

## NOTICE OF CONNECTICUT STATE AGENCIES

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### DEPARTMENT OF SOCIAL SERVICES

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#### Notice of Intent to Submit Emergency Preparedness and Response Amendment (Appendix K) to the Department's 1915(c) Home and Community-Based Medicaid Waivers

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In accordance with the provisions of section 17b-8 of the Connecticut General Statutes, notice is hereby given that the Commissioner of the Department of Social Services ("DSS" or the "Department") intends to submit an Emergency Preparedness and Response Amendment ("Appendix K amendment") related to the following 1915(c) Home and Community-Based Medicaid Waivers:

- Connecticut Home Care Program for Elders
- Personal Care Assistance Waiver
- Acquired Brain Injury Waiver
- Home & Community Supports Waiver for Persons with Autism
- Acquired Brain Injury Waiver II
- Mental Health Waiver
- Katie Beckett Waiver

The Appendix K amendments are temporary and expire six months following the expiration of the Federal Public Health Emergency related to the continued consequences of the Coronavirus Disease (COVID-19) pandemic. The following is a summary of the proposed changes, as more-fully described in the Appendix K amendment.

I. The Department is proposing the following temporary increases in provider payment rates:

- 3.5% rate increase, retroactive to July 1, 2021, in existing rates approved by CMS for all provider types and services covered under this Appendix K, other than those specifically excluded. 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. Provider types and services specifically excluded: 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, and pursuant to PA 19-4, for provider types where rates, as approved, are based on minimum wage. 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 Assistance; Community Mentor; and Agency-based Respite Services.
- 1% enhanced performance-based supplemental payments, based on the requirements and methodology listed below, for all provider types covered under the waivers listed in this Appendix K as of the issuance date of the respective 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.

Performance requirements for the March 2022 performance payment are as follows, and are based on 1% of expenditures beginning July 1, 2021 and ending February 28, 2022:

- 1) Participation in the DSS Racial Equity Training
- 2) Provider has a data sharing agreement executed with Connie, the state's Health Information Exchange (HIE).

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

- 1) Participation in the DSS Racial Equity Training
- 2) Signing, at a minimum, the Empanelment Use Case
- 3) Action plan detailing how the provider sends their client roster in Connie, the state's HIE.

The payment methodology for quarterly ongoing performance payments, including the July 2022 payment, 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.

- **5% enhanced one-time supplemental 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. The one-time supplemental payment will be made to eligible providers within 30 days of the Centers for Medicare and Medicaid Services ("CMS") approval of this Appendix K. Supplemental payments are based on 5% of SFY 21 expenditures. All provider types covered under the waivers applicable to this Appendix K that 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.

II. The Department is proposing to temporarily add the following services across all waivers referenced above:

- *COPE Caregiver Supports and Participant Training*: 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.
- *Caregiver Supports and Participant Training*: Care for the Caregiver Program consists of an interdisciplinary team of specialized occupational therapists and nursing services for care of persons other than those with dementia. The evidence-informed program supports family members who are providing extraordinary care to persons living with serious or chronic illness.
- *CAPABLE Program*: The Department 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.

A complete text of the Appendix K amendment is available, at no cost, upon request to the Community Options Unit, Department of Social Services, 55 Farmington Ave., Hartford, Connecticut 06105; or via email to [shirlee.stoute@ct.gov](mailto:shirlee.stoute@ct.gov). It is also available on the Department's website, [www.ct.gov/dss](http://www.ct.gov/dss), under "News and Press," as well as the following direct link: <http://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Waiver-Applications/Medicaid-Waiver-Applications>. In addition, it is also available on the Department of Mental Health and Addiction Services (DMHAS) website, [www.ct.gov/dmhas](http://www.ct.gov/dmhas), under "What's New!" as well as the following link: <https://portal.ct.gov/DMHAS/Programs-and-Services/Mental-Health-Waiver/Mental-Health-Waiver>.

Any written comments must be submitted by **December 30, 2021** to the Department of Social Services, Community Options Unit, 55 Farmington Ave, Hartford, CT 06105, Attention: Jennifer Cavallaro, Director; or via email to [Jennifer.Cavallaro@ct.gov](mailto:Jennifer.Cavallaro@ct.gov).

