employment Network

Demand for the self-directed option which offers members a higher degree of control over who enters their home and who provides services grew during the COVID-19 public health emergency. The need for a well-developed employment network also grew to support self-directing member's ability to locate qualified staff. This statewide employment network will leverage the most recent technology and accessible platforms to facilitate enrollment of both direct care workers seeking employment and Medicaid members (employers) seeking workers. The employment network will also facilitate the ability of members (employers) to quickly locate backup workers. In addition to the HCBS support this network aims to offer members who live in the community, it removes a major barrier that prevents people from transitioning back to the community from a nursing home.

Sustainability plan: The state will sustain this network with General Fund dollars in 2025**.**

Create and Implement Electronic Visit Verification Call Center

Electronic visit verification (EVV) offers employers an important management tool. Additional investment in Connecticut's system is required to fully support employer's use of the tool. This call center will provide a centralized resource for self-directing employers and direct care workers statewide to ask questions related to EVV as well as provide technical support to correct time entries electronically entered the system.

Sustainability plan: The state will assess ongoing need for the call center and sustain components demonstrating success through the fiscal intermediary in 2025.

Expand Self-Direction Supports Available through the Fiscal Intermediary

Timely payment of direct care workers, tools to manage and review individual budgets 'real time', innovative approaches to supporting employer's understanding of employer responsibilites and ongoing communication are all essential components of a high quality self-directed system. Connecticut aims to expand the range of supports available through the fiscal intermediary in order to buid capacity in the self-directed Medicaid system.

Sustainability plan: The state will sustain this expansion with General Fund dollars.

Enhance and Expand HCBS Delivery Transformation

Create and Implement Innovative Service and Support Model for Older Adults and People with Disabilities

Connecticut's vision of a long-term services and supports continuum is based at a town level. The vision sees each town as a continuum of care rather than a continuum of care located on a separate campus. Local backup systems and emergency systems that support members in their own homes are an integral component of this system. Public policy is important to address barriers related to workforce, housing, and social determinants but

the associated activities and decisions are made at the local level. This initiative will seek applications from providers who work in partnership with local communities. Applications will specifically propose how the partnership will address community members' needs for 24-hour supervision and 24-hour backup, local respite options, local housing development, and local workforce development. The model of care will be consistent with Medicaid HCBS waiver policy and will be a 'whole person' integrated approach.

Provide Technical Assistance to Innovative Models

Initiatives that are demonstrated under the state's new innovation model will receive Medicaid technical assistance to ensure that the model design is sustainable within Medicaid.

Sustainability plan: New innovation models will be funded equal to or less than the current per member per month cost under the HCBS waivers.

Expand Supportive Housing Models

Coordinate supports in collaboration with sister state agencies to expand supportive housing models that are integrated in the community and promote the highest level of independence for individuals with intellectual disability. This initiative will enhance staffing supports in either a transitional housing program or within the supportive housing setting to provide support and guidance to individuals who may require additional assistance. This funding may be used in conjunction with the expansion of assistive technology to maximize the person's independence. Connecticut confirms that APRA funds will not be used to pay for room and board under initiatives related to 'Expand Supportive Housing Models'.

Target population: HCBS waiver participants served by DDS

Sustainability plan: The state will sustain this initiative through General Fund dollars.

System Transformation

This multi-pronged approach includes three initiatives to meet the ultimate goal of transforming both residential and day supports and services for individuals with intellectual disability away from traditional and costly congregate settings towards more integrated and efficient settings that promote independence and freedom of choice.

The first initiative proposes to develop an **incentive payment program** to encourage providers to consolidate current vacancies in congregate settings and redistribute the savings to individuals on the state's residential waiting lists.

The second initiative focuses on stability of the newly designed system by issuing **temporary payments** for authorizations that move individuals to more independent residential settings or toward competitively-based employment. These payments will support providers whose authorized funding decreases due to the individual's transition to more cost effective and independent supports.

The third and final initiative will contract with three consultants to train, facilitate and assist the state provider network in developing transformation plans that focus on moving away from congregate settings, both residential and day focused, while promoting independence, community integration, and employment-based services.

