

## NOTICE OF CONNECTICUT STATE AGENCIES

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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 23-0013: Private Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) Supplemental Payment**

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 from June 14, 2023 through June 30, 2023, DSS will make a one-time supplemental payment to each eligible privately operated Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) from a total supplemental payment pool amount of \$5.6 million. Funding for each facility's payment out of that payment pool will be allocated to each facility based on the proportional Medicaid expenditure for each facility based on dates of service from July 1, 2022 through December 31, 2022. Only facilities with residents expected to be living in the facility as of June 30, 2023 will be eligible to receive funding. This funding is for Department of Developmental Services state-contracted providers who are also enrolled in Medicaid as ICF/IID providers to support wage enhancements and related benefits for ICF/IID employees who provide services for Medicaid members who are residents of the ICF/IID.

The purpose of this SPA is to provide the wage enhancements and related benefits for ICF/IID employees as described above to comply with subsection (d) of section 303 of House Bill 6941, An Act Concerning the State Budget for the Biennium Ending June 30, 2025, and Making Appropriations Therefor, and Provisions Related to Revenue and Other Items Implementing the State Budget, which has been passed by the state Senate and state House of Representatives and is anticipated to be signed into law shortly by the Governor. Note that the section may be renumbered by one or more amendments and so may be reflected as a different section number in the final public act version of this legislation.

DSS is currently analyzing the projected Upper Payment Limit (UPL) demonstration for SFY 2023. In general, the UPL is a federally required limit on Medicaid payment, which is a calculated amount using federally-specified Medicare cost principles, above which Medicaid federal financial participation (FFP) is not available. Depending on the specific results of the UPL demonstration, one or more portions of this SPA may be modified or removed to the extent necessary to ensure that Medicaid payments to ICF/IIDs remain within the UPL.

##### **Fiscal Impact**

This SPA will increase annual aggregate Medicaid expenditures by approximately \$5,600,000 in State Fiscal Year (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. Please reference: “SPA 23-0013: Private Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) Supplemental Payment.”

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than **June 28, 2023**.

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## **DEPARTMENT OF SOCIAL SERVICES**

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### **Notice of Intent to Amend the Following 1915(c) Home and Community-Based Services Medicaid Waivers: Home and Community Based Services Waiver for Elders; Personal Care Assistance Waiver; Acquired Brain Injury Waiver; Acquired Brain Injury Waiver II; Home and Community Supports Waiver for Persons with Autism; Mental Health Waiver; Katie Beckett Waiver**

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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 amendments to the Centers for Medicare & Medicaid Services (“CMS”) for seven of the Department’s 1915(c) home and community-based services (HCBS) Medicaid waivers. To the extent necessary, DSS will amend the Medicaid State Plan for the section 1915(i) portion of the Connecticut Home Care Program for Elders (CHCPE) to align with the provisions of the section 1915(c) CHCPE waiver.

In addition to proposing certain new provisions, the Department is also proposing to transfer the temporary authority of certain previously approved Emergency Preparedness and Response Amendment (“Appendix K amendment”) provisions to permanent authorities under the aforementioned Medicaid waivers. Permanent authority for these previously approved Appendix K provisions is necessary because Appendix K amendments are temporary authorities and expire on November 11, 2023, six months following the expiration of the federal public health emergency related to the consequences of the Coronavirus Disease (COVID-19) pandemic. In addition, the existing temporary authority in the Appendix K amendments must be transferred to permanent authority to ensure the Department’s ability to execute the state’s approved Spending Plan for Implementation of the American Rescue Plan Act of 2021, Section 9817, as updated (ARPA HCBS Spending Plan) throughout the ARPA period, which concludes in March 2025.

The following is a summary of the proposed changes, as more fully described in the amendments to each waiver.

- I. The Department is proposing to transfer its authority, which currently exists only under the temporary Appendix K amendment provisions, to the base

waivers in order to continue previously approved rate increases and supplemental payments to enhance, expand, and/or strengthen HCBS.

These previously approved rate increases and supplemental payments are implemented in accordance with the state's ARPA HCBS Spending Plan, and apply to providers of certain services in the following 1915(c) HCBS Medicaid waivers:

- Home and Community Based Services Waiver for Elders
- Personal Care Assistance Waiver
- Acquired Brain Injury Waiver
- Acquired Brain Injury Waiver II
- Home and Community Supports Waiver for Persons with Autism
- Mental Health Waiver
- Katie Beckett Waiver

These previously approved increased provider rates and payments, which would expire on November 11, 2023 unless added to the base waiver documents, include the following:

