

**STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES**

Notice of Proposed Medicaid State Plan Amendment (SPA)

**SPA 24-AD: Value Based Purchasing Benchmark Payments for Home Health Agencies,
Community First Choice, 1915i Home and Community Based Services and Connecticut
Housing Engagement and Support Services (CHESS)**

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). Public comment information is at the bottom of this document.

Summary of Changes to Medicaid State Plan

Effective on or after November 27, 2024, SPA 24-AD will amend Attachment 4.19-B of the Medicaid State Plan. The purpose of this SPA is to change Benchmark payment dates and refine the scope of work to be eligible for the benchmark payments. This SPA continues the implementation of the American Rescue Plan Act (ARPA) of 2021, Section 9817, as updated, which relates to Home and Community-Based Services (HCBS) (ARPA HCBS Spending Plan). The purpose of the ARPA HCBS Spending Plan, in turn, is to improve the quality, access, and infrastructure for HCBS, as defined in federal law and associated CMS guidance. The language has also been revised to permit the continuation of outcome-based payments upon the expiration of the ARPA HCBS Spending Plan.

Quality Infrastructure Supplemental Payments

Payments will be made on or before March 31, 2025, and May 31, 2025, to eligible home health providers who have met the requirements for the November 2023 benchmark payment period and meet the benchmarks set forth below. The payment made on or before March 31, 2025, will be the greater of 5% of expenditures from March 31, 2024, to September 31, 2024, or \$5,000. The payment made on or before May 31, 2025, will be the greater of 5% of expenditures from October 1, 2024 to March 31, 2025, or \$5,000. For purposes of determining the applicability of the \$5,000 in lieu of the percentage, expenditures used as the basis of the payment are total HCBS expenditures for the provider across all programs. The following benchmarks apply and must be met no later than the first day of the month in which the payment is made:

- (a) Benchmark for March 2025 payment – Providers submit to the department quotes, invoices or contracts for equipment, software, hardware and training to improve member service delivery and/or to modify delivery systems to support value-based payment integration with Connie (CT HIE – CT Health Information Exchange);

- (b) Benchmark for May 2025 payment – Providers implemented all improvements identified in the March 2025 payment for delivery system modifications and integrated into member service planning.

Fiscal Impact

These time-limited supplemental payments to home health agencies are estimated to increase annual aggregate expenditures by approximately \$6,154,864 in SFY 2025 and by \$0 in SFY 2026.

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 resource center, 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 24-AD: Value Based Purchasing Benchmark Payments for Home Health Agencies, Community First Choice, 1915i Home and Community Bases Services and Connecticut Housing Engagement and Support Services (CHESS).”

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than **December 11, 2024**.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut**Home Health Services (Continued)**

Rate Increases and Supplemental Payments to Enhance, Expand, and/or Strengthen Home and Community-Based Services (HCBS): Implemented in accordance with the state's Spending Plan for Implementation of the American Rescue Plan Act of 2021, Section 9817, as updated (ARPA HCBS Spending Plan):

General Requirements: All rate increases set forth below apply only to providers actively enrolled on the date payment is issued. As applicable, payments may be proportionally reduced to the extent necessary to remain within available funding approved under the ARPA HCBS Spending Plan [and within the budget allocation upon the expiration of the ARPA HCBS Spending Plan.](#)

i. On or before July 31, 2023, benchmark payments will be paid to eligible home health providers effective for and calculated based on 2% of expenditures from March 1, 2023, through June 30, 2023. Benchmarks must be met no later than June 15, 2023, and are as follows:

- (a) Participation in Department of Social Services' racial equity training and participation in related learning collaboratives;
- (b) Accessing and viewing data within the HIE and participation in data use learning collaboratives and training.

ii. On or before November 30, 2023, benchmark payments will be paid to eligible Home Health providers effective for and calculated based on 2% of expenditures from July 1, 2023, through October 31, 2023. Benchmarks must be met no later than October 15, 2023, and are as follows:

- (a) Department of Social Services' racial equity training required component of all new staff orientation. Participation in related learning collaboratives;
- (b) Accessing and viewing data within the HIE and participation in data use learning collaboratives and training.

iii. On or before November 30, 2024, benchmark payments will be paid to eligible Home Health providers effective for and calculated based on 2% of expenditures from July 1, 2024, through October 31, 2024. Benchmarks must be met no later than October 15, 2024, and are as follows:

- (a) Participation in the Department of Social Services' racial equity training and participation in related learning collaboratives;
- (b) Accessing and viewing data within the HIE and participation in data use learning collaboratives and training.

iv. Beginning with payments to be made on or before May 31, 2025, and every six months thereafter, payments will be paid to eligible Home Health providers who meet the following outcomes:

- (a) Decrease in avoidable hospitalization;
- (b) Increase in percent of people who need ongoing services discharged from hospital to community in lieu of nursing home;
- (c) Decrease health inequities among members served.