Connecticut confirms that APRA funds will not be used to pay for room and board under System Transformation.

Target population: ~~HCBS waiver participants served through DDS Connecticut~~ is targeting this activity solely at DDS providers delivering services that are listed in Appendix B of the SMDL or that could be listed in Appendix B (e.g., behavioral health services that are covered under another benefit but could be covered under the rehabilitative services benefit).

Sustainability plan: Return on investment to be measured by the increased utilization of more efficient and cost-effective settings as individuals transition away from more costly congregate-type settings. The state will sustain through General Fund dollars.

Enhance Provider Infrastructure

Stability and Infrastructure Improvements through Technology

Develop, purchase, and implement technology to streamline and modernize antiquated processes, improve billing accuracy, and increase overall efficiency. Investments will result in stabilization in the HCBS provider network through efficiencies and modernized billing processes as well as more appropriate service planning and improved service delivery to HCBS waiver participants. Technology includes two components: 1) provider- facing systems that focus on billing improvements and efficiencies and minimizing negative audit outcomes; and 2) focused technology improvements that include software replacement to improve public reporting of HCBS metrics and, if necessary, updating system licenses.

Target population: Qualified HCBS providers

Sustainability plan: Return on investment to be measured by the efficiencies created from modernized systems. The state will sustain through General Fund dollars.

Strengthen Quality

Fund Innovative Quality Improvement Initiatives

~~**Connecticut will seek innovative ideas from stakeholders to improve quality in home and community-based services. Innovation proposals will be assessed based on immediate impact to improve member experience, ability to replicate statewide and viability for sustaining within existing resources.**~~

Connecticut seeks to establish innovative, integrated, person-centered quality improvement initiatives across the Medicaid healthcare system.

ARPA quality improvement initiatives will work with stakeholders to integrate the CMS QI HCBS Framework within the Department's ongoing QI activities, such as the state's Medicaid Transparency Board, primary care payment reform, maternity bundle, and behavioral health initiatives. In particular, through this funding, Connecticut is interested in advancing, measuring and/or improving key elements of QI as defined by CMS including: 1) Person-centered assessments and care plans; 2) Person-reported outcomes, including choice and decision making, community participation, and experience of care;3) Rebalancing the long-term services and supports (LTSS) system toward HCBS. In general, the state anticipates that improved metrics defining a team-based approach with coordinated person-centered delivery systems of care will emerge.

The state expects that funding will be used for, but not limited to:

1) Administration costs for the design and implementation of the quality initiatives;
2) Provider infrastructure costs to improve internal tracking related to required data collection and continual learning;
3) Provider training related to how providers can learn from data for continual improvement
4) Provider based infrastructure costs associated with implementation of best practice, integrated team models of care
5) Surveys of HCBS participants
6) Development and testing of new metrics
7) Establishment and testing of value-based payments aligned with the QI best practices

Connecticut confirms that all innovative quality improvement initiatives funded under the "Fund Innovative Quality Improvement Initiatives" will be targeted at providers delivering services that are listed in Appendix B of the SMDL or that could be listed in Appendix B, or individuals who are receiving any of the services listed in Appendix B or services that could be listed in Appendix B. Funds related to this initiative will be paid to providers through enhanced rates related to quality outcomes.

Sustainability plan: Initiatives that meet the criteria above will be sustained with General Fund dollars.

Create and Implement Quality Management Tool Kit for HCBS Participants

One the best ways to manage quality is to empower the people who receive services with a strong awareness regarding what to expect from community service providers, who to contact if expectations are not met, and a safe way to report concerns. This initiative will result in both web-based tools and printed materials with the aim of creating a greater sense of awareness and control regarding the quality of supports received.

Sustainability plan: The toolkit will be sustained within existing resources.

Improve and Expand Universal Assessment System

Under Connecticut's Balancing Incentive Program, funding was received to develop and implement a universal assessment. The assessment is currently used for all aging and disability Medicaid programs. Over the next two years, Connecticut aims to expand the universal assessment to program participants who receive services from DDS and the Department of Mental Health and Addiction Services. Connecticut confirms that the state is not imposing stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021 through the implementation of the universal assessment under the "Improve and Expand Universal Assessment System" activity.

