**DEPARTMENT OF SOCIAL SERVICES**

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

**SPA** **23-L: Community First Choice – January 2023 Rate Increase to Implement Personal Care Attendant Collective Bargaining Agreement**

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 January 1, 2023, this SPA will amend Attachment 4.19-B of the Medicaid State Plan to increase the minimum rate for self-directed personal care attendant (PCA) services 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 for CFC as required by the collective bargaining agreement between the state and the union representing PCAs, which was updated by an agreement ratified by the Connecticut General Assembly on May 3, 2022. Specifically, as required by the amended collective bargaining agreement, the minimum hourly wage for self-directed PCAs effective January 1, 2023 is $18.25, which, after factoring additional components of the rate required to be incorporated based on the approved Medicaid State Plan, results in a rate of $6.58 per 15-minute unit for self-directed PCA services. This rate increase is in addition to the various reimbursement changes already incorporated into approved SPA 22-0034.

**Fiscal Impact**

DSS estimates that this SPA will increase annual aggregate expenditures by approximately $2,690,720 in State Fiscal Year (SFY) 2023 and $7,103,500 in SFY 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](file:///C:\Users\HolmesN\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\I538MMOL\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 23-L: Community First Choice – January 2023 Rate Increase to Implement Personal Care Attendant Collective Bargaining Agreement”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than January 26, 2023.

Attachment 4.19-B

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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 noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of CFC services pursuant to section 1915(k) of the Social Security Act. Except as otherwise provided below, CFC services are paid pursuant to the current fee schedule for CFC. The agency’s fee schedule rates were set as of January 1, 2023, and are effective for services provided on or after that date.  All rates are published on 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,” then select the applicable 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 24-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 24-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 12-hour period, services are billed under an overnight rate, which assumes that the attendant sleeps for half of the hours.

TN # 23-L Approval Date \_\_\_\_\_\_\_\_\_ Effective Date 01/01/2023

Supersedes

TN # 22-0034