

APPENDIX K: Emergency Preparedness and Response

Background:

This standalone appendix may be utilized by the state during emergency situations to request amendment to its approved waiver. It includes actions that states can take under the existing Section 1915(c) home and community-based waiver authority in order to respond to an emergency. Other activities may require the use of various other authorities such as the Section 1115 demonstrations or the Section 1135 authorities.ⁱ This appendix may be completed retroactively as needed by the state.

Appendix K-1: General Information

General Information:

A. State: Connecticut

B. Waiver Title:

Home & Community Based Services for Elders
 Personal Care Assistance Waiver
 CT ABI Waiver
 Home & Community Supports Waiver for Persons with Autism
 CT ABI Waiver II
 Mental Health Waiver
 Katie Beckett Waiver

C. Control Number:

CT.0140.R07.02
 CT.0301.R05.05
 CT.0302.R05.01
 CT.0993.R01.04
 CT.1085.R01.04
 CT.0653.R02.04
 CT.410.R08.01

D. Type of Emergency (The state may check more than one box):

<input checked="" type="checkbox"/>	Pandemic or Epidemic
<input type="checkbox"/>	Natural Disaster
<input type="checkbox"/>	National Security Emergency
<input type="checkbox"/>	Environmental
<input type="checkbox"/>	Other (specify):

E. Brief Description of Emergency. *In no more than one paragraph each*, briefly describe the: 1) nature of emergency; 2) number of individuals affected and the state’s mechanism to identify individuals at risk; 3) roles of state, local and other entities involved in approved waiver operations; and 4) expected changes needed to service delivery methods, if applicable. The state should provide this information for each emergency checked if those emergencies affect different geographic areas and require different changes to the waiver.

COVID 19 pandemic.

Federal Public Health Emergency continues to exist as a result of the continued consequences of the Coronavirus Disease (COVID-19) pandemic.

This Appendix K is additive to the previously approved Appendix Ks and includes the following modifications:

1. Increased Provider Rates. Rate sufficiency is imperative to quickly build supply of HCBs workers needed.
 - a. A minimum wage increase for applicable home health aide and waiver services, including, but not limited to, agency-based personal care assistants (PCAs), chore/homemaker, and companion services, effective 8/1/2021. The 8/1/2021 increase in rates will be 6% for applicable services.
 - b. a 1.7% across-the-board rate increase, authorized under the biennial budget, and an eligible increase under the ARPA reinvestment plan, , effective 7/1/2021;
 - c. supplemental rate funding beyond the 1.7% to bring waiver services to a maximum 4.5% total rate increase (inclusive of the 1.7%), including a 3.5% base increase and up to a 1% value-based payment (VBP) increase, included under the ARPA reinvestment plan, effective 7/1/2021, with:
 - i. both rate components contingent on approval of Connecticut’s ARPA reinvestment plan; and
 - ii. the VBP increase contingent on participation in race-equity training, connection to the state’s health information exchange (HIE) and reporting of quality and financial data.
2. Fund temporary workforce and provider stabilization.
 - a. a one-time stabilization payment estimated at 5% of total SFY 2021 expenditures, included under the ARPA reinvestment plan, to be paid within the quarter ending 12/31/2021;

Acknowledging these are time-limited payments which are not anticipated to extend beyond March 2024, the State understands that its ability to make payments under the Appendix K authority will end following the conclusion of the Federal Public Health Emergency. The State will be responsible to seek other authority, such as amending the 1915(c) HCBS waivers, for the continuation of these payments beyond the termination date of the Appendix K for all of Connecticut’s Home and Community Based Service Waivers.

F. Proposed Effective Date: Start Date: 07/01/2021 Anticipated End Date: Six months after the conclusion of the Federal Public Health Emergency.

G. Description of Transition Plan.

All activities will take place in response to the impact of COVID 19 as efficiently and effectively as possible based upon the complexity of the change.

H. Geographic Areas Affected:

These actions will apply across the waivers to all individuals impacted by the COVID-19 pandemic.

I. Description of State Disaster Plan (if available) *Reference to external documents is acceptable:*

Not applicable.

Appendix K-2: Temporary or Emergency-Specific Amendment to Approved Waiver

Temporary or Emergency-Specific Amendment to Approved Waiver:

These are changes that, while directly related to the state’s response to an emergency situation, require amendment to the approved waiver document. These changes are time limited and tied specifically to individuals impacted by the emergency. Permanent or long-ranging changes will need to be incorporated into the main appendices of the waiver, via an amendment request in the waiver management system (WMS) upon advice from CMS.

a. ___ Access and Eligibility:

i. ___ Temporarily increase the cost limits for entry into the waiver.

[Provide explanation of changes and specify the temporary cost limit.]

ii. ___ Temporarily modify additional targeting criteria.

[Explanation of changes]

b. ___ Services

i. ___ Temporarily modify service scope or coverage.

[Complete Section A- Services to be Added/Modified During an Emergency.]

ii. ___ Temporarily exceed service limitations (including limits on sets of services as described in Appendix C-4) or requirements for amount, duration, and prior authorization to address health and welfare issues presented by the emergency.

[Explanation of changes]

iii. X Temporarily add services to the waiver to address the emergency situation (for example, emergency counseling; heightened case management to address emergency needs; emergency medical supplies and equipment; individually directed goods and services; ancillary services to establish temporary residences for dislocated waiver enrollees; necessary technology; emergency evacuation transportation outside of the scope of non-emergency transportation or transportation already provided through the waiver).

