

# 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.<sup>i</sup> 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 and Community Based Services Waiver for Elders  
 Personal Care Assistance Waiver  
 CT ABI Waiver  
 Home and Community Supports Waiver for Persons with Autism  
 CT ABI Waiver II

C. Control Number:

CT.0140.R07.04  
 CT.0301.R05.06  
 CT.0302.R05.02  
 CT.0993.R01.05  
 CT.1085.R01.05

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

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

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.

Coronavirus Disease (COVID 19) pandemic.

Federal public health emergency continues to exist as a result of the COVID-19 pandemic.

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

Effective July 1, 2021: Addition of new services and providers as well as new rate for on-call personal care attendant services and remote live PCA service during the duration of this Appendix K to all 1915(c) waivers listed in section K-1-B. The new services are remote supports. New providers of personal care attendant services include adult day providers and remote support providers as further defined in Section A. Provider types are updated to include providers who are certified community hubs. The definition of assistive technology is modified to specifically reference remote equipment and the associated requirements for internet access.

The State understands that the addition of remote supports is temporary, as the Appendix K authority will end six months 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 base waivers, for the continuation of these new services and providers beyond the termination date of the Appendix K.

The State intends to use section 9817 American Rescue Plan funds for these new services.

**F. Proposed Effective Date: Start Date: 3/16/2020 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. x Services**

**i. x 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. x Temporarily modify provider qualifications (for example, expand provider pool, temporarily modify or suspend licensure and certification requirements).**

**i. x Temporarily modify provider qualifications.**

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

Expansion of Assistive Technology Definition: Effective January 1, 2023, the definition of assistive technology is expanded to include equipment used for remote support such as motion sensing system, radio frequency identification, live video feed, live audio feed, or web-based monitoring. Assistive technology equipment does not include non-technical, non-electronic equipment (e.g., grab bars or wheelchair ramps) or items otherwise available as environmental accessibility adaptations or specialized medical equipment and supplies. Internet service may be provided through assistive technology equipment only when the remote support vendor indicates internet service is required for the equipment used for remote support to function and for the vendor to secure the connection to ensure appropriate use of the internet service solely for the function of equipment used for remote support. All other elements of the assistive technology definition remain in effect, including with respect to remote supports assistive technology.

**ii. x Temporarily modify provider types.**

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

Remote Live Supports: This service includes the provision of supports by staff at a remote location who are engaged with the individual through technology/devices with the capability for live two-way communication. Individual interaction with the staff person may be scheduled, on-demand, or in response to an alert from a device in the remote support equipment system. Note that the equipment is already covered under the assistive technology service portion of this benefit. In order to provide remote live supports, the provider entity must be certified by DSS as

a community hub.

**iii. x 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.]

Remote Live Supports: This service includes the provision of supports by staff at a remote location who are engaged with the individual through technology/devices with the capability for live two-way communication. Individual interaction with the staff person may be scheduled, on-demand, or in response to an alert from a device in the remote support equipment system. Note that the equipment is already covered under the assistive technology service portion of this benefit. In order to provide remote live supports, the provider entity must be certified by DSS as a community hub.

**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].

Effective January 1, 2023, the new/additional/increased rate for emergency back-up personal care attendant services, which will be implemented simultaneously with the coverage addition of remote supports, is \$52.89.

**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:** 9<sup>th</sup> 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:**

William Woolston

State Medicaid Director or Designee

**First Name:** William  
**Last Name** Woolston  
**Title:** Medicaid Director  
**Agency:** Department of Social Services

**Address 1:** 55 Farmington Avenue  
**Address 2:** 9<sup>th</sup> Floor  
**City** Hartford  
**State** CT  
**Zip Code** 06005  
**Telephone:** 860-424-5077  
**E-mail** William.Woolston@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: Remote Supports

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

**Service Definition (Scope):**

“Remote supports” means the provision of supports by staff at a remote location who are engaged with the individual through technology/devices with the capability for live two-way communication. Equipment used to meet this requirement must include one or more of the following systems: motion sensing system, radio frequency identification, live video feed, live audio feed, GPS tracking, web-based monitoring system, or a device that otherwise meets the requirement for two-way communication. Individual interaction with the staff person may be scheduled, on-demand, or in response to an alert from a device in the remote support equipment system.

