

Welcome

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Director of Medicaid and Division of Health Services

&

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Deputy Director of Medicaid and Division of Health Services

Agenda

- Welcome & Introductions
- Settings Rule Discussion & Demonstration
 - Summary Of Settings Rule & Why It Is Important
 - Demonstration
 - Access to Mental Health Waiver & Why the Settings Rule Matters
- Break
- DPH Licensing & The Settings Rule
- Cost Reporting Reminder
 - Cost Reporting
 - Capital Expenditure Reimbursement
 - American Rescue Plan Funding
- Closing Remarks & Upcoming Events

1:1 Interaction available after all in-person meetings

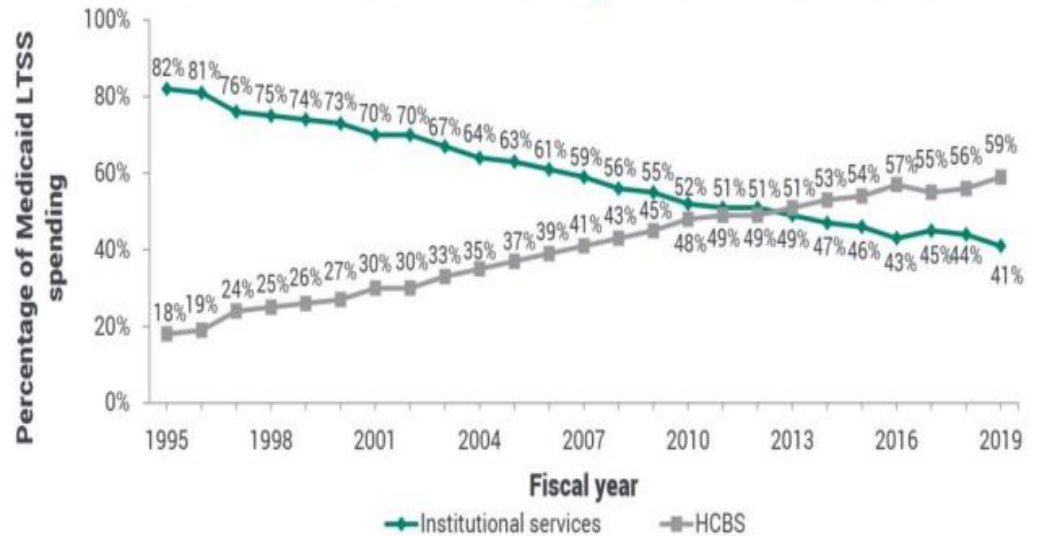
Department of Social Services: Community Options

Jennifer Cavallaro, CDP, MS, LNHA

Medicaid Beneficiaries are increasingly receiving long term services and supports through Home & Community Based Services.

- In 2014, fifty-three percent (53%) of all Medicaid long term care spending was on home & community-based services, equaling approximately \$80.6 billion in spending. (2014 LTSS Expenditure Report)

Proportion of Total Medicaid LTSS Spending on Institutional LTSS and HCBS, FYs 2000–2019



What is the Home and Community Based (HCBS) Final Settings Rule?

- Issued by the Centers for Medicare & Medicaid Services in 2014.
- Ensures that services delivered to seniors and people with disabilities living in the community meet minimum standards for integration, access to community life, choice and other important protections.
- It was created to expand the availability of community-based services that maximize autonomy and choice for individuals with disabilities and seniors.
- Intended to address the problem of institutional-like settings receiving HCBS dollars.
- Establishes a minimum set of requirements for HCBS funding.
- Compliance required by March 17, 2023.

Why is the HCBS Settings Rule important to Residential Care Homes?

- If Residential Care Homes are not compliant with the HCBS Settings Rule, they would be unable to have residents receiving HCBS funding reside in their homes.
- HCBS Settings Rule applies to 1915 (c) HCBS Waiver Programs (CT Home Care Program for Elders, Autism, Acquired Brain Injury, Personal Care Assistance, Katie Beckett, Mental Health, Comprehensive Supports, Individual & Family Supports, Employment Day Support), 1915 (i) State Plan Option (CT Home Care Program for Elders) and 1915 (k) Community First Choice.