[Complete Section A-Services to be Added/Modified During an Emergency]

iv. ___ Temporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches) Note for respite services only, the state should indicate any facility-based settings and indicate whether room and board is included:

[Explanation of modification, and advisement if room and board is included in the respite rate]:

v. ___ Temporarily provide services in out of state settings (if not already permitted in the state's approved waiver). [Explanation of changes]

c. ___ Temporarily permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver. Indicate the services to which this will apply and the safeguards to ensure that individuals receive necessary services as authorized in the plan of care, and the procedures that are used to ensure that payments are made for services rendered.

d. ___ Temporarily modify provider qualifications (for example, expand provider pool, temporarily modify or suspend licensure and certification requirements).

i. ___ Temporarily modify provider qualifications.

[Provide explanation of changes, list each service affected, list the provider type, and the changes in provider qualifications.]

ii. ___ Temporarily modify provider types.

[Provide explanation of changes, list each service affected, and the changes in the .provider type for each service].

iii. ___ Temporarily modify licensure or other requirements for settings where waiver services are furnished.

[Provide explanation of changes, description of facilities to be utilized and list each service provided in each facility utilized.]

e. ___ Temporarily modify processes for level of care evaluations or re-evaluations (within regulatory requirements). [Describe]

f. X Temporarily increase payment rates

[Provide an explanation for the increase. List the provider types, rates by service, and specify whether this change is based on a rate development method that is different from the current approved waiver (and if different, specify and explain the rate development method). If the rate varies by provider, list the rate by service and by provider].

The revised rate schedule reflecting all rate changes described below is attached in Appendix A

The following increases are not based on a rate development method that is different from the method approved by CMS for this waiver:

3.5% increase in existing rates approved by CMS for all provider types covered under this 1915(c) waiver retroactive to July 1, 2021.
Explanation of increase: This 3.5% increase is required for cost-of-living adjustments in order to recognize the significant cost increases experienced for service providers during the pandemic

Service rates impacted by increase: This impacts all service rates other than those provider types and services specifically excluded. *Excluded providers and services: Assistive Technology; Environmental Accessibility Modifications, Personal Response Systems, Skilled Chore, Specialized Medical Equipment, Individual Goods and Services, and all Self-Directed Services.*

6% minimum wage increase retroactive to August 1, 2021 for provider types where rates, as approved, are based on minimum wage.
Explanation of increase: This 6% minimum wage increase is pursuant to PA 19-4.
Service rates impacted by increase in minimum wage: agency-based personal care assistants (PCAs), chore/homemaker, companion services, assisted living services, Adult Day Health, Recovery Assistant, Community Mentor, and Agency-based Respite

Services.

The following increase is based on a rate development method that is different from the methods previously approved by CMS for this waiver

1% enhanced supplemental payment – performance based

Nature of the payments that are made and the waiver services for which these payments are made: Payments are supplemental payments based on performance for all waiver services other than those specifically excluded. Performance requirements for the March 2022 performance payment are as follows:

- 1) Participation in the Department of Social Services Racial Equity Training
- 2) Provider has Data Sharing Agreement executed with the state's Health Information Exchange (HIE)

Payment methodology: Payments are based on 1% of expenditures beginning July 1, 2021 and ending February 28, 2022.

Performance requirements for the July 2022 performance payment are as follows:

- 1) Participation in Department of Social Services Racial Equity Training
- 2) Signing, at a minimum, the Empanelment Use Case
- 3) Action plan detailing how the provider sends their client roster in an approved format to Connie, the state HIE

Payment methodology for quarterly ongoing performance payments: Payments are based on 1% of expenditures for the quarter that immediately precedes the payment. For the July 2022 payment, this is 1% of expenditures beginning March 1, 2022 and ending June 30, 2022.

The types of waiver providers that receive such payments: All provider types covered under this 1915(c) waiver active as of the issuance date of the respective payment are eligible for the 1% enhanced supplemental payment other than those provider types and services specifically excluded. *Excluded providers and services: Assistive Technology; Environmental Accessibility Modifications, Personal Response System, Skilled Chore, Specialized Medical Equipment, Individual Goods and Services, and all Self-Directed Services*

Specify the source of the non-federal share of the supplemental or enhanced payments: This source for this supplemental payment is Connecticut's American Rescue Plan Act Spending Plan and Narrative.

Specify that providers eligible to receive the supplemental or enhanced payment must be able to retain 100% of the total computable expenditure claimed by the Medicaid agency to CMS: All providers eligible to receive the supplemental or enhanced payment will be permitted to retain 100% of the total computable expenditure claimed by the Medicaid agency to CMS.

5% enhanced one-time supplemental payment

Nature of the payments that are made and the waiver services for which these payments are made: A one-time payment for recruitment and retention of staff estimated at 5% of total SFY 2021 expenditures for all providers other than those provider types and services specifically excluded.

Payment methodology: Payments are a ‘one-time’ supplemental payment paid to eligible providers within 30 days of CMS’ approval of this Appendix K. Supplemental payments are based on 5% of SFY 21 expenditures. Eligibility for the 5% supplemental payment is based on provider active enrollment upon issuance of the payments.

The types of waiver providers that receive such payments: All provider types covered under this 1915(c) waiver who are enrolled upon the payment issuance date are eligible for the 5% enhanced supplemental payment other than those provider types listed as excluded services. *Excluded providers and services: Assistive Technology; Environmental Accessibility Modifications, Personal Response Systems, Skilled Chore, Specialized Medical Equipment, Individual Goods and Services, and all Self-Directed Services*

Specify the source of the non-federal share of the supplemental or enhanced payments: This source for this supplemental payment is Connecticut’s American Rescue Plan Act Spending Plan and Narrative.

Specify that providers eligible to receive the supplemental or enhanced payment must be able to retain 100% of the total computable expenditure claimed by the Medicaid agency to CMS: All providers eligible to receive the supplemental or enhanced payment will be permitted to retain 100% of the total computable expenditure claimed by the Medicaid agency to CMS.

