DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 22-AB: Community First Choice – Reimbursement Updates to Implement Collective Bargaining Agreement – Personal Care Attendant Per Diem Rate Increase

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

Effective on or after July 1, 2022, this SPA will amend Attachments 3.1-K and 4.19-B of the Medicaid State Plan to update the provisions for Community First Choice (CFC) pursuant to section 1915(k) of the Social Security Act as detailed below. The purpose of this SPA is to update the Medicaid state plan provisions for CFC to implement specified provisions of the collective bargaining agreement between the state and the union representing personal care attendants (PCAs), which was updated based on an agreement that was recently ratified by the Connecticut General Assembly. Specifically, this SPA implements the increases in the wages paid to PCAs and updates the state plan language that incorporates rates by reference as set forth in any future collective bargaining agreement. This SPA also makes a technical correction to the provision regarding worker's compensation coverage for PCAs in Attachment 3.1-K to align with the approved reimbursement provisions in Attachment 4.19-B.

This SPA does not address the increases to the hourly wages paid to PCAs because the current approved state plan provisions for CFC already incorporate changes to the minimum hourly payment rates based on the collective bargaining agreement in effect at the time services are provided. Thus, a SPA is not necessary to implement those changes, which are already built into the approved state plan and in effect automatically. This SPA also does not address the remaining elements of the updated collective bargaining agreement related to payment to PCAs, specifically paid time off, stipend for a portion of attendants' health insurance premium expenses, and lump sum supplemental payment, which are being addressed in a separate SPA.

Fee schedules are posted to https://www.ctdssmap.com. From this web page, go to "Provider" then to "Provider Fee Schedule Download", then select the applicable fee schedule.

Fiscal Impact

DSS estimates that this SPA will increase annual aggregate Medicaid expenditures by approximately $206,265 in State Fiscal Year (FFY) 2023 and $208,329 in State Fiscal Year (FFY) 2024.

Obtaining SPA Language and Submitting Comments

The proposed SPA is posted on the DSS website 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, at the Town of Vernon Social Services Department, or upon request from DSS (see below).

To request a copy of the SPA from DSS or to send comments about the SPA, please email: Public.Comment.DSS@ct.gov or write to: Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105. Please reference "SPA 22-AB: Community First Choice – Reimbursement Updates to Implement Collective Bargaining Agreement – Personal Care Attendant Per Diem Rate Increase".

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than July 28, 2022.

Two individuals may share an Attendant.

The State assumes the cost for a comprehensive background check on all Attendants that an individual seeks to hire. The individual receives a copy of the results in order to make an informed decision as to whether to hire the Attendant. If any criminal record is found, the individual may elect to hire the Attendant but must sign a waiver stating that he or she is aware of and understands the criminal findings.

The CFC participant will ~~have the option to~~ include the cost of Workers Compensation Coverage for their employees as part of their individual budget in accordance with Attachment 4.19-B of the Medicaid State Plan.

Limits on amount, duration or scope: The department assigns an overall budget based on need grouping that is determined by algorithm. Natural supports are based on the individual's functional assessment, which will take into consideration the availability of natural supports. Natural supports are identified during the person-centered service planning process and utilized when available to the individual. Natural supports are defined as voluntary unpaid care provided on a regular and consistent basis by a parent, spouse, or other person.

Transitional Services

Service Definition: Transitional services are non-recurring services for individuals who are transitioning from a nursing facility, institution for mental diseases, or intermediate care facility for Individuals with Intellectual Disabilities to a home and community-based setting where the individual resides. Allowable transitional services are those necessary to enable a person to establish a basic household and may include:

- essential household furnishings and moving expense required to occupy and use a community domicile, including furniture, window coverings, food preparation items and bed/bath linens;
- transportation expenses to pay for trips associated with locating housing;
- set-up fees or deposits for utility or service access, including telephone, electricity, heating and water;
- services necessary for the individual's health and safety such as pest eradication and one-time cleaning prior to occupancy.

Limit on amount and duration of scope: Transitional services funds are furnished only to the extent that they are necessary as determined through the service plan development process and

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

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

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~~2022, 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. 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~~ twenty-four 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.

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

5. Pro-rated Overnight Rate: The pro-rated overnight rate is used when the twelve--hour shift is not completed.

Rate Methodology for Attendant Care Services: The client who self-hires an attendant can decide the pay rate in accordance with this paragraph. The minimum attendant rate is determined by the collective bargaining agreement between the state and the applicable union representing attendants that is in effect at the time the services are provided and which sets forth the applicable minimum permissible ~~hourly~~ rates. If no collective bargaining agreement is in effect at the time services are provided, the permissible ~~hourly~~ wages are those set forth in the most recent collective bargaining agreement for the time period immediately preceding expiration of the agreement. Sharing an attendant is also an option. The rate for sharing an attendant between 2 participants is 150% of the rate applicable to an attendant providing services to a single participant. The shared attendant rate is distributed evenly between the individual budgets for the 2 participants. All applicable employer taxes are added to the pay rate to determine the Medicaid rate.

Fees for attendant care services other than those detailed above must comply with the provisions of the collective bargaining agreement in effect at the time services are provided, including, but not limited to, applicable minimum fees. For any services that are not covered under a collective bargaining agreement, maximum and/or minimum fees, as applicable (the client decides the fee within the applicable maximum and/or minimum), are published on the CFC Fee Schedule.

Workers Compensation Coverage: For dates of service prior to January 1, 2019, the CFC participant will have the option to include the cost of workers' compensation coverage for their employees as part of their individual budget. For dates of service on and after January 1, 2019, workers' compensation coverage for attendants shall be provided in accordance with the collective bargaining agreement described above. If no collective bargaining agreement is in effect at the time services are provided, workers' compensation shall be provided in accordance with the most recent collective bargaining agreement for the time period immediately preceding expiration of the agreement. Workers' compensation will be calculated in accordance with the standard requirements for workers' compensation insurance set forth by the State of Connecticut Workers' Compensation Commission and the State of Connecticut Department of Labor.

Transitional Services: The cost of transitional services is over and above the cost limit for the reoccurring individual service budget. The total permissible allocation per individual will be $1,200.00 over a 2-year period. Transitional services are subject to prior authorization. The Department utilizes an approved inventory of transitional services as a standard for the transitional