Target populations: All HCBS 1915(c), and 1915(i) Participants

Sustainability plan: The univeral assessement will be sustained within existing resources.

Comprehensive Review of Universal Assessment and Level of Need Groupings

The state will contract with a consultant to embark on a comprehensive review of the universal assessment to make recommendations for improvement, for establishment of related need groupings based on a new algorithm and for assignment of need grouping budget allocations to ensure cost neutrality. In addition, the state will use this process to formulate a business process plan for modifiying the universal assessment based on the recommendations. The level of need assessment tool currently used by DDS guides the creation of the individualized plan by identifying services and funding allotments to meet the individual's needs. Connecticut confirms that the state is not imposing stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021 through the "Comprehensive Review of Universal Assessment and Level of Need Groupings" activity.

Target populations: Members receiving HCBS

Case Management System with Capacity for Universal Modality

The state will develop and purchase a case management system with capacity for universal modality that takes a "no wrong door" approach to providing supports across the statewide health and human services delivery system for eligible individuals served through DDS. The system may integrate health records and other personal information to streamline service delivery while allowing for two-way access in which the participant has input into planning and services and the provider is able to access real-time information and data to analyze and improve their service delivery method.

Sustainability plan: The system will be sustained through the use of General Fund dollars.

Critical Incident Management System Enhancements and Improvements

DDS' critical incident management system used to identify critical incidents for waiver participants served by DDS is currently based on Medicaid claims only. This initiative will add Medicare and level of need data as well as admission, discharge and transfer information to the claims that are reviewed. Additional data into the system will improve critical incident detection and allow the state to better identify, address and mitigate critical incidents in the future.

Sustainability plan: The ongoing maintenance for the system will be sustained through the use of General Fund dollars.

Participant Survey Improvement and Expansion

The state will contract with a third party to implement the National Core Indicators (NCI) survey to HCBS waiver participants served by DDS. This participant-based survey will collect feedback about the quality and satisfaction of services and supports provided by the state. Responses will influence and inform quality improvement activities and comparison data to other states. NCI responses were recently added to the state's Medicaid waiver assurance reporting to measure performance through the HCBS Medicaid waivers for DDS.

Sustainability plan: The contract will be sustained through the use of General Fund dollars.

Pay-for-Performance (P4P) Initiative

Connecticut aims to create a value-based fee-for-service model. The model will provide incentive payments to HCBS providers based on clearly defined outcomes. The first step of this initiative is to establish outcomes. Year one outcomes will include, but not be limited to, participation in racial equity training and enrollment in the state's health information exchange. To ensure ongoing focus on the new HCBS delivery payment system, two additional state agency staff are proposed to continually monitor outcomes, develop new metrics, and drive overall improved performance. Connecticut is targeting this activity solely at providers delivering services that are listed in Appendix B of the SMDL or that could be listed in Appendix B (e.g., behavioral health services that are covered under another benefit but could be covered under the rehabilitative services benefit).

Sustainability plan: Ongoing payments will be based on effectiveness of changing provider performance and will be cost neutral to the Medicaid system.

Creation of Outcome-Based Incentive Program

The state will contract with consultants to create an outcome-based payment program for qualified providers of DDS. The consultants will be tasked with developing metrics that DDS qualified providers must meet to receive incentive payments. Such metrics may include a variety of quality measures that center on an individual's experience as measured in national surveys or other quality service reviews.

Sustainability plan: Consultant recommendations will determine future funding needs.

Staffing Plan

Contract support for state HCBS/home health metric development

Five DDS durational project managers and two durational clerical support staff to implement options as outlined in this request.

- Assistive technology expansion
- Supportive housing model expansion
- System transformation and redesign
- Oversight of technology and system improvement projects
- Workforce recruitment and retention

Five DSS full-time durational project managers with one manager assigned to each of the following initiatives:

- Assistive technology and environmental adaptation initiative
- Informal caregivers initiative
- Expansion of the universal assessment
- Quality innovation activities
- HCBS delivery transformation activities

Evaluation

The University of Connecticut Center on Aging will assess success of all initiatives, determine if anticipated outcomes have been met and determine return on investment. Initiatives that demonstrate savings sufficient to offset costs will be sustained in Connecticut's HCBS system in 2025.