ARPA RATE SCHEDULE :

Provider Type	Procedure Code	Mod1	Procedure description	7/1/21	8/1/21	5% stabilization & 1% VBP
PCA	1021Z		Personal Care Services: Per 15 Minutes	5.21	5.51	Y
PCA	1021Z	TU	Personal Care Services: Per 15 Minutes	7.81	8.26	Y
PCA	1022Z		Personal Care Services: Overnight Agency	191.25	202.34	Y
PCA	1023Z		Personal Care Services: Per Diem Agency	257.93	272.88	Y
PCA	1200Z		Adult Day Health - Full Day (Non-Medical)	72.91	77.14	Y
PCA	1201Z		Adult Day Health - Full Day (Approved Me	77.36	81.84	Y
PCA	1202Z		Adult Day Health - Half Day (Less Than O	49.08	51.93	Y
PCA	1218Z		Meal Service - Single Hot Meal/Meal Serv	5.62		Y
PCA	1220Z		Double Meal (One Hot - One Cold) Per Do	10.28		Y

PCA	1221Z		Kosher Meals Double	10.28		Y
PCA	1225Z		PCA Agency Per Diem Prorated Hourly	10.74	11.36	Y
PCA	1247Z		Mental Health Counseling-Individual-(Pro	57.85		Y
PCA	1256Z		Mental Health Counseling - Individual (47.28		Y
PCA	1288Z		Initial Asses(Written Eval Of Indiv Med	324.88		Y
PCA	1291Z		Re-Evaluation Of Client - Status Review/	107.21		Y
PCA	1292Z		In Hospital Status Review	107.21		Y
PCA	1293Z		Nursing Home Status Review	107.21		Y
PCA	1300Z		Reassessment	243.66		Y
PCA	1931Z		Home Delivered Meals	13.97		Y
PCA	3022Z		PCA Agency Overnight Prorated Hourly	15.94	16.86	Y
PCA	5140X		Foster Care Adult Per Diem 2	67.60		Y
PCA	5140Y		Foster Care Adult Per Diem 3	82.40		Y
PCA	5140Z		Foster Care Adult Per Diem 4	114.15		Y
PCA	S5140		Adult foster care per diem	45.41		Y
PCA	S5170		Home delivered prepared meal	6.73		Y
ABI	1288Z		Initial Asses(Written Eval Of Indiv Med	316.71		Y
ABI	1021Z		Personal Care Services: Per 15 Minutes	5.21	5.51	Y
ABI	1021Z	TU	Personal Care Services: Per 15 Minutes	7.81	8.26	Y
ABI	1022Z		Personal Care Services: Overnight Agenc	191.25	202.34	Y
ABI	1023Z		Personal Care Services: Per Diem Agency	257.93	272.88	Y
ABI	1200Z		Adult Day Health - Full Day (Non-Medical	72.91	77.14	Y
ABI	1201Z		Adult Day Health - Full Day (Approved Me	77.36	81.84	Y
ABI	1202Z		Adult Day Health - Half Day (Less Than O	49.08	51.93	Y

ABI	1211P		Recovery Assistant	6.23	6.59	Y
ABI	1211P	TU	Recovery Assistant	9.34	9.88	Y
ABI	1212P		Recovery Assistant II	5.70	6.03	Y
ABI	1212P	TU	Recovery Assistant II	8.57	9.07	Y
ABI	1225Z		PCA Agency Per Diem Prorated Hourly	10.74	11.36	Y
ABI	1232Z		Respite Care In The Home Per Hour-Other	12.77	13.51	Y
ABI	1448P		Cognitive Behavioral Services per 15 min	20.59		Y
ABI	1531P		Community Living Support Services	134.35		Y
ABI	1532P		Chore Services Per 1/4 Hour	4.49	4.75	Y
ABI	1534P		Community Living Support Services Per 1/	69.19		Y
ABI	1536P		Companion Services Per 1/4 Hour (18-Hour	4.37	4.62	Y
ABI	1536P	TU	Companion Services Per 1/4 Hour (18-Hour	6.56	6.94	Y
ABI	1542P		Homemaker Services Per 1/4 Hour	4.49	4.75	Y
ABI	1546P		Independent Living Skills Training	11.55		Y
ABI	1548P		Cognitive Behavioral SERVICES	27.72		Y
ABI	1550P		Home Delivered Meals Per Day (Single Mea	5.62		Y
ABI	1551P		Home Delivered Meals Per Day (Double Mea	10.28		Y
ABI	1560P		Pre-Vocational Services Per Hour (Max =	38.75		Y
ABI	1561P		ABI Group Day	17.06		Y
ABI	1566P		Substance Abuse Program Per Day (56 Days	53.31		Y
ABI	1567P		Substance Abuse Program Per Hour	45.26		Y
ABI	1572P		Supported Employment Per Hour (40 Hours/	38.75		Y
ABI	1574P		Transportation - One Way Trip Public	26.30		Y
ABI	1575P		Transportation - Mileage			Y