What is required of Residential Care Homes?

- ❖ RCHs must have a lease with their residents
- ❖ RCHs must provide residents with privacy in their unit, including lockable doors, choice of roommates and freedom to furnish or decorate their unit.
- ❖ RCHs must provide residents the right to control their own schedules, including access to food at any time.
- ❖ Residents of RCHs must have the right to visitors at any time.
- ❖ RCHs must have a setting that is physically accessible.

Resources

- www.Medicaid.gov/Medicaid/home-community-based-services/guidance/home-community-based-services-final-regulation/index.html
- www.Medicaid.gov/sites/default/files/2019-12/requirements-for-home-and-community-settings.pdf
- www.Medicaid.gov/Medicaid/home-community-based-services/downloads/hcbs-settings-rules-imp.pdf
- www.cms.gov/newsroom/fact-sheets/home-and-community-based-services

Department of Aging
&
Disability Services

Connecticut Long Term Care
Ombudsperson Program

Mairead Painter
State Long Term Care Ombudsperson

Locking Doorknobs

[5 Best Smart Locks For Bedroom Door in 2022 \(fixthephoto.com\)](#)

[Pemko ERS Emergency Release Stop \(americanbuildersoutlet.com\)](#)

[Vier VSERo1S Pivot Emergency Release Door Stop Satin Stainless Steel \(doorhandlesandmore.co.uk\)](#)

Department of Mental Health & Addiction Services

Katie Daly, LCSW
Kimberly Karanda, PhD, LCSW

Mental Health Waiver (MHW)

Eligibility Criteria

- Community Support Clinician (CSC) deems individual eligible for the Mental Health Waiver program if the following criteria are met:
 - 22 years or older
 - Medicaid eligible (Husky C only)
 - Meets nursing home Level of Care (LOC)
 - Serious Mental Illness (SMI) diagnosis
 - Voluntarily agrees to be in the program
 - Can reside safely in the community with supports
- The CSC completes a psycho-social and skills assessment to determine level of functioning.

MHW Eligibility

What does “serious mental illness” mean?

- Schizophrenia
- Bipolar Disorder
- Major Depression
- Delusional/Paranoid Disorder
- Psychotic Disorders, NOS (Brief Reactive Psychosis, Schizoaffective Disorder, and Psychotic Disorders NOS)

-OR-

Another mental illness that may lead to a chronic disability, requires assistance or supervision, and have limitations in at least one area of functioning due to the mental illness

Additional Considerations

- Health and safety needs must be reasonably assured
- Cost of waiver services must remain within the cost limit established by the state

Are these 5 criteria met?

- 1) 22 years of age or older;
- 2) Has a diagnosis of **serious mental illness**
- 3) Medicaid Eligible (“Husky C”);
- 4) Meets criteria **for nursing home level of care**
- 5) Voluntarily chooses to participate in the waiver

What does “nursing home level of care” mean?

The individual must have at least **3** Critical Needs...

OR 2 critical needs AND 4 or more Cognitive Deficits

MHW Waiver Services

Rehabilitation Services

Community Support Program

Peer Support

Supported Employment

Support Services

Recovery Assistant

Transitional Case Management

Brief Episode Stabilization & In-Home Counseling

Assisted Living

Adult Day Health

Ancillary Services

Specialized Medical Equipment

Assistive Technology

Home Accessibility Adaptations

Chore Service

Personal Emergency Response (PERS)

Home Delivered Meals

BREAK

Department of Public Health

Timothy Allen
James Augustyn



CONNECTICUT DEPARTMENT OF PUBLIC HEALTH



Residential Care Home – DPH Review

January 17, 2023



CONNECTICUT DEPARTMENT OF PUBLIC HEALTH



Residential Care Home– DPH Team

Cheryl Davis RN – Public Health Services Manager
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Karen Gworek, RN – Supervising Nurse Consultant
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James Augustyn - Health Program Supervisor
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Timothy Allen – Processing Technician
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CONNECTICUT DEPARTMENT OF PUBLIC HEALTH