Stakeholder Input

Connecticut has a long history of partnering with stakeholders. The Medicaid Long-Term Services and Supports Rebalancing Initiatives Steering Committee was first initiated in 2001 under the Real Choice Systems Change Grants funded by the Centers for Medicare and

Medicaid Services. The committee meets monthly and is co-chaired by a self-advocate (or family member) and a state agency representative. The current committee is co-chaired by the immediate past president of the ARC and the State's Ombudsman. The 23-person committee is comprised of older adults, people with disabilities, state agency staff, and advocates. This stakeholder group guides the state's Money Follows the Person program, the Community First Choice program, and the overarching state rebalancing strategic plan (strategic plan). The strategic planning effort includes broad input from organizations and other state agencies such as the Department on Housing, the Department of Developmental Services, the Department on Aging and Disability Services, the Department on Mental Health and Addiction Services, the Multiple Sclerosis Society, Legal Rights, AARP, ARC, State Long-Term Care Ombudsman, Area Agencies on Aging, nursing home associations, and home care associations, The ARPA investments are based on the strategic plan and reflect input from the aforementioned agencies and organizations. The committee provided an opportunity for the public to learn about initiatives under consideration for ARPA and provide input under public comment. In addition to the forum, the state welcomed written comments from the public for review and consideration for incorporation into the ARPA plan.

The following organizations submitted ideas for consideration, either through comments at the committee meeting or in writing:

- Home Care Association of America-CT
- AARP
- Leading Age
- New England Healthcare Employees Union 1199
- Connecticut Association for Healthcare at Home
- Connecticut Association of Nonprofits

ARPA investment recommendations received either through the public forum or through written submission include the following:

- Provide enhanced temporary or lump sum payments to stabilize the provider network given the impact of the pandemic
- Support workforce development through training to promote career growth at all levels
- Support quality standards by establishing quality metrics for all approved waiver providers to promote quality across homemaker/companion agencies
- Pursue investments in technology supports to directly assist consumers and providers
- Address waiting lists for waiver services
- Support the current SEIU collective bargaining process with a significant investment in wage, health care, pension, and other enhancements
- Allocate funds to support alternative uses for vacant nursing home space
- Increase HCBS provider rates and improve worker benefits

- Support quality standards
- Provide technology to assist with expanded telehealth and the transition to EVV
- Reduce barriers to staying in the community, technology and coach, back up plans, use of peer support
- Increase services (waitlist in certain waivers, category 1 of the state-funded home care program), provide and strengthen services for individuals who are at risk, increase affordable housing
- Provide more flexibility, invest in person-centered planning, strengthen service delivery and evaluate quality
- Enhance worker recruitment and training

General Considerations

Connecticut confirms that the state will notify CMS as soon as possible if activities to expand, enhance, or strengthen HCBS under ARPA section 9817 :1) Are focused on services other than those listed in Appendix B or that could be listed in Appendix B (e.g., behavioral health services that are covered under another benefit but could be covered under the rehabilitative services benefit). If any activities are not directly related to the services listed in Appendix B or services that could be listed in Appendix B, Connecticut will explain how those activities expand, enhance, or strengthen HCBS under Medicaid; 2) Include room and board (which CMS would not find to be a permissible use of funds); and/or, 3) Include activities other than those listed in Appendices C and D.

Connecticut confirms that an updated rate methodology will be submitted to CMS for the HCBS provider pay increases funded through the 10 percent temporary increased FMAP.

Connecticut confirms that for section 1915(c) waiver programs, Connecticut will submit a waiver amendment for any rate methodology change.

Connecticut confirms that an Appendix K application will be submitted for any retrospective approval related to rate increases.