Payments are based on up to 2% of expenditures for the 6 months that immediately precede each payment (other than the first outcome payment which will be based on the 4 months that immediately precede the first payment). If the total cost of the 2% payout is less than total funds available, excess funds will be prorated up to a maximum limit of 4% and paid to providers who qualify for the outcome payment. This higher limit of 4% will be based on availability of funds ~~as approved within the ARPA HCBS Spending Plan~~. Providers who meet all of the performance measures will receive a full payment. Providers who meet fewer than the maximum possible number of performance measures will receive a partial payment based on the number of performance measures that they meet, in which meeting each measure is associated with a pro rata equal share of the total payment for the provider.

TN # 23-0012-AApproval Date _____ Effective Date 05/12/2023

Supersedes

TN # 21-0034

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

Home Health Services (Continued)

Quality Infrastructure Supplemental Payments

Payments will be made on or before ~~November 30~~March 31, 2024~~5~~, and May 31, 2025, to eligible home health providers who have met the requirements for the November 2023 benchmark payment period and meet the benchmarks set forth below. ~~effective during~~ The payment made on or before March 31, 2025 will be based on the greater of 5% of expenditures from March 31, 2024 to September 31, 2024 ~~during the six calendar months that immediately precede the month in which the payment is made~~ or \$5,000. The payment made on or before May 31, 2025 will be the greater of 5% of expenditures from October 1, 2024 to March 31, 2025 or \$5,000. For purposes of determining the applicability of the \$5,000 in lieu of the percentage, expenditures used as the basis of the payment are total HCBS expenditures for the provider across all programs. The following benchmarks apply and must be met no later than the first day of the month in which the payment is made:

- (a) Benchmark for ~~November 2024~~March 2025 payment – Providers submit to the department quotes, invoices or contracts for equipment, software, hardware and training to have met requirements to improve member service delivery documented and contracts in place with vendors and/or to modify delivery systems to support value based payment integration with Connic; providers have member satisfaction survey drafted;
- (b) Benchmark for May 2025 payment – Providers have implemented all improvements identified in the March 2025 payment for delivery system modifications complete and have delivery system implemented and integrated into member service planning; ~~member satisfaction survey complete.~~

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Supersedes
TN # NEW

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Rate Increases and Supplemental Payments to Enhance, Expand, and/or Strengthen Home and Community-Based Services (HCBS): Implemented in accordance with the state's Spending Plan for Implementation of the American Rescue Plan Act of 2021, Section 9817, as updated (ARPA HCBS Spending Plan): General Requirements: All rate increases set forth below apply only to providers actively enrolled on the date payment is issued. Providers and services excluded from these rate increases are: assistive technology; environmental accessibility modifications, personal response systems, skilled chore services, and all Self-Directed Services. As applicable, payments may be proportionally reduced to the extent necessary to remain within available funding approved under the ARPA HCBS Spending Plan and within the budget allocation upon the expiration of the ARPA HCBS Spending Plan.

(a) Performance Supplemental Payments: i. On or before July 31, 2023, benchmark payments will be paid to 1915(i) CHCPE providers effective for and calculated based on 2% of expenditures from March 1, 2023, through June 30, 2023. Benchmarks must be met no later than June 15, 2023, and are as follows: (a) Participation in Department of Social Services' racial equity training and related learning collaboratives; (b) Accessing and viewing data within the HIE and participation in data use learning collaboratives and training. ii. On or before November 30, 2023, benchmark payments will be paid to 1915(i) CHCPE providers effective for and calculated based on 2% of expenditures from July 1, 2023, through October 31, 2023. Benchmarks must be met no later than October 15, 2023, and are as follows: (a) Department of Social Services' racial equity training required component of all new staff orientation. Participation in related learning collaboratives; (b) Accessing and viewing data within the HIE and participation in data use learning collaboratives and training. iii. On or before November 30, 2024, benchmark payments will be paid to 1915(i) CHCPE providers effective for and calculated based on 2% of expenditures from July 1, 2024, through October 31, 2024. Benchmarks must be met no later than October 15, 2024, and are as follows: (a) Department of Social Services' racial equity training required component of all new staff orientation. Participation in related learning collaboratives; (b) Accessing and viewing data within the HIE and participation in data use learning collaboratives and training.