The use of an intrusive device that signals the whereabouts or movements of an individual to ensure the safety of the individual or safety of the community, or a restriction that prevents an individual from having access to specific experiences, must always be reviewed and approved by DSS.

Remote supports include a monthly equipment cost covered under assistive technology and a virtual support fee-for-service cost.

HCBS Taxonomy Category: Other  
 HCBS Taxonomy Service: Remote Supports

Effective Date: October 1, 2022

Rate: Equipment is cost based and funded under assistive technology; virtual “Live 1:1” support is the remote live service billed as PCA in 15-minute units @ \$5.27; core remote monitoring support rate is cost-based

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

Remote supports may not be provided at the same time as any other direct support service nor at the same time as adult day, assisted living, adult family living, respite, or personal emergency response.

### Provider Specifications

Provider Category(s) <i>(check one or both):</i>		Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Provider of Remote Supports

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input checked="" 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>
Remote Support Provider		Certified as Community Hub	The agency ensures that virtual support staff meet the following qualifications: Prior to Employment: · 18 yrs of age · criminal background check

			<ul style="list-style-type: none"> <li>·have ability to communicate effectively with the individual/family</li> <li>·have ability to complete record keeping as required by the employer</li> </ul> <p>Prior to being alone with the individual:</p> <ul style="list-style-type: none"> <li>·demonstrate competence in knowledge of DSS policies and procedures: abuse/neglect; incident reporting; client rights and confidentiality; handling fire and other emergencies, prevention of sexual abuse, knowledge of approved and prohibited physical management techniques</li> <li>·demonstrate competence/knowledge in topics required to safely support the individual as described in the Individual Plan</li> <li>·demonstrate competence, skills, abilities, education and/or experience necessary to achieve the specific training outcomes as described in the Individual Plan</li> <li>·ability to participate as a member of the team if requested by the individual</li> <li>·demonstrate understanding of person-centered planning</li> </ul> <p>Understand administration of medication</p>
Homemaker Companion Plus Agency		<p>Registered with the Department of Consumer Protection</p> <p>Certified as Community Hub</p>	<p>Homemaker companion plus agency is a vendor of remote supports or subcontracts with a remote supports provider. The agency ensures that virtual support staff meet the following qualifications:</p> <p>Prior to Employment:</p> <ul style="list-style-type: none"> <li>· 18 yrs of age</li> <li>· criminal background check</li> <li>· have ability to communicate effectively with the individual/family</li> <li>· have ability to complete record keeping as required by the employer</li> </ul> <p>Prior to being alone with the individual:</p> <ul style="list-style-type: none"> <li>· demonstrate competence in knowledge of DSS policies and procedures:</li> </ul>

			<p>abuse/neglect; incident reporting; client rights and confidentiality; handling fire and other emergencies, prevention of sexual abuse, knowledge of approved and prohibited physical management techniques</p> <ul style="list-style-type: none"> <li>·demonstrate competence/knowledge in topics required to safely support the individual as described in the Individual Plan</li> <li>·demonstrate competence, skills, abilities, education and/or experience necessary to achieve the specific training outcomes as described in the Individual Plan</li> <li>·ability to participate as a member of the team if requested by the individual</li> <li>·demonstrate understanding of person-centered planning</li> </ul> <p>Understand administration of medication</p>
<p>Adult Day Plus Provider</p>		<p>Certification required by the Adult Day Care Association of CT. Certification is for 3 years.</p> <p>Certified as Community Hub</p>	<p>Adult day plus provider is a vendor of remote supports or subcontracts with a remote supports provider. The agency ensures that virtual support staff meet the following qualifications:</p> <p>Prior to Employment:</p> <ul style="list-style-type: none"> <li>·18 yrs of age</li> <li>·criminal background check</li> <li>·have ability to communicate effectively with the individual/family</li> <li>·have ability to complete record keeping as required by the employer</li> </ul> <p>Prior to being alone with the individual:</p> <ul style="list-style-type: none"> <li>·demonstrate competence in knowledge of DSS policies and procedures: abuse/neglect; incident reporting; client rights and confidentiality; handling fire and other emergencies, prevention of sexual abuse, knowledge of approved and prohibited physical management techniques</li> <li>·demonstrate competence/knowledge in topics required to safely support the individual as described in the Individual</li> </ul>