Connecticut acknowledges that consistent with regulations at 42 C.F.R. § 447.252(b), the state plan methodology must specify comprehensively the methods and standards used by the agency to set payment rates. Further, Connecticut acknowledges that the state plan methodology must be comprehensive enough to determine the required level of payment and the FFP to allow interested parties to understand the rate setting process and the items and services that are paid through these rates. Connecticut acknowledges that claims for federal matching funds cannot be based upon estimates or projections and that the reimbursement methodology must be based upon actual historical utilization and actual trend factors.

Connecticut confirms that any plan related to reducing reliance on a specific type of facility-based or congregate service and increasing beneficiary access to services that are more integrated into the community, will only occur after active stakeholder input, as well as in submissions to CMS of required ARP section 9817 spending plans and narratives and any resulting waiver or state plan amendments, about how these changes enhance the availability of integrated services in the specific waiver or state plan, and offset any reductions in previously covered services, in compliance with the home and community-based settings criteria or other efforts to increase community integration.

Appendix A

Spending Plan	Total Investment	New/Expanded HCBS in App B	HCBS not in App B	Infrastructure-No FFP	Medicaid Admin
Enhance HCBS Workforce					
Increase provider Rates	80,742,956	78,742,956		2,000,000	
Fund Temporary Workforce and Provider Stabilization	95,451,843	93,851,843		1,600,000	
Implement Informal Caregiver Initiative	10,800,000	1,725,000		9,075,000	
Implement Informal Caregiver Initiative for Waiver Participants					
Training - Racial Equity	1,000,000				1,000,000
Training - Support Evidence Based Models	125,000				125,000
Training - Improve Medication Assisted Treatment and Mental Health	1,100,000				1,100,000
Expand Integration and Use of Assistive Technology					
DDS-Expand assistive technology	13,000,000	12,000,000		1000000	
Expand Access to and Use of Assistive Technology for Older Adults and People with Disabilities	11,250,000	5,625,000		5625000	
Integrate Smart Home Technology into Subsidized Housing	40,000,000	28000000		12000000	
Enhance Self-Direction					
Support Utilization of Electronic Visit Verification (call center)	2,100,000				2,100,000
Implement Personal Care Assistant Employee Network including Back-up System	4,440,000				4,440,000
Self-Direction- create employee network of direct support professionals					
Increase supports available through fiscal intermediary	6,000,000				6,000,000
Expand Environmental Adaptations					
Implement CAPABLE Program across HCBS	15,000,000	9,000,000		6,000,000	
Enhance and Expand HCBS Delivery Transformation					
Fund innovative service and support model.	9,168,400	9,168,400			
Provide Technical Assistance to support innovative service and support model	1,000,000				1,000,000
Expansion of supportive housing models - DDS	10,000,000	10000000			
Incentivize DDS system transformation towards more integrated and efficient settings	29,300,000				29,300,000
Enhance Provider Infrastructure					
Stability and Infrastructure Improvements through Technology	66,000,000	66,000,000			
Strengthen Quality					
Fund innovative quality improvement initiatives	20,000,000	20,000,000			
Create and implement quality management tool kit for HCBS participants	5,000,000				5,000,000
Improve Universal Assessment (UA) System including DSS, DDS, DMHAS (SA,MH)	7,000,000				7,000,000
Purchase/develop and implement a new case management system	34,000,000				34,000,000
Critical Incidents Enhancements and Ongoing Maintenance - DDS	3,000,000				3,000,000
Level of Care Assessments- consultant review -DDS	600,000				600,000
Purchase of Business Intelligence Software	6,000,000				6,000,000
Implement HCBS and home health Pay for Performance (P4P) Initiative	21,161,526	20,561,526		600,000	
Enhance Capacity Related to P4P: Add two new positions	825,000				825,000
Consultant to create outcome-based payments - DDS	1,160,000				1,160,000
Participant Survey Improvement and Expansion - DDS	1,200,000				1,200,000
Staffing/Evaluation/Metric Development					
Contract support for state HCBS/home health metric development	1,375,000				1,375,000
UCONN evaluation on DSS investments to determine impact	4,355,420				4,355,420
Five DDS Durational Project Managers and two Durational Clerical Support Staff	2,887,500				2,887,500
Five DSS durational staffing investments/structure	1,596,000				1,596,000
Total investment	506,638,645	354674725	0	37900000	114,063,920