				0.27		
ABI	1580P		Transitional Living Per Day (183 Days/Ye	209.95		Y
ABI	1931Z		Home Delivered Meals	13.97		Y
ABI	3022Z		PCA Agency Overnight Prorated Hourly	15.94	16.86	Y
ABI	H2035		A/d tx program per hour	45.26		Y
ABI	H2036		A/d tx program per diem	53.31		Y
ABI	S5170		Home delivered prepared meal	6.73		Y
ABI	T1013		Sign lang/oral interpreter	15.99		Y
ABI	1575P		Transportation - Mileage	0.26		Y
Autism	S0215		Non-emergency transportation; mileage per mile	0.91		Y
Autism	T1013		Sign language or oral interpretive services per 15 minutes	14.14		Y
Autism	T2003		Non-emergency transportation; encounter/trip	11.89		Y
Autism	T2030		Assisted living waiver; per month	692.16		Y
Autism	1302Z		Job Coach Agency Per 15 Minutes	12.24		Y
Autism	1304Z		Life Skills Coach Agency Per 15 Min	12.24		Y
Autism	1305Z		Social Skills Group Per 15 Min	8.16		Y
Autism	1306Z		Specialized Driving Assessment	639.13		Y
Autism	1396Z		Community Mentor agency per 15 minutes	7.33	7.75	Y
Autism	1402Z		Respite - Facility Based Out of Home Per Diem	355.59	376.20	Y
Autism	1404Z		Respite Agency In Home Individual Per 15 Minutes	6.79	7.18	Y
Autism	1406Z		Respite Agency Out Of Home Individual Per 15 Minutes	7.11	7.52	Y
Autism	5151D		Individual Respite Agency Unskilled Respite Care Not Hospice; Per Diem	326.14	345.05	Y
Autism	H2019		Therapeutic behavioral services per 15 minutes	31.99		Y
Autism	S0215		Non-emergency transportation; mileage per mile	0.91		Y
Autism	T1013		Sign language or oral interpretive			Y

			services per 15 minutes	14.14		
Autism	T2003		Non-emergency transportation; encounter/trip	11.89		Y
MH	1430Z		Occasional Personal Services-Per Day	26.21	27.73	Y
MH	1431Z		Limited Personal Services - Per Day	43.15	45.65	Y
MH	1432Z		Moderate Personal Services - Per Day	60.76	64.28	Y
MH	1433Z		Extensive Personal Services - Per Day	78.24	82.78	Y
MH	1434Z		Core Assisted Living Services - Per Day	4.81	5.09	Y
MH	1435Z		Demo Project / Occasional Personal Services - Per Day	29.81	31.54	Y
MH	1436Z		Demo Project / Limited Personal Services - Per Day	47.22	49.96	Y
MH	1437Z		Demo Project/Moderate Personal Services - Per Day	64.92	68.68	Y
MH	1438Z		Demo Project/Extensive Personal Services - Per Day	76.72	81.17	Y
MH	1439Z		Demo Project/Core Assisted Living Services - Per Day	13.98	14.79	Y
MH	1200Z		Adult Day Health - Full Day (Non-Medical Model Provider)	72.91	77.14	Y
MH	1201Z		Adult Day Health - Full Day (Approved Medical Model Provider)	77.36	81.84	Y
MH	1202Z		Adult Day Health - Half Day (Less Than Or Equal To 4 Hrs)	49.08	51.93	Y
MH	1206Z		Chore Service Agency 1/4 Hour	4.49	4.75	Y
MH	1213M		Recovery Assistant Agency Per 15 Minutes	6.23	6.59	Y
MH	1213M	TU	Recovery Assistant Agency Per 15 Minutes	9.34	9.88	Y
MH	1214M		Recovery Assistant Group 2 Clients	4.67	4.94	Y
MH	1215M		Recovery Assistant Group 3 Clients	3.60	3.81	Y
MH	1216M		Recovery Assistant Group 4 Clients Per 15 Min	3.16	3.34	Y
MH	1217M		Recovery Assistant Overnight Per 15 Min	6.23	6.59	Y
MH	1218Z		Meal Service - Single Hot Meal/Meal Service - Single Meal- Hot/Cold	5.62		Y
MH	1220Z		Double Meal (One Hot - One Cold) Per Double Meal/Meal Service - Double (One Hot	10.28		Y
MH	1221Z		Kosher Meals Double	10.28		Y

MH	1229Z		Brief Episode Stabilization Per 1/4 Hour	11.44		Y
MH	1262Z		Social Transportation - Taxi - Per Trip	25.37		Y
MH	1931Z		Home Delivered Meals	13.97		Y
MH	G9012		Other specified case management service not elsewhere classified	17.09		Y
MH	H0038		Self-help/peer services per 15 minutes	13.02		Y
MH	H2015		Comprehensive community support services per 15 minutes	26.31		Y
MH	H2015	HQ	Comprehensive community support services per 15 minutes	6.51		Y
MH	H2023		Supported employment per 15 minutes	17.09		Y
MH	S0215		Non-emergency transportation; mileage per mile	0.46		Y
MH	S5170		Home delivered meals including preparation; per meal	6.73		Y
CHC	1021Z		Personal Care Services: Per 15 Minutes	5.21	5.51	Y
CHC	1021Z	TU	Personal Care Services: Per 15 Minutes	7.81	8.26	Y
CHC	1022Z		Personal Care Services: Overnight Agency	191.25	202.34	Y
CHC	1023Z		Personal Care Services: Per Diem Agency	257.93	272.88	Y
CHC	1200Z		Adult Day Health - Full Day (Non-Medical)	72.91	77.14	Y
CHC	1201Z		Adult Day Health - Full Day (Approved Me	77.36	81.84	Y
CHC	1202Z		Adult Day Health - Half Day (Less Than O	49.08	51.93	Y
CHC	1206Z		Chore Service Agency 1/4 Hour	4.49	4.75	Y
CHC	1210Z		Companion Service - Agency Per 1/4 Hour	4.37	4.62	Y
CHC	1210Z	TU	Companion Service - Agency Per 1/4 Hour	6.56	6.94	Y
CHC	1213M		Recovery Assistant Agency Per 15 Minutes	6.10	6.45	Y
CHC	1213M	TU	Recovery Assistant Agency Per 15 Minutes	9.15	9.68	Y
CHC	1214Z		Homemaker Service - Agency - Per 1/4 Hou	4.49	4.75	Y
CHC	1218Z		Meal Service - Single Hot Meal/Meal Serv	5.62		Y
CHC	1220Z		Double Meal (One Hot - One Cold) Per Do	10.28		Y
CHC	1221Z		Kosher Meals Double	10.28		Y

