

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 21-0032: COVID-19 Disaster Relief SPA 7 - Rate Increases and Coverage Additions for State Plan Home and Community-Based Services (HCBS) Option Portion of the Connecticut Home Care Program for Elders (CHCPE) Under Section 1915(i) of the Social Security Act and Rate Increase for Support and Planning Coach for Community First Choice (CFC) Under Section 1915(k) of the Social Security Act

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). This public notice is submitted in accordance with section 17b-8 of the Connecticut General Statutes.

Changes to Medicaid State Plan

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

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

1. Rate Increases and One-Time Payments

This SPA makes the following rate increases and one-time payment the services covered under: (1) the State Plan Home and Community-Based Services (HCBS) option under Section 1915(i) of the Social Security Act Portion of the Connecticut Home Care Program for Elders (CHCPE), which applies to all such services except for the following: Assistive Technology; Environmental Accessibility Modifications; Personal Response Systems; Skilled Chore; Specialized Medical Equipment; Individual Goods and Services; and all Self-Directed Services and (2) support and planning coach services only under the Community First Choice (CFC) Program under Section 1915(k) of the Social Security Act.

- Effective July 1, 2021, a 3.5% rate increase for all services not excluded above, which is intended to provide cost-of-living adjustments for providers in order to recognize the significant cost increases experienced for service providers during the pandemic
- Effective August 1, 2021, a 6% increase to reflect the providers' costs of complying with the August 1, 2021 increase in the state's minimum wage, which applies only to the following section 1915(i) CHCPE services not excluded above: Agency-based Personal Care Assistants (PCAs), Chore/Homemaker,

Companion Services, Assisted Living Services, Adult Day Health, Recovery Assistance, Community Mentor, and Agency-based Respite Services.

- Effective July 1, 2021, a performance-based supplemental payment for all services not excluded above using the following methodology:
 - Performance requirements for a performance payment to be made in a supplemental payment on or before March 31, 2022 are as follows, and are based on 1% of applicable expenditures beginning July 1, 2021 and ending February 28, 2022:
 - Participation in the DSS Racial Equity Training
 - Provider has a data sharing agreement executed with Connie, the state's Health Information Exchange (HIE).
 - Performance requirements for a performance payment to be made in a supplemental payment on or before July 31, 2022 calculated at 1% of expenditures during the calendar quarter ending June 30, 2022 are as follows:
 - Participation in the DSS Racial Equity Training
 - Signing, at a minimum, the HIE's Empanelment Use Case
 - Action plan detailing how the provider will get their client roster in Connie, the state's HIE.
 - After the payments noted above, effective for dates of service on and after July 1, 2022, the provider may be eligible for additional ongoing quarterly supplemental payments made on or before the last day of the month following each calendar quarter calculated at 1% of expenditures for the calendar quarter that immediately precedes the payment. The performance requirements for such ongoing payments are under development and will be detailed in a future SPA.
- Effective July 1, 2021, a one-time supplemental payment for recruitment and retention of staff, which will be paid in a lump sum not later than 30 days after CMS approval of this SPA and will be calculated at 5% of total State Fiscal Year (SFY) 2021 Medicaid expenditures for the provider's services under this category (except for services excluded above).

2. Service Expansions

Effective July 1, 2021, this SPA adds the following services to the section 1915(i) portion of the CHCPE:

- COPE Caregiver Supports and Participant Training: The state will implement the evidence-based COPE (Care of Persons with Dementia in their Environments) program. The COPE intervention is designed to optimize older adults' functional independence, and to improve caregiver dementia management skills and health-related outcomes. COPE features coordinated in-home occupational therapy visits, and skilled nursing visits.
- Caregiver Supports and Participant Training: Care for the Caregiver Program consists of an interdisciplinary team of specialized occupational therapists and nursing services for care of persons other than those with dementia. The evidence-informed program supports family members who are providing extraordinary care to persons living with serious or chronic illness.
- CAPABLE Program: The Department will implement the evidence-based environmental adaptation program, CAPABLE (Community Aging in Place, Advancing Better Living for Elders). The program includes 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.