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## Department of Social Services

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### Notice of Proposed Medicaid State Plan Amendment (SPA)

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**SPA 21-0032: COVID-19 Disaster Relief SPA 7 - Rate Increases and Coverage Additions for State Plan Home and Community-Based Services (HCBS) Option Portion of the Connecticut Home Care Program for Elders (CHCPE) Under Section 1915(i) of the Social Security Act and Rate Increase for Support and Planning Coach for Community First Choice (CFC) Under Section 1915(k) of the Social Security Act**

The State of Connecticut Department of Social Services (DSS) proposes to submit the following Medicaid State Plan Amendment (SPA) to the Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health and Human Services (HHS). This public notice is submitted in accordance with section 17b-8 of the Connecticut General Statutes.

#### **Changes to Medicaid State Plan**

Effective on the dates set forth below, this COVID-19 disaster relief SPA will amend Section 7.4-A of the Medicaid State Plan to add the provisions detailed below. This disaster relief SPA is governed by the flexibility in standard federal requirements implemented by CMS and pursuant to the state's approved waiver from CMS pursuant to section 1135 of the Social Security Act during the federally declared national emergency and public health emergency to help assist with the state's response to the COVID-19 pandemic and its effects. In accordance with federal flexibility requirements, this COVID-19 disaster relief SPA will sunset no later than the last day of the federally declared COVID-19 public health emergency, as extended. This flexibility is available only for SPAs that increase access to services, increase rates, or provide other flexibilities designed to expand access to Medicaid services.

The purpose of this SPA is to implement relevant provisions of the state's Spending Plan for Implementation of the American Rescue Plan Act (ARPA) of 2021, Section 9817. In addition, consistent with that plan and the applicable federal statute and CMS guidance, the rate increases and service expansions included in this SPA will help address the COVID-19 pandemic and its effects by enabling the specified HCBS providers to recruit and retain qualified staff, help address staffing shortages worsened by COVID-19, and recognize additional costs and burdens resulting from COVID-19 and its effects.

#### 1. Rate Increases and One-Time Payments

This SPA makes the following rate increases and one-time payment the services covered under: (1) the State Plan Home and Community-Based Services (HCBS) option under Section 1915(i) of the Social Security Act Portion of the Connecticut Home Care Program for Elders (CHCPE), which applies to all such services except for the following: Assistive Technology; Environmental Accessibility Modifications; Personal Response Systems; Skilled Chore; Specialized Medical Equipment; Individual Goods and Services; and all Self-Directed Services and (2) support and planning coach services only under the Community First Choice (CFC) Program under Section 1915(k) of the Social Security Act.

- Effective July 1, 2021, a 3.5% rate increase for all services not excluded above, which is intended to provide cost-of-living adjustments for providers in order to recognize the significant cost increases experienced for service providers during the pandemic
- Effective August 1, 2021, a 6% increase to reflect the providers' costs of complying with the August 1, 2021 increase in the state's minimum wage, which applies only to the following section 1915(i) CHCPE services not excluded above: Agency-based Personal Care Assistants (PCAs), Chore/Homemaker, Companion Services, Assisted Living Services, Adult Day Health, Recovery Assistance, Community Mentor, and Agency-based Respite Services.
- Effective July 1, 2021, a performance-based supplemental payment for all services not excluded above using the following methodology:
  - Performance requirements for a performance payment to be made in a supplemental payment on or before March 31, 2022 are as follows, and are based on 1% of applicable expenditures beginning July 1, 2021 and ending February 28, 2022:
    - Participation in the DSS Racial Equity Training
    - Provider has a data sharing agreement executed with Connie, the state's Health Information Exchange (HIE).
  - Performance requirements for a performance payment to be made in a supplemental payment on or before July 31, 2022 calculated at 1% of expenditures during the calendar quarter ending June 30, 2022 are as follows:
    - Participation in the DSS Racial Equity Training
    - Signing, at a minimum, the HIE's Empanelment Use Case
    - Action plan detailing how the provider will get their client roster in Connie, the state's HIE.
- After the payments noted above, effective for dates of service on and after July 1, 2022, the provider may be eligible for additional ongoing quarterly supplemental payments made on or before the last day of the

month following each calendar quarter calculated at 1% of expenditures for the calendar quarter that immediately precedes the payment. The performance requirements for such ongoing payments are under development and will be detailed in a future SPA.