Beginning with payments to be made on or before May 31, 2025, and every six months thereafter, payments will be paid to 1915(i) CHCPE providers who meet the following outcomes: (a) Decrease in avoidable hospitalization; (b) Increase in percent of people who need ongoing services discharged from hospital to community in lieu of nursing home (c) Decrease health inequities among members served; (d) Increase the number of members meeting their person-centered goals. Payments are based on up to 2% of expenditures for the 6 months that immediately precede each payment (other than the first outcome payment which will be based on the 4 months that immediately precede the first payment). If the total cost of the 2% payout is less than total funds available, excess funds will be prorated up to a maximum limit of 4% and paid to providers who qualify for the outcome payment. This higher limit of 4% will be based on availability of funds as approved within the ARPA HCBS Spending Plan. Providers who meet all of the performance measures will receive a full payment. Providers who meet fewer than the maximum possible number of performance measures will receive a partial payment based on the number of performance measures that they meet, in which meeting each measure is associated with a pro rata equal share of the total payment for the provider.

(b) Quality Infrastructure Supplemental Payments: Payments will be made on or before ~~November 30, 2024~~March 31, 2025, and May 31, 2025, to 1915(i) CHCPE providers who have met the requirements for the November 2023 benchmark payment period and meet the benchmarks set forth below. . The payment made on or before March 31, 2025 will be the greater of 5% of expenditures from March 31, 2024 to September 31, 2024 or \$5,000. The payment made on or before May 31, 2025 will be the greater of 5% of expenditures from October 1, 2024 to March 31, 2025 or \$5,000, effective during and based on the greater of 5% of expenditures during the six calendar months that immediately precede the month in which the payment is made or \$5,000. For purposes of determining the applicability of the \$5,000 in lieu of the percentage, expenditures used as the basis of the payment are total HCBS expenditures for the provider across all programs. The following benchmarks apply and must be met no later than the first day of the month in which the payment is made: (a) Benchmark for November 2024 payment— Providers have met requirements to improve member service delivery documented and contracts in place with vendors to modify delivery system; providers have member satisfaction survey drafted; (b) Benchmark for May 2025 payment— Providers have delivery system modifications complete and implemented and integrated into member service planning; member satisfaction survey complete (a) Benchmark for March 2025 payment – Providers submit to the department quotes, invoices or contracts for equipment, software, hardware and training to improve member service delivery and/or to modify delivery systems to support value-based payment integration with Connie; (b) Benchmark for May 2025 payment Providers have implemented all improvements identified in the March 2025 payment for delivery system modifications and integrated into member service planning

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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

Rate Increases and Supplemental Payments to Enhance, Expand, and/or Strengthen Home and Community-Based Services (HCBS), Implemented in Accordance with the state's Spending Plan for Implementation of the American Rescue Plan Act of 2021, Section 9817, as updated (ARPA HCBS Spending Plan):

General Requirements: All rate increases set forth below apply only to providers actively enrolled on the date payment is issued. The only CFC providers eligible to receive these rate increases are providers of assessment services and agency-based support and planning coach services. As applicable, payments may be proportionally reduced to the extent necessary to remain within available funding approved under the ARPA HCBS Spending Plan [and within the budget allocation upon the expiration of the ARPA HCBS Spending Plan.](#)

(a) Performance Supplemental Payments:

i. On or before July 31, 2023, benchmark payments will be paid to eligible CFC providers effective for and calculated based on 2% of expenditures from March 1, 2023, through June 30, 2023. Benchmarks must be met no later than June 15, 2023, and are as follows: (a) Participation in Department of Social Services' racial equity training and participation in related learning collaboratives; (b) Accessing and viewing data within the HIE and participation in data use learning collaboratives and training.