Payment for each of these services is a fixed fee as set forth in the state's fee schedule, which is posted to <https://www.ctdssmap.com>, select "Provider Fee Schedule Download" then select the applicable fee schedule.

Fiscal Impact

DSS estimates that this SPA will increase annual aggregate expenditures by approximately \$862,000 in State Fiscal Year (SFY) 2022 and \$673,000 in SFY 2023.

Obtaining SPA Language and Submitting Comments

This SPA is posted on the DSS web site at this link: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-State-Plan-Amendments>. The proposed SPA may also be obtained at any DSS field office or 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 21-0032: COVID-19 Disaster Relief SPA 7 - Rate Increases and Coverage Additions for State Plan Home and Community-Based Services (HCBS) Option Portion of the Connecticut Home Care Program for Elders (CHCPE) Under Section 1915(i) of the Social Security Act and Rate Increase for Support and Planning Coach for Community First Choice (CFC) Under Section 1915(k) of the Social Security Act”.

Anyone may send DSS written comments about the SPA. Written comments must be received by DSS at the above contact information no later than December 30, 2021.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Connecticut**Section 7 – General Provisions****7.4-A. Medicaid Disaster Relief for the COVID-19 National Emergency**

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

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

Describe shorter period here.

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

As detailed in sections D.1, E.1, and E.4 below, coverage and rates for specified COVID-19 vaccine administration (and administration of other specified vaccines) are in effect from December 11, 2020 through the termination of the public health emergency, including any extensions. As detailed in section D.4 below, 90-day supply of medication other than controlled substance medications is authorized from March 1, 2020 through April 19, 2021. As detailed in section D.2, effective July 1, 2021, specified new services are added to the section 1915(i) portion of the Connecticut Home Care Program for Elders.

As detailed in section E.2 below: (1) the rate increase for inpatient hospital COVID-19 admissions is in effect from April 1, 2020 through June 30, 2020; (2) the rate add-ons for pediatric inpatient psychiatric services are in effect as follows (i) the rate add-on for increasing access and following other specified requirements is in effect from June 1, 2021 through June 30, 2022 and (ii) the rate add-on for increased acuity is in effect from July 1, 2021 through June 30, 2022; (3) the rate increase for private intermediate care facilities for individuals with intellectual disabilities is in effect from April 1, 2020 through June 30, 2020; (4) the rate increases for nursing facilities are as follows: (i) increase in effect from March 1, 2020 through April 30, 2020; (ii) increase in effect from January 1, 2021 through February 28, 2021; (iii) increase in effect from March 1, 2021 through March 31, 2021; and (iv) increase in effect from April 1, 2021 through June 30, 2021; (5) the payment changes for home health services are as follows: (i) increase for home health aide services in effect from September 1, 2020 through October 31, 2020; (ii) increases for specified home health services in effect from July 1-31, 2021; and (iii) one-time supplemental payment effective July 1, 2021; ~~and~~ (6) the rate increase for chronic disease hospitals is in effect from January 1, 2021 through February 28, 2021; and (7) the payment changes for section 1915(i) Connecticut Home Care Program for Elders services and Community First Choice support and planning coach services are as follows: (i) one-time supplemental payment effective July 1, 2021 and (ii) increases for specified services effective July 1, 2021.

TN: 21-0032Supersedes TN: 21-0031

Approval Date: _____

Effective Date: July 1, 2021

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Connecticut

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

As detailed in section E.3 below, the separate codes for behavioral health services delivered via audio-only telephone are in effect from March 18, 2020 through May 6, 2020.

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

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Connecticut*Section 7.4-A. Medicaid Disaster Relief for the COVID-19 National Emergency, Cont'd*

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

Request for Waivers under Section 1135

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

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

Please describe the modifications to the timeline.