- Effective July 1, 2021, a one-time supplemental payment for recruitment and retention of staff, which will be paid in a lump sum not later than 30 days after CMS approval of this SPA and will be calculated at 5% of total State Fiscal Year (SFY) 2021 Medicaid expenditures for the provider's services under this category (except for services excluded above).

## 2. Service Expansions

Effective July 1, 2021, this SPA adds the following services to the section 1915(i) portion of the CHCPE:

- COPE Caregiver Supports and Participant Training: 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.
- Caregiver Supports and Participant Training: Care for the Caregiver Program consists of an interdisciplinary team of specialized occupational therapists and nursing services for care of persons other than those with dementia. The evidence-informed program supports family members who are providing extraordinary care to persons living with serious or chronic illness.
- CAPABLE Program: The Department 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.

Payment for each of these services is a fixed fee as set forth in the state's fee schedule, which is posted to <https://www.ctdssmap.com>, select "Provider Fee Schedule Download" then select the applicable fee schedule.

### **Fiscal Impact**

DSS estimates that this SPA will increase annual aggregate expenditures by approximately \$862,000 in State Fiscal Year (SFY) 2022 and \$673,000 in SFY 2023.

### **Obtaining SPA Language and Submitting Comments**

This SPA is posted on the DSS web site at this link: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-State-Plan-Amendments>. The proposed SPA may also be obtained at any DSS field office or the Town of Vernon Social Services Department, or upon request from DSS (see below).

To request a copy of the SPA from DSS or to send comments about the SPA, please email: [Public.Comment.DSS@ct.gov](mailto:Public.Comment.DSS@ct.gov) or write to: Medical Policy Unit, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5067). Please reference "SPA 21-0032: COVID-19 Disaster Relief SPA 7 - Rate Increases and Coverage Additions for State Plan Home and Community-Based Services (HCBS) Option Portion of the Connecticut Home Care Program for Elders (CHCPE) Under Section 1915(i) of the Social Security Act and Rate Increase

for Support and Planning Coach for Community First Choice (CFC) Under Section 1915(k) of the Social Security Act’.

Anyone may send DSS written comments about the SPA. Written comments must be received by DSS at the above contact information no later than December 30, 2021.

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**Department of Social Services**

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**Notice of Proposed Medicaid State Plan Amendment (SPA)**

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**SPA 21-AP: Pediatric Inpatient Psychiatric Services**

The State of Connecticut Department of Social Services (DSS) proposes to submit the following Medicaid State Plan Amendment (SPA) to the Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health and Human Services (HHS).

**Changes to Medicaid State Plan**

Effective on or after December 1, 2021 and ending on December 31, 2023, this SPA will amend Attachment 4.19-A of the Medicaid State Plan in order to make the following changes to reimbursement for pediatric inpatient psychiatric services.

First, this SPA will implement an interim voluntary value-based payment (VBP) for increasing bed capacity and utilization that consists of a rate add-on to the applicable per diem rate. Each eligible hospital that increases its daily average number of pediatric inpatient psychiatric beds paid by Medicaid for dates of service in each calendar quarter by at least 10% or at least 2 beds, whichever is greater, compared to the daily average number of beds paid by Medicaid for dates of service in the same calendar quarter in calendar year 2019, may be eligible for this add-on. Each eligible hospital must also provide the state with documentation of current and future certification of beds including the effective date of expansion/increased bed capacity, real-time bed tracking, conduct post-discharge follow-up, participate in the state’s care transition and suicide prevention initiatives, and provide additional data reporting to the state. The add-on will apply to all Medicaid pediatric inpatient psychiatric bed days paid at the per diem rate, including the newly expanded days. For each eligible in-state non-governmental short-term general hospital that is currently paid in the first or second tier of the three tiered inpatient psychiatric per diem rate system, the add-on will be equivalent to transition to the current highest tier, which will then increase by 2% each January 1<sup>st</sup> to align with the same annual increase in the underlying psychiatric per diem rate for such hospitals as set forth in the approved Medicaid State Plan and in accordance with the state’s 2019 settlement agreement with such hospitals. For each eligible in-state psychiatric hospital, the rate add-on will be equivalent to transition to the highest rate in the three-tiered system in effect during calendar year 2021. For each eligible in-state children’s general and governmental short-term general hospital, the rate add-on will be equivalent to transition to the highest rate in the three-tiered system not incorporating any increases due to the 2019 settlement agreement with in-state non-governmental short-term general hospitals. A hospital that currently receives the highest inpatient psychiatric rate or a chronic disease hospital will receive a 10% rate add-on.