ii. On or before November 30, 2023, benchmark payments will be paid to eligible CFC providers effective for and calculated based on 2% of expenditures from July 1, 2023, through October 31, 2023. Benchmarks must be met no later than October 15, 2023, and are as follows: (a) Department of Social Services' racial equity training required component of all new staff orientation. Participation in related learning collaboratives; (b) Accessing and viewing data within the HIE and participation in data use learning collaboratives and training.

iii. On or before November 30, 2024, benchmark payments will be paid to eligible CFC providers effective for and calculated based on 2% of expenditures from July 1, 2024, through October 31, 2024. Benchmarks must be met no later than October 15, 2024, and are as follows: (a) Department of Social Services' racial equity training required component of all new staff orientation. Participation in related learning collaboratives; (b) Accessing and viewing data within the HIE and participation in data use learning collaboratives and training.

iv. Beginning with payments to be made on or before May 31, 2025, and every six months thereafter, payments will be paid to eligible CFC providers who meet the following outcomes: (a) Decrease in avoidable hospitalization; (b) Increase in percent of people who need ongoing services discharged from hospital to community in lieu of nursing home; (c) Decrease health inequities among members served; (d) Increase the number of members meeting their person-centered goals. Payments are based on up to 2% of expenditures for the 6 months that immediately precede each payment (other than the first outcome payment which will be based on the 4 months that immediately precede the first payment). If the total cost of the 2% payout is less than total funds available, excess funds will be prorated up to a maximum limit of 4% and paid to providers who qualify for the outcome payment. This higher limit of 4% will be based on availability of funds [as approved within the ARPA HCBS Spending Plan.](#)

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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**

Providers who meet all of the performance measures will receive a full payment. Providers who meet fewer than the maximum possible number of performance measures will receive a partial payment based on the number of performance measures that they meet, in which meeting each measure is associated with a pro rata equal share of the total payment for the provider.

(b) Quality Infrastructure Supplemental Payments

Payments will be made on or before ~~November 30, 2024~~March 31, 2025, and May 31, 2025, to eligible CFC providers who have met the requirements for the November 2023 benchmark payment period and meet the benchmarks set forth below. The payment made on or before May 31, 2025 will be the greater of 5% of expenditures from October 1, 2024 to March 31, 2025 or \$5,000. ~~effective during and based on the greater of 5% of expenditures during the six calendar months that immediately precede the month in which the payment is made or \$5,000.~~ For purposes of determining the applicability of the \$5,000 in lieu of the percentage, expenditures used as the basis of the payment are total HCBS expenditures for the provider across all programs. The following benchmarks apply and must be met no later than the first day of the month in which the payment is made: (a) Benchmark for March 2025~~November 2024~~ payment – Providers submit ~~have met requirements to improve member service delivery documented and contracts in place with vendors to modify delivery system; providers have member satisfaction survey drafted;~~ (b) Benchmark for May 2025 payment – ~~Providers have delivery system modifications complete and implemented and integrated into member service planning; member satisfaction survey complete.~~ to the department quotes, invoices or contracts for equipment, software, hardware and training to improve member service delivery and/or to modify delivery systems to support value based payment integration with Connie; (b) Benchmark for May 2025 payment – Providers have implemented all improvements identified in the March 2025 payment for delivery system modifications and integrated into member service planning

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**Reimbursement Methodology for Connecticut Housing Engagement and Support Services (CHESS)
State Plan HCBS Benefit Under Section 1915(i)**

Rate Increases and Supplemental Payments to Enhance, Expand, and/or Strengthen Home and Community-Based Services (HCBS), Implemented in accordance with the state's Spending Plan for Implementation of the American Rescue Plan Act of 2021, Section 9817, as updated (ARPA HCBS Spending Plan):

General Requirements: All rate increases set forth below apply only to providers actively enrolled on the date payment is issued. As applicable, payments may be proportionally reduced to the extent necessary to remain within available funding approved under the ARPA HCBS Spending Plan, [and within the budget allocation upon the expiration of the ARPA HCBS Spending Plan.](#)

i. On or before July 31, 2023, a one-time supplemental payment will be paid to CHESS providers calculated at 1% of expenditures from August 16, 2021 through October 31, 2022 for each qualifying provider that meets the following standards on or before June 15, 2023: (a) Participation in Department of Social Services' racial equity training and identification and participation of an individual who will 'champion' racial equity service delivery change, (b) Provider has executed a data sharing agreement with the state's Health Information Exchange (HIE), (c) signing, at a minimum, the HIE Empanelment Use Case, (d) action plan detailing how the provider sends their client roster in an approved format to the state's HIE, and (e) Completion of HIE stakeholder input tool and identification and participation of an individual who will 'champion' delivery system change.