			Plan ·demonstrate competence, skills, abilities, education and/or experience necessary to achieve the specific training outcomes as described in the Individual Plan ·ability to participate as a member of the team if requested by the individual ·demonstrate understanding of person-centered planning Understand administration of medication
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**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Remote Supports Provider	State's fiscal intermediary	2 years
Homemaker Companion Plus Agency	State's fiscal intermediary	2 years
Adult Day Plus Provider	State's fiscal intermediary	2 years

**Service Delivery Method**

<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
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Service Specification			
Service Title:	Personal Care Assistance		
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>			
Service Definition (Scope):			
No change to existing service definition			
Effective Date: ?			
On-call rate:\$52.89 per hour			
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 type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/> Agency. List the types of agencies:
			Remote Supports
			Adult Day
			Homemaker Companion
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
<b>Provider Qualifications</b> <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>
Remote Supports		Certified as Community Hub	<p>Remote support providers must be registered as a homemaker companion agency with the Department of Consumer Protection or must subcontract with a homemaker companion agency registered with the Department of Consumer Protection to provide personal care attendant services. Agencies must have 24/7 on-call staff.</p> <p>The PCA shall meet all of the same qualifications as an individual PCA as follows:</p> <ul style="list-style-type: none"> <li>• Be at least 18 years of age</li> <li>• Have experience doing personal care</li> <li>• Be able to follow written or verbal instructions given by the consumer or the consumer's conservator</li> </ul>

			<ul style="list-style-type: none"> <li>• Be physically able to perform the services required</li> <li>• Follow instructions given by the consumer or the consumer's conservator</li> <li>• Receive instruction/training from consumer or their designee concerning all personal care services delineated in the service plan</li> <li>• Be able to handle emergencies</li> <li>• Demonstrate the ability to implement cognitive behavioral interventions/take direction to carry out the plan.</li> </ul> <p>All agency PCAs must complete department sponsored curriculum and pass the exam upon completion of the curriculum. Agencies are required to maintain evidence of the passing test score in the individual's personnel record.</p>
Adult Day Plus		Certified as Community Hub	<p>Adult day plus providers must be registered as a homemaker companion agency with the Department of Consumer Protection or subcontract with a homemaker companion agency registered with the Department of Consumer Protection to provider personal care attendant services.</p> <p>Agencies must have 24/7 on-call staff.</p> <p>The PCA shall meet all of the same qualifications as an individual PCA as follows:</p> <ul style="list-style-type: none"> <li>• Be at least 18 years of age</li> <li>• Have experience doing personal care</li> <li>• Be able to follow written or verbal instructions given by the consumer or the consumer's conservator</li> <li>• Be physically able to perform the services required</li> <li>• Follow instructions given by the consumer or the consumer's conservator</li> <li>• Receive instruction/training from consumer or their designee concerning all personal care services delineated in the service plan</li> </ul>

			<ul style="list-style-type: none"> <li>• Be able to handle emergencies</li> <li>• Demonstrate the ability to implement cognitive behavioral interventions/take direction to carry out the plan.</li> </ul> <p>All agency PCAs must complete department sponsored curriculum and pass the exam upon completion of the curriculum. Agencies are required to maintain evidence of the passing test score in the individual's personnel record.</p>
Homemaker Companion Plus Agency		Certified as Community Hub Registered with Department of Consumer Protection	<p>Homemaker companion plus providers must be registered as a homemaker companion agency with the Department of Consumer Protection to provide personal care attendant services.</p> <p>Agencies must have 24/7 on call staff.</p> <p>The PCA shall meet all of the same qualifications as an individual PCA as follows:</p> <ul style="list-style-type: none"> <li>• Be at least 18 years of age</li> <li>• Have experience doing personal care</li> <li>• Be able to follow written or verbal instructions given by the consumer or the consumer's conservator</li> <li>• Be physically able to perform the services required</li> <li>• Follow instructions given by the consumer or the consumer's conservator</li> <li>• Receive instruction/training from consumer or their designee concerning all personal care services delineated in the service plan</li> <li>• Be able to handle emergencies</li> <li>• Demonstrate the ability to implement cognitive behavioral interventions/take direction to carry out the plan.</li> </ul> <p>All agency PCAs must complete department sponsored curriculum and pass the exam upon completion of the curriculum. Agencies are required to maintain evidence of the passing test score in the individual's personnel record.</p>
<b>Verification of Provider Qualifications</b>			
Provider Type:	Entity Responsible for Verification:	Frequency of Verification	



