

**STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES**

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 24-AC: Time-Limited Supplemental Payments to Support In-Home Safety Enhancements for Home Health Agencies

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 October 16, 2024, SPA 24-AC will amend Attachment 4.19-B of the Medicaid State Plan to incorporate time-limited supplemental payments to Home Health Agencies (HHA) to support in-home safety enhancements in the HHA's provision of home health services for Medicaid members. The limited availability, time-limited supplemental payments will support HHAs to enhance the safety of staff while providing home health services to Medicaid Members. Payments will be made during the period of October 31, 2024, through December 31, 2024, until all available funds are exhausted.

As 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: The supplemental payments set forth below apply only to HHA providers actively enrolled on the date of the application and payment. As applicable, payments may be proportionally reduced to the extent necessary to remain within available funding approved under the ARPA HCBS Spending Plan.

- (i) Home Health Agencies are eligible for a one-time payment if in compliance with all applicable state and federal laws, regulations, and guidance, including that the HHA documents in a cost report, the proposed budget plan and end of activities actuals report. All expenditures must align with the following workforce supports, provide invoices, receipts, and actuals report on the funds spent. In addition, the funding is time-limited and must be used by June 30, 2025. Any remaining funds that have not been spent by June 30, 2025, shall be returned to the Department.
 - (a) Approvable items for use of these supplemental payments include any combination of the following items that improve the safety of the provision of home health services: (1) Training: self-defense, situational awareness, de-escalation, increased safety awareness; (2) Emergency Response Buttons/devices; (3) "Buddy" or "escort" services that are not specifically included within fee-for-service payments for home health services; (4) GPS devices and tracking devices, including the home based tracking system; (5) Electronic Health record risk factor/risk score; (6) Hire a safety consultant: Conduct safety evaluation across processes; provide results and recommendations; and (7) Pay for a dedicated phone line for staff to call in, if distressed out in the field.

- (b) Each HHA must complete and track all expenditures from the one-time payments and submit the cost report and actual expenditures to DSS. The HHA must submit and maintain all supporting documentation, including invoices and payments that are related to the projected budget and actuals report. The completed budget report and actuals, with supporting documentation and unused funds must be submitted to DSS no later than August 15, 2025. Any unused funds based on the actuals report, shall be returned to the Department of Social Services. All funds used are subject to Federal Audit.

The Department will be using the following methodology for payment distribution:

- (a) Payment amounts will be based on weighted factors that include the organization's proportional Medicaid expenditures and risk factors associated with violence towards the HHA staff who work in beneficiaries' homes, based on available research and statistical indicators.
- (b) The Department will review data between July 1, 2023, through June 30, 2024. This includes paid expenditures and information reported by the organization at the time of application.

Purpose of SPA

The purpose of this SPA is to provide supplemental payments to home health agencies specifically to enhance the safety and security of the staff while providing home health services to Medicaid members. The supplemental payments included in this SPA comprise part of DSS's implementation of recently adopted state law in section 4 of Public Act 24-19, which requires DSS to implement a home health worker safety grant program. This SPA also continues implementing, with respect to home health services, relevant provisions of the state's Spending Plan for 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.

Fiscal Impact

These time-limited supplemental payments to home health agencies are estimated to increase annual aggregate expenditures by approximately \$5,265,859 in State Fiscal Year (SFY) SFY 2025 and \$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-AC: Time-Limited Supplemental Payment to Support In-Home Safety Enhancements for Home Health Agencies."

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than **October 30, 2024**.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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

One-Time Supplement Payments: In-Home Safety 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):

Effective from October 15, 2024, through December 31, 2024, time supplemental payments shall be made to Home Health Agencies (HHA) to support safety enhancements for home health services provided in beneficiaries’ homes. The limited availability, time-limited supplemental payments will support HHAs to enhance the safety of staff while they are providing home health services.

General Requirements: The supplemental payments set forth below apply only to HHA providers actively enrolled on the date of the application and payment. As applicable, payments may be proportionally reduced to the extent necessary to remain within available funding approved under the ARPA HCBS Spending Plan.

- (i) Home Health Agencies are eligible for a one-time payment if in compliance with all applicable state and federal laws, regulations, and guidance, including that the HHA documents in a cost report, the proposed budget plan and end of activities actuals report. All expenditures must align with the following workforce supports, provide invoices, receipts, and actuals report on the funds spent. In addition, the funding is time-limited and must be used by June 30, 2025. Any remaining funds that have not been spent by June 30, 2025, shall be returned to the Department.
 - (a) Approvable items for use of these supplemental payments include any combination of the following items that improve the safety of the provision of home health services: (1) Training: self-defense, situational awareness, de-escalation, increased safety awareness; (2) Emergency Response Buttons/devices; (3) “Buddy” or “escort” services that are not specifically included within fee-for-service payments for home health services; (4) GPS devices and tracking devices, including the home based tracking system; (5) Electronic Health record risk factor/risk score; (6) Hire a safety consultant: Conduct safety evaluation across processes; provide results and recommendations; and (7) Pay for a dedicated phone line for personnel to call in, if distressed out in the field.
 - (b) Each HHA must complete and track all expenditures from the one-time payments and submit the cost report and actual expenditures to DSS. The HHA must submit and maintain all supporting documentation, including invoices and payments that are related to the projected budget and actuals report. The completed budget report and actuals, with supporting documentation and unused funds must be submitted to DSS no later than August 15, 2025. Any unused funds based on your actuals report, must be returned to the Department of Social Services. All funds used are subject to Federal Audit.

The Department will be using the following methodology for payment distribution:

- (a) Payment amounts will be based on weighted factors that include the organization’s proportional Medicaid expenditures and risk factors associated with violence towards the HHA staff who work in beneficiaries’ homes, based on available research and statistical indicators.
- (b) The Department will look at data between July 1, 2023, through June 30, 2024. This includes paid expenditures and information reported by the organization at the time of application.

TN # 24-AC

Approval Date _____

Effective Date 10/16/2024

Supersedes

TN # NEW