Residential Care Home License Renewal

Connecticut regulation 19-13-D6 are the requirements for Residential Care Homes

- There are a total of **91** active Residential Care Homes licensed in Connecticut
- Licenses are renewed every three years
- Renewal notices are e-mailed approximately 120 days prior to expiration
- It is strongly recommended to use a generic e-mail account where multiple users can access (e.g. facilityadmin@rch.com)



CONNECTICUT DEPARTMENT OF PUBLIC HEALTH



What documents are needed to renew a license?

- Certificate of General liability
- Worker's Compensation insurance
- Fire Marshal's Certificate
- List of Officers and Directors
- Names and titles of Staff
- Organizational Chart (Ownership Structure)
- Ownership Form
- Lease



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Key Management in Residential Care Home

- Person in Charge



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ABCMS

- C.G.S. 19a-491c established the background check program
- Facilities must register with the ABCMS and process required applicants for background checks.
- Who needs to be processed through the ABCMS for background check purposes?
 - Employees;
 - Contractors; and
 - Certain volunteers who have “direct access”
- C.G.S. 19a-491c(c)(1) defines “direct access”
- If you have any questions please email dph.ABCMS@ct.gov or call (860) 509-8366

Change of Ownership (CHOW)

- 2022: Processed
- CGS 19a-491
- CGS 19a-493
- 120 day notification to the DPH
- Concurrent activities
 - CHOW Building and Fire Safety Unit Inspection
 - Meeting between proposed entity and DPH
 - Pre-licensure Consent Order



CGS 19a-493

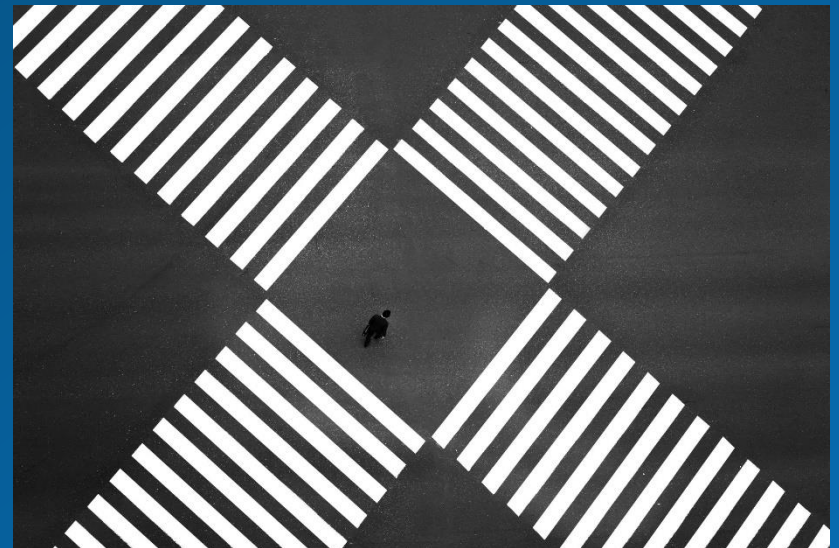
2) Any change in the ownership of a facility or institution, as defined in section 19a-490, owned by an individual, partnership or association or the change in ownership or beneficial ownership of ten per cent or more of the stock of a corporation which owns, conducts, operates or maintains such facility or institution, shall be subject to prior approval of the department after a scheduled inspection of such facility or institution is conducted by the department, provided such approval shall be conditioned upon a showing by such facility or institution to the commissioner that it has complied with all requirements of this chapter, the regulations relating to licensure and all applicable requirements of the Public Health Code. Any such change in ownership or beneficial ownership resulting in a transfer to a person related by blood or marriage to such an owner or beneficial owner shall not be subject to prior approval of the department unless: (A) Ownership or beneficial ownership of ten per cent or more of the stock of a corporation, partnership or association which owns, conducts, operates or maintains more than one facility or institution is transferred; (B) ownership or beneficial ownership is transferred in more than one facility or institution; or (C) the facility or institution is the subject of a pending complaint, investigation or licensure action. If the facility or institution is not in compliance, the commissioner may require the new owner to sign a consent order providing reasonable assurances that the violations shall be corrected within a specified period of time. Notice of any such proposed change of ownership shall be given to the department at least one hundred twenty days prior to the effective date of such proposed change. For the purposes of this subdivision, “a person related by blood or marriage” means a parent, spouse, child, brother, sister, aunt, uncle, niece or nephew. For the purposes of this subdivision, a change in the legal form of the ownership entity, including, but not limited to, changes from a corporation to a limited liability company, a partnership to a limited liability partnership, a sole proprietorship to a corporation and similar changes, shall not be considered a change of ownership if the beneficial ownership remains unchanged and the owner provides such information regarding the change to the department as may be required by the department in order to properly identify the current status of ownership and beneficial ownership of the facility or institution. For the purposes of this subdivision, a public offering of the stock of any corporation that owns, conducts, operates or maintains any such facility or institution shall not be considered a change in ownership or beneficial ownership of such facility or institution if the licensee and the officers and directors of such corporation remain unchanged, such public offering cannot result in an individual or entity owning ten per cent or more of the stock of such corporation, and the owner provides such information to the department as may be required by the department in order to properly identify the current status of ownership and beneficial ownership of the facility or institution.