Adult Day Plus	State's fiscal intermediary	2 years		
Remote Supports	States fiscal intermediary	2 years		
Homemaker Companion Plus Agency	State's fiscal intermediary	2 years		
Service Delivery Method				
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	

Service Specification	
Service Title:	Assistive Technology
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	
<p>Assistive technology means an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of participants. Assistive technology service means a service that directly assists a participant in the selection, acquisition, or use of an assistive technology device. Assistive technology includes-- (A) the evaluation of the assistive technology needs of a participant, including a functional evaluation of the impact of the provision of appropriate assistive technology and appropriate services to the participant in the customary environment of the participant; (B) services consisting of purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for participants and internet service necessary for operation of the equipment comprising the assistive technology. Assistive technology equipment may include equipment used for remote support such as motion sensing system, radio frequency identification, live video feed, live audio feed, or web-based monitoring. Assistive technology equipment does not include non-technical, non-electronic equipment (e.g., grab bars or wheelchair ramps) or items otherwise available as environmental accessibility adaptations or specialized medical equipment and supplies. Internet service may be provided through assistive technology equipment only when the remote support vendor indicates internet service is required for the equipment used for remote support to function and the vendor to secure the connection to ensure appropriate use of the internet service solely for the function of equipment used for remote support; (C) services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices; (D) coordination and use of necessary therapies, interventions, or services with assistive technology devices, such as therapies, interventions, or services associated with other services in the service plan; (E) training or technical assistance for the participant, or, where appropriate, the family members, guardians, advocates, or authorized representatives of the participant; and (F) training or technical assistance for professionals, unpaid caregivers or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of participants</p>	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
Provider Specifications	

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Remote Supports
				Adult Day Plus
				Homemaker Companion Plus

Specify whether the service may be provided by (check each that applies):	<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 (specify)	Certificate (specify)	Other Standard (specify)
Remote Supports		Certified as Community Hub	Medicaid provider status for assistive technology, including remote supports and supplies or agency that obtains Medicaid performing provider status
Adult Day Plus		Certified as Community Hub	Medicaid provider status for assistive technology, including remote supports and supplies or agency that obtains Medicaid performing provider status
Homemaker Companion Plus Agency		Certified as Community Hub	Medicaid provider status for assistive technology, including remote supports and supplies or agency that obtains Medicaid performing provider status

**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Remote Supports	State's fiscal intermediary	2 years
Adult Day Plus	States fiscal intermediary	2 years
Homemaker Companion Agency Plus	State's fiscal intermediary	2 years

**Service Delivery Method**

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

**Service Specification**

Service Title:	Adult Day
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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 service is provided 4 or more hours per day as specified in the service plan, in a non-institutional, community-based setting and shall encompass both health and social services needed to ensure the optimal functioning of the participant. Meals provided as part of these services shall not constitute a full nutritional

regimen. These procedure codes are not included on the Adult Day fee schedule and will deny as edits are built into the claim processing system to prevent duplicative transportation services for adult day from occurring.

**Services Covered and Limitations**

Payment for adult day services under the rate for a medical model is limited to providers that demonstrate to the department their ability to meet the following additional requirements:

a program nurse shall be available on site for not less than fifty percent of each operating day;

the program nurse shall be a registered nurse, except that a program nurse may be a licensed practical nurse if the program is located adjacent to a long-term care facility licensed by the Department of Public Health, with ready access to a registered nurse from such long-term care facility or the program nurse is supervised by a registered nurse who can be reached by telephone at any time during the operating day and who can be called to the center if needed within one half hour of the request. The program nurse is responsible for administering medications as needed and assuring that the participant's nursing services are coordinated with other services provided in the adult day center, health and social services currently received at home or provided by existing community health agencies and personal physicians;

additional personal care services shall be provided as specified in the individual plan of care, including, but not limited to, bathing and transferring;

ongoing training shall be available to the staff on a regular basis including, but not be limited to, orientation to key specialty areas such as physical therapy, occupational therapy, speech therapy and training in techniques for recognizing when to arrange or refer clients for such services; and

individual therapeutic and rehabilitation services shall be coordinated by the center as specified in the individual plan of care including, but not limited to, physical therapy, occupational therapy and speech therapy. The center shall have the capacity to provide such services on site; this requirement shall not preclude the provider of adult day services from also arranging to provide therapeutic and rehabilitation services at other locations in order to meet needs of individual clients.