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

Section A – Eligibility

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

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

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

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

Income standard: _____

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Supersedes TN: 21-0031

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Effective Date: March 1, 2020

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Connecticut*Section 7.4-A. Medicaid Disaster Relief for the COVID-19 National Emergency, Cont'd***a. Coverage Changes to Add Flexibility Within 1915(i) State Plan Home and Community-Based Services**

(HCBS) Portion of the Connecticut Home Care Program for Elders (CHCPE) Benefit: The following coverage expansions and flexibilities are added to the state's 1915(i) state plan portion of the CHCPE:

1. The current 1915(i) state plan HCBS, Attachment 3.1-i, page 27, limits homemaker services to 6 hours per week. That limit is removed to allow for additional hours of homemaker services as necessary.
2. The current 1915(i) state plan HCBS, Attachment 3.1-i, page 28, precludes a relative from providing companion services to a 1915(i) participant. That restriction is removed to allow relatives to provide companion services. All providers of Companion Services who are relatives of the participant must meet the standard provider qualifications for the service. The service provision is monitored on an ongoing basis by care managers who perform monthly contacts and reassessment visits. The service is subject to electronic visit verification that ensures that the services billed were in fact provided. Legally liable relatives may not provide services.
3. The current 1915(i) state plan HCBS, Attachment 3.1-i, page 35, caps Assistive Technology at an annual cost of \$1,000. That cost limit is removed.

4. Effective July 1, 2021, the following new services are added to the section 1915(i) portion of the CHCPE:

a. COPE Caregiver Supports and Participant Training: The state will implement the evidence-based COPE (Care of Persons with Dementia in their Environments) program. The COPE intervention is designed to optimize older adults' functional independence, and to improve caregiver dementia management skills and health-related outcomes. COPE features coordinated in-home occupational therapy visits, and skilled nursing visits.

b. Caregiver Supports and Participant Training: Care for the Caregiver Program consists of an interdisciplinary team of specialized occupational therapists and nursing services for care of persons other than those with dementia. The evidence-informed program supports family members who are providing extraordinary care to persons living with serious or chronic illness.

c. CAPABLE Program: The Department will implement the evidence-based environmental adaptation program, CAPABLE (Community Aging in Place, Advancing Better Living for Elders). The program includes 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.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Connecticut*Section 7.4-A. Medicaid Disaster Relief for the COVID-19 National Emergency, Cont'd*

b. Coverage Changes to Add Flexibility Within the Community First Choice (CFC) Program Pursuant to Section 1915(k) of the Social Security Act: The following coverage expansions and flexibilities are added to the state's CFC program:

1. Agency-Based Personal Care Attendants (PCAs): Expand coverage under the benefit to add the option of agency-based PCAs in order to expand back-up options for people served under the program. Under the agency model, services and support will be provided by entities under contract to the agency.
2. Acquisition, Maintenance, and Enhancement of Skills Necessary for the Individual to Accomplish ADLs, IADLs, and Health-Related Tasks: Expand coverage under CFC by: (a) suspending the requirement to complete certification in-person of person-centered planning; (b) permitting enrollment of otherwise qualified registered nurses who do not work for a licensed home health agency; (c) suspending the limit of 25 hours of the service within a 3-month period; and (d) suspending the face-to-face visit requirement in order to permit delivery of this service through synchronized audio-visual telehealth.
3. Expanded Coverage of Home-Delivered Meals: Expand meal option to include shelf-stable meals and emergency delivery service.
4. Support and Planning Coach Qualifications: Add 5 years of personal experience managing supports and services in the community either as a person with a disability or as a parent of a child with a disability as an optional substitute qualification for the requirement for 5 years of professional experience. Parents cannot provide this service for their own children.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Connecticut

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

b. Payments are increased through:

i. A supplemental payment or add-on within applicable upper payment limits:*Please describe.*

Home Health Services: Effective July 1, 2021, a one-time supplemental payment calculated at 5% of State Fiscal Year (SFY) 2021 of Medicaid expenditures for home health services provided by that home health agency. The supplemental payment will be paid within 30 days of CMS' approval of SPA 21-0031 only to providers who are actively enrolled in Medicaid on the date of payment.

Section 1915(i) Portion of the Connecticut Home Care Program for Elders (CHCPE) Providers and Section 1915(k) Community First Choice (CFC) Support and Planning Coach Providers: Effective July 1, 2021, a one-time payment calculated at 5% of State Fiscal Year (SFY) 2021 expenditures, as applicable, for section 1915(i) CHCPE services or CFC support and planning coach services, is paid to the applicable provider. Providers and services excluded from this calculation for section 1915(i) CHCPE are: Assistive Technology; Environmental Accessibility Modifications, Personal Response Systems, Skilled Chore, Specialized Medical Equipment, Individual Goods and Services, and all Self-Directed Services. The supplemental payment will be paid within 30 days of CMS' approval of this SPA to providers who have an active Medicaid enrollment on the date of payment.