Intersection between DPH and HCBS

DSS/DPH/LTCOP/DMHAS

- Road to Quality
- HCBS and DPH
 - Access to food
 - Room privacy, i.e. locks on the doors
 - Access to the community
 - Choice of Roommates

DSS/DPH/LTCOP/DMHAS



Questions ????



Department of Social Services: Reimbursement & Certificate of Need

Cost Reporting Review for Residential Care Home

**Cost Reporting
Capital Expenditure Reimbursement
American Rescue Plan Funding**

Filing the Annual Cost Report

October 20th Cost Report training webinar is posted to the DSS webpage for reference:

<https://portal.ct.gov/DSS/Health-And-Home-Care/Long-Term-Care/Residential-Care-Homes-RCH/Related-Resources>

MYERS AND STAUFFER WEBSITE

<https://myersandstauffer.com/client-portal/connecticut/connecticut-cost-report/>

- Annual Report Template
- Deputy Commissioner's Letter
- Checklist (Does not need to be filed)
- Instructions
- Annual Report Portal Login Request Form
- Salary Limitation Schedules

ANNUAL REPORT PORTAL

<https://cfltcreports.mslc.com>

- Add and remove users in the annual report portal for your facility via Annual Report Portal Login Request Form
- Annual Report and required additional documentation must be uploaded by **February 15th**.
 - *Excel version is required. A PDF copy can be submitted in addition to Excel version.*
- Annual rate letters and calculation support files will be uploaded to the annual report portal beginning with Rate Year 2024.

TIMELINE

FEBRUARY

ANNUAL
REPORT
FILED

FEBRUARY - JUNE

DESK REVIEW
/PROPERTY
REVIEW

JULY

RATE ISSUED

COST LIMITATIONS

Cable Television

Cable Television (RCH) \$2,400/Year

Cell Phones

Cell Phones (RCH) \$1,500/Year

Leased Vehicles

Vehicle Lease \$560/month or \$6,720/year

Service Bus/Wheel Chair Van \$1,120/month or \$13,440/year

Purchased Vehicles

Vehicle \$28,000

Maintenance Vehicle \$40,000

Service Bus/Wheel Chair Van \$51,000

Cost and Salary Limitation Files are posted to the DSS webpage:

<https://portal.ct.gov/DSS/Health-And-Home-Care/Long-Term-Care/Residential-Care-Homes-RCH/Related-Resources>

MOVABLE EQUIPMENT

Movable equipment additions are now to be classified into one of three categories:

- Administrative – movable equipment not directly related to resident care
- Standard – movable equipment that is used to directly care for most of the population at the facility
- Specialized Resident – Bariatric or vent/respiratory equipment and other specialized equipment with prior authorization by the Department

MOVABLE EQUIPMENT

Administrative

Electronic Equipment	Heating and Cooling Equipment
Cleaning Equipment	Outdoor Maintenance Equipment
Dietary Equipment	Telephone Equipment
Laundry Equipment	Temperature Screening Equipment
Office Furniture	Time Clock

Standard Resident

Toilet Seat Risers, Shower Seats, Grab Bars	Dining Room Furniture
Beds	Hoyer Lift
Bed Monitor	Lounge Furniture
Bedding	Resident Room Furniture
Drapes	Shower Room Equipment

Specialized Resident

Bariatric Equipment	Vent/Respiratory Equipment
Other – as prior authorized by the Department	

Certificate of Need (CON)

The CON process is an assessment of costs while providing the public with an opportunity for input. CON legislation is outlined in Connecticut General Statutes 17b-352 through 17b-354. To start the CON process, you must submit a Letter of Intent (LOI) to the Department. CON approval is required prior to undertaking:

- Termination of a health service including facility closure or a substantial decrease in total bed capacity. Exception: If the facility is 70% occupancy or lower only a petition to close is required and not a CON.
- Incur capital expenditures exceeding either \$2,000,000 or capital expenditure exceeding \$1,000,000 with an increase in facility square footage by 5,000 square feet or 5% of existing square footage;
- Requests to license a new residential care facility or intermediate care facility for the intellectually disabled.

Costs eligible for reimbursement will be included the rate for reimbursement but you must report costs on your annual cost report.

If you are unsure if you need a CON, contact DSS for guidance.

<https://portal.ct.gov/DSS/Health-And-Home-Care/Reimbursement-and-Certificate-of-Need/Certificate-of-Need>

Capital Expenditure Reimbursement

For CON projects of other capital costs such as renovations, you are reminded to report these items on your annual cost report filing for reimbursement consideration.

Under the fair rent allowance, capital costs may be reimbursed by amortizing the cost of the asset over its useful life with application of rate of return (ROR). For example, renovation costs of \$150,000 with a useful life of 25 years completed in year with an applicable ROR of 5% would yield \$10,643 in allowable reimbursement per year.

It is important to report these cost on your cost report if you wish to be reimbursed.

Home and Community Settings Rule costs may be eligible for reimbursement.

***** When in doubt, report the costs and we will review for consideration. *****

Health & Safety and Hardship Appeals

Connecticut General Statute Sec. 17b-340 (a)

The commissioner may, in the commissioner's discretion, allow the inclusion of extraordinary and unanticipated costs of providing services that were incurred to avoid an immediate negative impact on the health and safety of patients.

To be considered for Health and Safety you must contact the Department and submit all requested documents including but not limited to invoices, canceled checks, pictures of damage, estimates, bank account statements and any other documents requested by the Department. The Department of Public Health may be consulted during the determination process.

Regulations of the Department of Social Services 17-311 Hardship Appeals

The Department may consider rate adjustments for facilities if they meet the conditions outlined in regulation.

ARPA FUNDING

<https://portal.ct.gov/DSS/Health-And-Home-Care/Long-Term-Care/Residential-Care-Homes-RCH>

- Please see above URL to the RCH page of DSS's website for details regarding ARPA Funds and other general RCH information.

CONTACTS

DSS Office of Reimbursement & Certificate of Need

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Myers & Stauffer

Justin Duprat, Manager

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Karen Coulombe, CPA , Senior Manager

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Closing Remarks

Melva Cooper, MSN, RN

Trainings & Meetings

Online Teams Training

January 19th at 11:00

February 16th at 11:00am

March 16th at 11:00am

Join by entering a meeting ID

Meeting ID: 236 966 181 505

Passcode: 8uzQxf

In-Person

February 16th at 2:30pm

March 14th at 1:00pm

At

55 Farmington Ave in
Hartford CT 06105

RSVP to Elizabeth.Brinley@ct.gov