CHC	1225Z		PCA Agency Per Diem Prorated Hourly	10.74	11.36	Y
CHC	1226Z		Respite Care In The Home 1/4 Hour-Compa	4.37	4.62	Y
CHC	1226Z	TU	Respite Care In The Home 1/4 Hour-Compa	6.56	6.94	Y
CHC	1228Z		Respite Care In The Home 1/4 Hour - Home	4.49	4.75	Y
CHC	1230Z		Respite Care In The Home 1/4 Hour - Home	6.73	7.12	Y
CHC	1232Z		Respite Care In The Home Per Hour-Other	12.32	13.03	Y
CHC	1234Z		Respite Care- Rest Home With Nursing Sup	283.68		Y
CHC	1236Z		Respite Care- Chronic Convalescent Nursi	283.68		Y
CHC	1240Z		Respite Care Licensed Home For The Aged-	283.68		Y
CHC	1244Z		Respite Care Out Of The Home-Per Hour-Ot	12.32	13.03	Y
CHC	1247Z		Mental Health Counseling-Individual-(Pro	57.85		Y
CHC	1256Z		Mental Health Counseling - Individual (47.28		Y
CHC	1262Z		Social Transportation - Taxi - Per Trip	93.35		Y
CHC	1264Z		Social Transportation - Livery - Per Tri	93.35		Y
CHC	1266Z		Social Transportation - Invalid Coach -	164.73		Y
CHC	1300Z		Reassessment	243.66		Y
CHC	1321Z		Care Transitions	150.21		Y
CHC	1322Z		Bill Payer	5.28		Y
CHC	1333Z		Chronic Disease Self Management	52.79		Y
CHC	1430Z		Occasional Personal Services-Per Day	26.21	27.73	Y
CHC	1431Z		Limited Personal Services - Per Day	43.15	45.65	Y
CHC	1432Z		Moderate Personal Services - Per Day	60.76	64.28	Y
CHC	1433Z		Extensive Personal Services - Per Day	78.24	82.78	Y
CHC	1434Z		Core Assisted Living Services - Per Day	4.81	5.09	Y
CHC	1931Z		Home Delivered Meals	13.97		Y
CHC	2040Z		Support Broker	11.44		Y
CHC	3022Z		PCA Agency Overnight Prorated Hourly			Y

				15.94	16.86	
CHC	3024Z		Respite Pca Agency Overnight Prorated	15.94	16.86	Y
CHC	3025Z		Respite Pca Agency Per Diem Prorated	10.74	11.36	Y
CHC	3026Z		Respite Pca Agency Overnight	191.25	202.34	Y
CHC	3027Z		Respite Pca Agency Per 15 Minutes	5.21	5.51	Y
CHC	3027Z	TU	Respite Pca Agency Per 15 Minutes	7.81	8.26	Y
CHC	3028Z		Respite Pca Agency Per Diem	257.93	272.88	Y
CHC	5140X		Foster Care Adult Per Diem 2	67.60		Y
CHC	5140Y		Foster Care Adult Per Diem 3	82.40		Y
CHC	5140Z		Foster Care Adult Per Diem 4	114.15		Y
CHC	S5140		Adult foster care per diem	45.41		Y
CHC	S5170		Home delivered prepared meal	6.73		Y
KB	T1016		Katie Beckett Waiver, Case Management, each 15 minutes	25.13		Y

Provider Type	Procedure Code	Mod1	Provider Specific Rates	7/1/21	8/1/21	5% stabilization & 1% VBP	Providers
PCA/CHC	1286A		Tier A Case Management	4.78		Y	Connecticut Community Care
PCA/CHC	1286A		Tier A Case Management	4.78		Y	Agency on Agining of South Central CT
PCA/CHC	1286A		Tier A Case Management	4.93		Y	Southwest CT Agency on Aging
PCA/CHC	1286A		Tier A Case Management	3.97		Y	Western CT Agency on Aging
PCA/CHC	1286C		Tier C Case Management	5.38		Y	Connecticut Community Care
PCA/CHC	1286C		Tier C Case Management	5.38		Y	Agency on Agining of South Central CT
PCA/CHC	1286C		Tier C Case Management	5.33		Y	Southwest CT Agency on Aging

PCA/CHC	1286C		Tier C Case Management	4.57		Y	Western CT Agency on Aging
PCA/CHC	1286Z		Case Mgmt Services (Activities Related T	5.18		Y	Connecticut Community Care
PCA/CHC	1286Z		Case Mgmt Services (Activities Related T	5.18		Y	Agency on Agining of South Central CT
PCA/CHC	1286Z		Case Mgmt Services (Activities Related T	5.10		Y	Southwest CT Agency on Aging
PCA/CHC	1286Z		Case Mgmt Services (Activities Related T	4.36		Y	Western CT Agency on Aging
PCA/CHC	1288Z		Initial Asses(Written Eval Of Indiv Med	324.88		Y	Connecticut Community Care
PCA/CHC	1288Z		Initial Asses(Written Eval Of Indiv Med	324.88		Y	Agency on Agining of South Central CT
PCA/CHC	1288Z		Initial Asses(Written Eval Of Indiv Med	324.88		Y	Southwest CT Agency on Aging
PCA/CHC	1288Z		Initial Asses(Written Eval Of Indiv Med	97.80		Y	Western CT Agency on Aging
PCA/CHC	1291Z		Re-Evaluation Of Client - Status Review/	324.88		Y	Connecticut Community Care
PCA/CHC	1291Z		Re-Evaluation Of Client - Status Review/	324.88		Y	Agency on Agining of South Central CT
PCA/CHC	1291Z		Re-Evaluation Of Client - Status Review/	324.88		Y	Southwest CT Agency on Aging
PCA/CHC	1291Z		Re-Evaluation Of Client - Status Review/	97.80		Y	Western CT Agency on Aging
PCA/CHC	1292Z		In Hospital Status Review	324.88		Y	Connecticut Community Care
PCA/CHC	1292Z		In Hospital Status Review	324.88		Y	Agency on Agining of South Central CT
PCA/CHC	1292Z		In Hospital Status Review	324.88		Y	Southwest CT Agency on Aging
PCA/CHC	1292Z		In Hospital Status Review	97.80		Y	Western CT Agency on Aging
PCA/CHC	1293Z		Nursing Home Status Review	324.88		Y	Connecticut Community Care
PCA/CHC	1293Z		Nursing Home Status Review	324.88		Y	Agency on Agining of South Central CT
PCA/CHC	1293Z		Nursing Home Status Review	324.88		Y	Southwest CT Agency on Aging
PCA/CHC	1293Z		Nursing Home Status Review	97.80		Y	Western CT Agency on Aging
PCA/CHC	1300Z		Reassessment	231.92		Y	Connecticut Community Care
PCA/CHC	1300Z		Reassessment	243.66		Y	Agency on Agining of South Central CT
PCA/CHC	1300Z		Reassessment	231.92		Y	Southwest CT Agency on Aging

