

## **DEPARTMENT OF SOCIAL SERVICES**

### **Notice of Proposed Medicaid State Plan Amendment (SPA)**

#### **SPA 19-AB: Community First Choice Pursuant to Section 1915(k) of the Social Security Act – Rate Increase for Home-Delivered Meals**

The State of Connecticut Department of Social Services (DSS) proposes to submit the following Medicaid State Plan Amendment (SPA) to the Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health and Human Services (HHS).

#### **Changes to Medicaid State Plan**

In accordance with section 17b-8 of the Connecticut General Statutes, DSS gives notices that the Commissioner of DSS intends to amend the Medicaid State Plan provisions regarding the Community First Choice State Plan Option Pursuant to Section 1915(k) of the Social Security Act. Effective on or after July 1, 2019, SPA 19-AB will amend Attachment 4.19-B of the Medicaid State Plan to update the effective date of the fee schedule for Community First Choice Services in order to implement a ten percent (10%) rate increase for home-delivered meals. This SPA is necessary to comply with section 308 of House Bill 7424, which has been adopted by the General Assembly and is anticipated to be signed into law by the Governor.

#### **Fiscal Impact**

Based on the information that is available at this time, DSS estimates that this SPA will increase annual aggregate expenditures by approximately \$14,000 in State Fiscal Year (SFY) 2020 and \$33,000 in SFY 2021.

#### **Obtaining SPA Language and Submitting Comments**

This SPA is posted on the DSS web site at the following link: <http://portal.ct.gov/dss>. Scroll down to the bottom of the webpage and click on “Publications” and then click on “Updates.” Then click on “Medicaid State Plan Amendments”. The proposed SPA may also be obtained at any DSS field office, at the Town of Vernon Social Services Department, or upon request from DSS (see below).

To request a copy of the SPA from DSS or to send comments about the SPA, please email: [Public.Comment.DSS@ct.gov](mailto: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 19-AB: Community First Choice Pursuant to Section 1915(k) of the Social Security Act – Rate Increase for Home-Delivered Meals”.

Anyone may send DSS written comments about the SPA. Written comments must be received by DSS at the above contact information no later than July 25, 2019.

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

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**Community First Choice State Plan Option**  
**Pursuant to Section 1915(k) of the Social Security Act**

The payment methodology described below applies to all services and supports provided under Connecticut's Community First Choice (CFC) State Plan Option pursuant to section 1915(k) of the Social Security Act, as described in and provided in accordance with Attachment 3.1-K of the Medicaid State Plan.

Except as otherwise provided below, CFC services are paid pursuant to the current fee schedule for CFC, which was set as of July 1, 2019, and is effective for services provided on or after that date. The fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: [www.ctdssmap.com](http://www.ctdssmap.com). From this web page, go to "Provider," then to "Provider Fee Schedule Download." All governmental and private providers are reimbursed according to the same fee schedule. Medicaid payment under CFC does not include payment for room and board.

Payments are made by the Medicaid agency directly to the providers of State plan services or to the Fiscal Intermediary to disperse payments. Payments for all State plan services are made through the State's Medicaid Management Information System (MMIS).

As set forth on the fee schedule referenced above, the following CFC services are reimbursed as described below:

**Attendant Care:** Attendant care rates are billed under five distinct payment methodologies, each of which is based on the plan of care and the specific circumstances of the services provided, as follows:

1. Hourly Rate: When care is provided over a period of time which is neither live-in care for a continuous twenty-four hour period, nor a 12-hour overnight shift, a quarter-hour rate is used.
2. Per Diem Rate: When care is provided for a continuous twenty four hour period by a live-in attendant, a per diem rate is billed, which assumes that the attendant receives at least eight hours of sleep, at least five of which is uninterrupted
3. Pro-Rated Per Diem Rate: When the 24 hour shift is not completed; services are billed at a pro-rated per-diem rate.
4. Overnight Rate: When care is provided overnight for a twelve-hour period, services are billed under an overnight rate, which assumes that the attendant sleeps for half of the hours.

TN # 19-AB  
Supersedes  
TN # 15-012

Approval Date \_\_\_\_\_

Effective Date 07/01/2019