ii. On or before July 31, 2023, benchmark payments will be paid to 1915(i) CHESS providers effective for and calculated based on 2% of expenditures from March 1, 2023, through June 30, 2023. Benchmarks must be met no later than June 15, 2023, and are as follows: (a) Participation in Department of Social Services' racial equity training and participation in related learning collaboratives; (b) Accessing and viewing data within the HIE and participation in data use learning collaboratives and training.

iii. On or before November 30, 2023, benchmark payments will be paid to 1915(i) CHESS providers effective for and calculated based on 2% of expenditures from July 1, 2023, through October 31, 2023. Benchmarks must be met no later than October 15, 2023, and are as follows: (a) Department of Social Services' racial equity training required component of all new staff orientation. Participation in related learning collaboratives; (b) Accessing and viewing data within the HIE and participation in data use learning collaboratives and training.

iii. On or before November 30, 2024, benchmark payments will be paid to 1915(i) CHESS providers effective for and calculated based on 2% of expenditures from July 1, 2024, through October 31, 2024. Benchmarks must be met no later than October 15, 2024, and are as follows: (a) Department of Social Services' racial equity training required component of all new staff orientation. Participation in related learning collaboratives; (b) Accessing and viewing data within the HIE and participation in data use learning collaboratives and training.

iv. Beginning with payments to be made on or before May 31, 2025, and every six months thereafter,

Reimbursement Methodology for Connecticut Housing Engagement and Support Services (CHESS)

State Plan HCBS Benefit Under Section 1915(i)

payments will be paid to 1915(i) CHESS providers who meet the following outcomes: (a) Decrease in avoidable hospitalization; (b) Increase in percent of people who need ongoing services discharged from hospital to community in lieu of nursing home; (c) Decrease health inequities among members served; (d) Increase the number of members meeting their person-centered goals. Payments are based on up to 2% of expenditures for the 6 months that immediately precede each payment (other than the first outcome payment which will be based on the 4 months that immediately precede the first payment). If the total cost of the 2% payout is less than total funds available, excess funds will be prorated up to a maximum limit of 4% and paid to providers who qualify for the outcome payment. This higher limit of 4% will be based on availability of funds ~~as approved within the ARPA HCBS Spending Plan~~. Providers who meet all of the performance measures will receive a full payment. Providers who meet fewer than the maximum possible number of performance measures will receive a partial payment based on the number of performance measures that they meet, in which meeting each measure is associated with a pro rata equal share of the total payment for the provider.

(b) Quality Infrastructure Supplemental Payments

Payments will be made on or before ~~November 30, 2024~~March 31, 2025, and May 31, 2025, to 1915(i) CHESS providers who have met the requirements for the November 2023 benchmark payment period and the benchmarks set forth below. ~~The payment made on or before May 31, 2025 will be the greater of 5% of expenditures from October 1, 2024 to March 31, 2025 or \$5,000. effective during and based on the greater of 5% of expenditures during the six calendar months that immediately precede the month in which the payment is made or \$5,000.~~ For purposes of determining the applicability of the \$5,000 in lieu of the percentage, expenditures used as the basis of the payment are total HCBS expenditures for the provider across all programs. The following benchmarks apply and must be met no later than the first day of the month in which the payment is made: ~~(a) Benchmark for November 2024 payment – Providers have met requirements to improve member service delivery documented and contracts in place with vendors to modify delivery system; providers have member satisfaction survey drafted;~~ (b) ~~Benchmark for May 2025 payment – Providers have delivery system modifications complete and integrated into member service planning; member satisfaction survey complete.~~ (a) Benchmark for March 2025 payment – Providers submit to the department quotes, invoices or contracts for equipment, software, hardware and training to improve member service delivery and/or to modify delivery systems to support value based payment integration with Connie; (b) Benchmark for May 2025 payment – Providers have implemented all improvements identified in the March 2025 payment for delivery system modifications and integrated into member service planning

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