PCA/CHC	1300Z		Reassessment	211.56		Y	Western CT Agency on Aging
ABI	1530P		Case-Management PMPM	263.93		Y	Connecticut Community Care
ABI	1530P		Case-Management PMPM	263.93		Y	Southwest CT Agency on Aging
ABI	1530P		Case-Management PMPM	263.93		Y	Western CT Agency on Aging
CHC	1435Z		Demo Project / Occasional Personal Servi	29.51	31.22	Y	Masonicare, Smithfield Gardens
CHC	1435Z		Demo Project / Occasional Personal Servi	29.51	31.22	Y	Utopia, Herbert T. Clark, The Retreat
CHC	1435Z		Demo Project / Occasional Personal Servi	26.10	27.61	Y	Lutheran Assisted Living Services, Luther Ridge
CHC	1436Z		Demo Project / Occasional Personal Servi	47.22	49.96	Y	Masonicare, Smithfield Gardens
CHC	1436Z		Demo Project / Occasional Personal Servi	47.22	49.96	Y	Utopia, Herbert T. Clark, The Retreat
CHC	1436Z		Demo Project / Occasional Personal Servi	44.66	47.25	Y	Lutheran Assisted Living Services, Luther Ridge
CHC	1437Z		Demo Project / Occasional Personal Servi	64.92	68.68	Y	Masonicare, Smithfield Gardens
CHC	1437Z		Demo Project / Occasional Personal Servi	64.98	68.75	Y	Utopia, Herbert T. Clark, The Retreat
CHC	1437Z		Demo Project / Occasional Personal Servi	62.41	66.03	Y	Lutheran Assisted Living Services, Luther Ridge
CHC	1438Z		Demo Project / Occasional Personal Servi	76.72	81.17	Y	Masonicare, Smithfield Gardens
CHC	1438Z		Demo Project / Occasional Personal Servi	76.72	81.17	Y	Utopia, Herbert T. Clark, The Retreat
CHC	1438Z		Demo Project / Occasional Personal Servi	73.75	78.03	Y	Lutheran Assisted Living Services, Luther Ridge
CHC	1439Z		Demo Project / Occasional Personal Servi	12.56	13.29	Y	Masonicare, Smithfield Gardens
CHC	1439Z		Demo Project / Occasional Personal Servi	13.98	14.79	Y	Utopia, Herbert T. Clark, The Retreat

CHC	1439Z		Demo Project / Occasional Personal Servi	9.45	10.00	Y	Lutheran Assisted Living Services, Luther Ridge
			New Services – COPE and Care for Caregiver Program		RATE		
CHC	55110		Homecare Training – Family		112.00 per diem	Y	
CHC	55116		Homecare Training – Non-Family		112.00 per diem	Y	
ABI – 1	55110		Homecare Training – Family		112.00 per diem	Y	
ABI - 1	55116		Homecare Training – Non-Family		112.00 per diem	Y	
PCA	55110		Homecare Training – Family		112.00 per diem	Y	
PCA	55116		Homecare Training – Non-Family		112.00 per diem	Y	
ABI 2	55110		Homecare Training – Family		112.00 per diem	Y	
ABI 2	55116		Homecare Training – Non-Family		112.00 per diem	Y	
Autism	55110		Homecare Training – Family		112.00 per diem	Y	
Autism	55116		Homecare Training – Non-Family		112.00 per diem	Y	
			New Services CAPABLE				
CHC	G9006		Care Coordination		112.00 per diem	Y	
CHC	55165		Environmental Modification		2,000		
ABI – 1	G9006		Care Coordination		112.00 per diem	Y	
ABI – 1	55165		Environmental Modification		2,000		
PCA	G9006		Care Coordination		112.00 per diem	Y	
PCA	55165		Environmental Modification		2,000		
ABI 2	G9006		Care Coordination		112.00 per diem	Y	
ABI 2	55165		Environmental Modification		2,000		
Autism	G9006		Care Coordination		112.00 per diem	Y	
Autism	55165		Environmental Modification		2,000		

g. ___ Temporarily modify person-centered service plan development process and individual(s) responsible for person-centered service plan development, including qualifications.

[Describe any modifications including qualifications of individuals responsible for service plan development, and address Participant Safeguards. Also include strategies to ensure that services are received as authorized.]

h. ___ Temporarily modify incident reporting requirements, medication management or other participant safeguards to ensure individual health and welfare, and to account for emergency circumstances. [Explanation of changes]

i. ___ Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.

[Specify the services.]

j. ___ Temporarily include retainer payments to address emergency related issues.