Second, this SPA will implement an interim acuity-based add-on to the applicable per diem rate. Each eligible hospital will be paid a 10% rate add-on to the hospital's inpatient psychiatric per diem rate in addition to the first rate add-on described above, if applicable, for the pediatric inpatient psychiatric bed days provided to each child whose behavior demonstrates acuity that requires additional support on the inpatient unit and is sufficiently acute that it interferes with the therapeutic participation or milieu on the inpatient unit of the child or other children based on the condition of the child. To receive this add-on, the state or its agent must approve the hospital's prior authorization request for this add-on which must include the hospital's documentation that the specified bed days meet the requirements of this paragraph.

Third, this SPA will revise the medically necessary discharge delay policy. Due to current high demand for inpatient services in conjunction with decreased capacity for non-inpatient services, the hospital will be paid the full applicable per diem rate, not the discharge delay rate, when the individual no longer needs to remain in the inpatient setting but the state or the behavioral health administrative services organization (ASO) confirms as part of the inpatient authorization or concurrent review process that: the hospital has made and continues to make every attempt to secure the appropriate discharge plan that best meets the individual's needs; the discharge plan is appropriate, but cannot be implemented for the applicable dates of service due to lack of availability of services that are appropriate for the individual's discharge plan; and that active treatment is occurring in the hospital that is based on the individual's needs and meets medical necessity. If the hospital does not meet all of those conditions, however, the hospital may still be eligible for the applicable medically necessary discharge delay rate to the extent that it complies with the current requirements for receiving such rate, in accordance with the current provisions in the approved Medicaid State Plan.

The purpose of these voluntary value-based payment opportunities is to help address the unmet need for pediatric inpatient psychiatric services and improve the quality of such services.

#### **Fiscal Impact**

DSS estimates that this SPA will increase annual aggregate expenditures by approximately \$5.7 million in State Fiscal Year (SFY) 2022 and \$17.5 million in SFY 2023.

#### **Obtaining SPA Language and Submitting Comments**

This SPA is posted on the DSS web site at this link: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-State-Plan-Amendments>. The proposed SPA may also be obtained at any DSS field office or the Town of Vernon Social Services Department, or upon request from DSS (see below).

To request a copy of the SPA from DSS or to send comments about the SPA, please email: [Public.Comment.DSS@ct.gov](mailto:Public.Comment.DSS@ct.gov) or write to: Medical Policy Unit, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5067). Please reference "SPA 21-AP: Pediatric Inpatient Psychiatric Services".

Anyone may send DSS written comments about the SPA. Written comments must be received by DSS at the above contact information no later than December 15, 2021.

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**CONNECTICUT HEALTH INSURANCE EXCHANGE**  
**d/b/a Access Health CT**

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**Notice of Intent to Adopt Revisions to Policies**

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In accordance with Section 1-121(a) of the Connecticut General Statutes, notice is hereby given that the Connecticut Health Insurance Exchange (the Exchange) is proposing to adopt revisions to the policy for Procurement: Acquisition of Real and Personal Property and the policy for Procurement: Contracting for Personal Services.

Interested persons wishing to present their views on these policies are invited to do so in writing within thirty (30) days following publication of this notice. Comments can be submitted electronically to Marcin Olechowski at [marcin.olechowski@ct.gov](mailto:marcin.olechowski@ct.gov). (The subject line should read: Public Comment). Comments can also be mailed to Marcin Olechowski, Access Health CT/Connecticut Health Insurance Exchange, 280 Trumbull Street, 15<sup>th</sup> Floor, Hartford, CT 06103.

The proposed revisions to the policies are available at <https://agency.accesshealthct.com/policies-legislation#three> or via email to Marcin Olechowski at [marcin.olechowski@ct.gov](mailto:marcin.olechowski@ct.gov).

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