Payment for adult day services shall include the costs of transportation, meals and all other required services except for individual therapeutic and rehabilitation services.

For participants receiving assisted living services, adult day services are included as part of the monthly rate. A separate reimbursement for this service is not authorized. The assisted living service agency may arrange for adult day services and reimburse the adult day service provider from their all-inclusive rate.

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

Provider Specifications			
Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/> Agency. List the types of agencies:
			Adult Day
			Adult Day Plus
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/> Relative/Legal Guardian

<b>Provider Qualifications</b> <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>
Adult Day Plus		<p>Certified as Community Hub by DSS</p> <p>Certification required by the Adult Day Care Association of CT. Certification is for 3 years.</p>	<p>Providers of adult day plus services shall:</p> <p>meet all applicable federal, state and local requirements including zoning, licensing, sanitation, fire and safety requirements;</p> <p>provide, at a minimum, nursing consultation services, social work services, nutritionally balanced meals to meet specialized dietary needs as prescribed by health care personnel, personal care services, recreational therapy and transportation services for individuals to and from their homes;</p> <p>provide adequate personnel to operate the program including:</p> <p>a full-time program administrator;</p> <p>nursing consultation during the full operating day by a Registered Nurse (RN) licensed in the State of Connecticut; and</p> <p>the direct care staff-to-participant ratio shall be a minimum of one to seven. Staffing shall be adequate to meet the needs of the client base. Volunteers shall be included in the ratio only when they conform to the same standards and requirements as paid staff.</p> <p>In order to be a provider of services to department clients, any facility located and operating within the State of Connecticut or located and operating outside the State of Connecticut, in a bordering state, shall be certified by the Connecticut Association of Adult Day Centers</p>

			<p>Incorporated, its successor agency or a department designee.</p> <p>A facility (center) located and operating outside the State of Connecticut in a bordering state shall be licensed or certified by its respective state and comply at all times with all pertinent licensure or certification requirements in addition to the approved standards for certification by the department.</p> <p>Certified facilities (centers) shall be in compliance with all applicable requirements in order to continue providing services to department clients. The failure to comply with any applicable requirements shall be grounds for the termination of its certification and participation as a department service provider.</p>
<p><b>Adult Day</b></p>		<p>Certification required by the Adult Day Care Association of CT. Certification is for 3 years.</p>	<p>Providers of adult day services shall: meet all applicable federal, state and local requirements including zoning, licensing, sanitation, fire and safety requirements;</p> <p>provide, at a minimum, nursing consultation services, social work services, nutritionally balanced meals to meet specialized dietary needs as prescribed by health care personnel, personal care services, recreational therapy and transportation services for individuals to and from their homes;</p> <p>provide adequate personnel to operate the program including:</p> <p>a full-time program administrator;</p> <p>nursing consultation during the full operating day by a</p>


			<p>Registered Nurse (RN) licensed in the State of Connecticut; and</p> <p>the direct care staff-to-participant ratio shall be a minimum of one to seven. Staffing shall be adequate to meet the needs of the client base. Volunteers shall be included in the ratio only when they conform to the same standards and requirements as paid staff.</p> <p>In order to be a provider of services to department clients, any facility located and operating within the State of Connecticut or located and operating outside the State of Connecticut, in a bordering state, shall be certified by the Connecticut Association of Adult Day Centers Incorporated, its successor agency or a department designee.</p> <p>A facility (center) located and operating outside the State of Connecticut in a bordering state shall be licensed or certified by its respective state and comply at all times with all pertinent licensure or certification requirements in addition to the approved standards for certification by the department.</p> <p>Certified facilities (centers) shall be in compliance with all applicable requirements in order to continue providing services to department clients. The failure to comply with any applicable requirements shall be grounds for the termination of its certification and participation as a department service provider.</p>
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**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Adult Day Plus	State's fiscal intermediary	2 years

Adult Day	State's fiscal intermediary	2 years		
<b>Service Delivery Method</b>				
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	





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<sup>i</sup> 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.