 An increase to rates as described below.

Rates are increased:

 Uniformly by the following percentage: _____ Through a modification to published fee schedules –
Effective date (enter date of change): _____

Location (list published location): _____

 Up to the Medicare payments for equivalent services. By the following factors:*Please describe.*

Private ICF/IIDs: Private ICF/IID rates will be increased by \$49.10 per day (which is an average increase of 10%) for each facility effective from April 1, 2020 through June 30, 2020 or upon termination of the public health emergency, whichever comes first. Increases are for costs associated with the public health emergency, such as staffing and personal protective equipment (PPE), new costs related to screening of visitors, and cleaning and housekeeping supplies.

Nursing Facilities: Increases are for costs associated with the public health emergency, such as staffing and PPE. Nursing facility rates are increased by:

(1) 10% for all homes effective from March 1, 2020 through April 30, 2020.

(2) 5% for all homes effective from January 1, 2021 through February 28, 2021.

(3) 10% for all homes effective from March 1, 2021 through March 31, 2021.

(4) 5% for all homes effective from April 1, 2021 through June 30, 2021.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Connecticut*Section 7.4-A. Medicaid Disaster Relief for the COVID-19 National Emergency, Cont'd*

Home Health Services: The rates for home health services are increased by

(1) 2.3% for home health aide services (codes T1004 and T1021) from September 1, 2020 through October 31, 2020.

(2) effective from July 1-31, 2021, for all home health services other than pediatric complex skilled nursing services, increased by 3.5% and rates are increased by an additional 1% paid no later than March 31, 2022 if the provider is actively enrolled in Medicaid on the payment date and meets the following performance standards:

a) Participation in the Department of Social Services Racial Equity Training – 80% of all supervisors employed by the agency must complete the first training by February 1, 2022; and

b) Provider has executed a Data Sharing Agreement with the state's Health Information Exchange (HIE) no later than February 28, 2022.

Chronic Disease Hospitals: The rates for freestanding chronic disease hospitals are increased by 2% from January 1, 2021 through February 28, 2021.

Section 1915(i) CHCPE Services:

(1) Effective July 1, 2021, the rates for 1915(i) CHCPE services and section 1915(i) CFC support and planning coach services are increased by 3.5% (except for the following excluded services/providers: Assistive Technology; Environmental Accessibility Modifications, Personal Response System, Skilled Chore, Specialized Medical Equipment, Individual Goods and Services, and all Self-Directed Services) and, if the provider meets the requirements set forth below, an additional 1% as detailed below.

The first 1% performance payment will be paid on or before March 31, 2022 and is effective for and based on expenditures from July 1, 2021 through February 28, 2022 for each qualifying provider that meets the following standards:

- a) Participation in the Department of Social Services Racial Equity Training – 80% of all supervisors employed by the agency must complete the first training by February 1, 2022; and,
- b) Provider has Data Sharing Agreement executed with the state's Health Information Exchange (HIE)
Payment methodology: Payments are based on 1% of expenditures beginning July 1, 2021 and ending February 28, 2022.

The second 1% performance payment will be paid on or before July 31, 2022 and is effective for and based on expenditures from March 1, 2022 through June 30, 2022 for each qualifying provider that meets the following standards:

- a) Participation in Department of Social Services Racial Equity Training – 80% of all supervisors employed by the agency must complete the second training and 50% of all other staff employed by the agency must complete the first training; and,
- b) Signing, at a minimum, the Empanelment Use Case; and,
- c) Action plan detailing how the provider sends their client roster in an approved format to Connie, the state's HIE.

(2) Effective August 1, 2021, the following section 1915(i) CHCPE services are increased by 6% to reflect the increase in the state's minimum wage: agency-based personal care assistants (PCAs), chore/homemaker, companion services, assisted living services, Adult Day Health, Recovery Assistant, Community Mentor, and Agency-based Respite Services.

Payment for services delivered via telehealth:

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