[Describe the circumstances under which such payments are authorized and applicable limits on their duration. Retainer payments are available for habilitation and personal care only.]

k. ___ Temporarily institute or expand opportunities for self-direction.

[Provide an overview and any expansion of self-direction opportunities including a list of services that may be self-directed and an overview of participant safeguards]

l. ___ Increase Factor C.

[Explain the reason for the increase and list the current approved Factor C as well as the proposed revised Factor C]

m. ___ Other Changes Necessary [For example, any changes to billing processes, use of contracted entities or any other changes needed by the State to address imminent needs of individuals in the waiver program]. [Explanation of changes]

Contact Person(s)

A. The Medicaid agency representative with whom CMS should communicate regarding the request:

First Name: Jennifer
Last Name Cavallaro
Title: Director, Community Options - Operations
Agency: Department of Social Services
Address 1: 55 Farmington Avenue
Address 2: 9th Floor
City Hartford
State Connecticut
Zip Code 06105
Telephone: 860-424-5743
E-mail jennifer.cavallaro@ct.gov
Fax Number 860-424-4963

B. If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:

First Name: Click or tap here to enter text.
Last Name Click or tap here to enter text.
Title: Click or tap here to enter text.
Agency: Click or tap here to enter text.
Address 1: Click or tap here to enter text.
Address 2: Click or tap here to enter text.
City Click or tap here to enter text.

State Click or tap here to enter text.
Zip Code Click or tap here to enter text.
Telephone: Click or tap here to enter text.
E-mail Click or tap here to enter text.
Fax Number Click or tap here to enter text.

8. Authorizing Signature

Signature:

Date: 11/23/2021

/s/ William Halsey

State Medicaid Director or Designee

First Name: William
Last Name Halsey
Title: Acting Medicaid Director
Agency: Department of Social Services
Address 1: 55 Farmington Avenue
Address 2: 9th Floor
City Hartford
State CT
Zip Code 06005
Telephone: 860-424-5077
E-mail William.Halsey@ct.gov
Fax Number 860-424-4963

Section A---Services to be Added/Modified During an Emergency

Complete for each service added during a time of emergency. For services in the approved waiver which the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification					
Service Title:	<i>COPE Caregiver Supports and Participant Training</i> : COPE is a model program that consists of an interdisciplinary team of specialized occupational therapy visits and nursing services				
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>					
Service Definition (Scope):					
<p>The state will implement the evidence-based COPE (Care of Persons with Dementia in their Environments) program. The COPE intervention is designed to optimize older adults' functional independence, and to improve caregiver dementia management skills and health-related outcomes. COPE features coordinated in-home occupational therapy visits, and skilled nursing visits.</p> <p>The primary outcome for older adults with dementia is functional independence; secondary outcomes are activity engagement, quality of life, and prevention or alleviation of neuropsychiatric symptoms. Caregiver outcomes include perceived well-being and confidence in using activities to manage dementia symptoms.</p>					
Specify applicable (if any) limits on the amount, frequency, or duration of this service:					
Provider Specifications					
Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:	
	Private Occupational Therapy entities that have a COPE certificate		Licensed Home Health Agencies that have a COPE certificate		
			Homemaker Companion Agencies that have a COPE certificate		
Specify whether the service may be provided by <i>(check each that applies):</i>		<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
Provider Qualifications <i>(provide the following information for each type of provider):</i>					
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>		
Home Health Agencies	Licensed by Department of Public Health	COPE Certificate	Agency must use registered nurses and occupational therapists licensed in the State of Connecticut. Each nurse and occupational therapist must have a certificate in COPE.		
Homemaker Companion Agency		COPE Certificate	Agency must use registered nurses and occupational therapists licensed by the Department of Public Health in the State of Connecticut. Each nurse and occupational therapist must also have a certificate in		

			COPE. Agency must be registered with Department of Consumer Protection
Private Occupational Therapy	Licensed by the Department of Public Health	COPE Certificate	Occupational therapist must use registered nurses and occupational therapists licensed by Department of Public Health in the State of Connecticut. Each occupational therapist and nurse must also have a certificate in COPE.

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Home Health Agencies	State's fiscal intermediary	2 years
Homemaker Companion Agency	State's fiscal intermediary	2 years
Private Occupational Therapy Practice	State's fiscal intermediary	2 years

Service Delivery Method

Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
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Service Specification

Service Title:	<i>Caregiver Supports and Participant Training: Care for the Caregiver Program</i> consists of an interdisciplinary team of specialized occupational therapists and nursing services for care of persons other than those with Dementia
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Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):
The state will implement an evidence-informed program to support family members who are providing extraordinary care to persons living with serious or chronic illness. The program builds upon a range of evidence-based programs including the COPE Program (Care of Persons with Dementia in their Environments). The program is designed to optimize caregiver’s knowledge and skills in key areas including medical and medication management, home safety, ways to safely provide hands-on assistance with self-care tasks (eg., dressing, bathing, toileting, getting in/out of bed/chair), and provide validation and support, reduce caregiver stress, and assist in helping to structure their days to obtain respite and care for themselves. The “Care for the Caregiver” program (Care4Caregiver) features coordinated in-home occupational therapy and skilled nursing over 4 visits. The primary outcome for the caregiver includes perceived well-being and confidence in managing day-to-day with secondary outcomes being improved quality of life of the person with serious illness.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

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Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Private occupational therapy entities that have a COPE certificate		Licensed home health agencies that have a COPE certificate
				Homemaker companion agencies that have a COPE certificate

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Home Health Agencies	Licensed by the Department of Public Health	COPE Certificate	Agency must use registered nurses and occupational therapists licensed in the State of Connecticut. Each nurse and occupational therapist must also have a certificate in COPE.
Homemaker Companion Agency		COPE Certificate	Agency must be registered with Department of Consumer Protection Agency must use registered nurses and occupational therapists licensed by the

			Department of Public Health in the State of Connecticut. Each nurse and occupational therapist must also have a certificate in COPE.
Private Occupational Therapy	Licensed by the Department of Public Health	COPE Certificate	Provider entity must use registered nurses and occupational therapists licensed by the Department of Public Health in the State of Connecticut. Each nurse and occupational therapist must also have a certificate in COPE.

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Home Health Agencies	State's fiscal intermediary	2 years
Homemaker Companion Agency	State's fiscal intermediary	2 years
Private Occupational Therapy	States fiscal intermediary	2 years

Service Delivery Method			
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed

Service Specification

Service Title: CAPABLE Program

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

The state will implement the evidence-based environmental adaptation program, CAPABLE (Community Aging in Place, Advancing Better Living for Elders). The program includes a nurse, an occupational therapist, and a handy worker to address the home environment and uses the strengths of the older adults themselves to improve safety and independence

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Private Occupational Therapy entities that have a CAPABLE license		Licensed Home Health Agencies that have a CAPABLE license
				Homemaker Companion Agencies that have a CAPABLE license

Specify whether the service may be provided by *(check each that applies)*:
 Legally Responsible Person Relative/Legal Guardian

Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Home Health Agencies	License by Department of Public Health CAPABLE License		All providers must be employed by or subcontractors of the agency licensed to provide CAPABLE services. All nurses and occupational therapists must complete 14 hours of CAPABLE training. In addition, nurses must be registered nurses licensed by the Department of Public Health; Occupational therapists must be licensed by the Department of Public Health in the State of Connecticut. Contractors who perform environmental modifications under CAPABLE must complete 2 hours of CAPABLE training in working with older adults (unless already trained through Certified Aging in Place Specialist/CAPS or similar

			<p>national program. In addition, contractor must:</p> <ol style="list-style-type: none"> 1. provide all services, materials, and labor that are necessary to complete the project/minor home modification(s) as indicated. 2. be registered with the Department of Consumer Protection to do business in the State of Connecticut. 3. evidence of a valid home improvement registration and evidence of workers' compensation (if applicable) and liability insurance, at the time they provide an estimate for the project. 4. must apply for, obtain, and pay for all permits (if applicable). All work done shall be done per applicable codes, regulations and standards of construction, including American National Standards Institute (ANSI) standards for barrier-free access and safety requirement. 5. warranty all work, including labor and materials, for one year from the date of acceptance and thereafter, one year from the date of completion of the project.
Homemaker Companion Agency	Registered with Department of Consumer Protection CAPABLE License		<p>All providers must be employed by or subcontractors of the agency licensed to provide CAPABLE services. All nurses and occupational therapists must complete 14 hours of CAPABLE training. In addition, nurses must be registered nurses licensed by the Department of Public Health; Occupational therapists must be licensed by the Department of Public Health in the State of Connecticut. Contractors who perform environmental modifications under CAPABLE must complete 2 hours of CAPABLE training in working with older adults (unless already trained through Certified Aging in Place Specialist/CAPS or similar national program. In addition, contractor must:</p>

			<ol style="list-style-type: none"> 1. provide all services, materials, and labor that are necessary to complete the project/minor home modification(s) as indicated. 2. be registered with the Department of Consumer Protection to do business in the State of Connecticut. 3. evidence of a valid home improvement registration and evidence of workers' compensation (if applicable) and liability insurance, at the time they provide an estimate for the project. 4. must apply for, obtain, and pay for all permits (if applicable). All work done shall be done per applicable codes, regulations and standards of construction, including American National Standards Institute (ANSI) standards for barrier-free access and safety requirement. 5. warranty all work, including labor and materials, for one year from the date of acceptance and thereafter, one year from the date of completion of the project.
<p>Private Occupational Therapy</p>	<p>License by Department of Public Health</p> <p>CAPABLE License</p>		<p>All providers must be employed by or subcontractors of the agency licensed to provide CAPABLE services. All nurses and occupational therapists must complete 14 hours of CAPABLE training. In addition, nurses must be registered nurses licensed by the Department of Public Health; Occupational therapists must be licensed by the Department of Public Health in the State of Connecticut. Contractors who perform environmental modifications under CAPABLE must complete 2 hours of CAPABLE training in working with older adults (unless already trained through Certified Aging in Place Specialist/CAPS or similar national program. In addition, contractor must:</p> <ol style="list-style-type: none"> 1. provide all services, materials, and labor that are necessary to complete

			<p>the project/minor home modification(s) as indicated.</p> <ol style="list-style-type: none"> 2. be registered with the Department of Consumer Protection to do business in the State of Connecticut. 3. evidence of a valid home improvement registration and evidence of workers' compensation (if applicable) and liability insurance, at the time they provide an estimate for the project. 4. must apply for, obtain, and pay for all permits (if applicable). All work done shall be done per applicable codes, regulations and standards of construction, including American National Standards Institute (ANSI) standards for barrier-free access and safety requirement. 5. warranty all work, including labor and materials, for one year from the date of acceptance and thereafter, one year from the date of completion of the project.
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Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Home Health Agencies	State's fiscal intermediary	2 years
Homemaker Companion Agency	State's fiscal intermediary	2 years
Private Occupational Therapy	States fiscal intermediary	2 years

Service Delivery Method				
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed
	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	



ⁱ Numerous changes that the state may want to make necessitate authority outside of the scope of section 1915(c) authority. States interested in changes to administrative claiming or changes

that require section 1115 or section 1135 authority should engage CMS in a discussion as soon as possible. Some examples may include: (a) changes to administrative activities, such as the establishment of a hotline; (b) suspension of general Medicaid rules that are not addressed under section 1915(c) such as payment rules or eligibility rules or suspension of provisions of section 1902(a) to which 1915(c) is typically bound.