- A. Performance Supplemental Payments: (i). On or before July 31, 2023, benchmark payments will be paid to providers effective for and calculated based on 2% of expenditures from March 1, 2023 through June 30, 2023. Benchmarks must be met no later than June 15, 2023, and are as follows: (a) Participation in the Department of Social Services' racial equity training and related learning collaboratives; (b) Accessing and viewing data within the Health Information Exchange (HIE) and participation in data use learning collaboratives and training. (ii). On or before November 30, 2023, benchmark payments will be paid to providers effective for and calculated based on 2% of expenditures from July 1, 2023 through October 31, 2023. Benchmarks must be met no later than October 15, 2023, and are as follows: (a) Including the Department of Social Services' racial equity training as a required component of all new staff orientation and participation in related learning collaboratives; (b) Accessing and viewing data within the HIE and participation in data use learning collaboratives and training. (iii). Beginning with payments to be made on or before March 31, 2024, and every six months thereafter, payments will be paid to providers who meet the following outcomes: (a) Decrease in avoidable hospitalization; (b) Increase in percent of people who need ongoing services discharged from hospital to community in lieu of nursing home; and (c) Increase in probability of return to community within 100 days of nursing home admission. Payments are based on up to 2% of expenditures for the 6 months that immediately precede each payment (other than the first outcome payment which will be based on the 4 months that immediately precede the first payment). If the total cost of the 2% payout is less than total funds available, excess funds will be prorated up to a maximum limit of 4% and paid to providers who qualify for the outcome payment. This higher limit of 4% will be based on availability of funds as approved within the ARPA HCBS Spending Plan. Providers who meet all of the performance measures will receive a full payment. Providers who meet fewer than the maximum possible number of performance measures will receive a partial payment based on the number of performance measures that they meet, in which meeting each measure is associated with a pro rata equal share of the total payment for the provider.
- B. Quality Infrastructure Supplemental Payments: Payments will be made on or before July 31, 2023, November 30, 2023, and March 31, 2024 to providers

who meet the benchmarks set forth below based on the greater of 5% of expenditures during the four calendar months that immediately precede the month in which the payment is made or \$5,000. For purposes of determining the applicability of the \$5,000 in lieu of the percentage, expenditures used as the basis of the payment are total HCBS expenditures for the provider across all programs. The following benchmarks apply and must be met no later than the first day of the month in which the payment is made: (a) Benchmark for July 2023 payment – Providers have met requirements to document improved member service delivery and contracts in place with vendors to modify delivery system; providers have member satisfaction survey drafted; (b) Benchmark for November 2023 payment – Providers have delivery system modifications complete; (c) Benchmark for March 2024 payment – Providers have delivery system implemented and integrated into member service planning; member satisfaction survey complete.

- C. 3.5% increase in existing rates approved by CMS for all provider types covered under these 1915(c) waivers, already approved as a temporary measure retroactive to July 1, 2021 under the Appendix K. Of the 3.5% increase, 1.8% is included in the ARPA HCBS Spending Plan. 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.
- D. 6% minimum wage increase, already approved as a temporary measure retroactive to August 1, 2021, for provider types where rates, as approved, are based on the state's minimum wage. This 6% minimum wage increase is pursuant to Public Act 19-4. Service rates impacted by the increase in the 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. Of the 6% increase, 1.2% is funded under the ARPA HCBS Spending Plan.

II. The Department is proposing to transfer its authority, from expiring temporary Appendix K authority to permanent authority in the base waivers, for the modification of certain services in the following 1915(c) HCBS Medicaid waivers:

- Home and Community Based Services Waiver for Elders
- Personal Care Assistance Waiver
- Acquired Brain Injury Waiver
- Acquired Brain Injury Waiver II
- Home and Community Supports Waiver for Persons with Autism

These previously approved (with the exception of Remote Services in E. below) service changes, as more fully described in the Amendment application, include the following:

- A. Expanding the definition of assistive technology to reference remote equipment and associated requirements for internet access.
- B. Addition of a new service titled “Training and Counseling Services for Unpaid Caregivers Supporting Participants” for all waivers referenced above. This service is an inter-professional model delivered through a structured number of visits by a team comprised of a Care of Persons with Dementia in their Environments (COPE) certified occupational therapist (OT) and a COPE certified registered nurse (RN) to a participant as defined in the participant's person-

centered plan. The service may include assessment and the development of a home treatment/support/action plan for this service, training and technical assistance to carry out the plan and monitoring of the individual and implementation of the service action plan. For participants without a dementia diagnosis, the service is referred to as “Confident Caregiver.”

- C. Addition of a new service titled “Participant Training and Engagement to Support Goal Attainment and Independence.” This service implements services to the member utilizing the Community Aging in Place, Advancing Better Living for Elders (CAPABLE) program model. The CAPABLE program is a set of highly individualized, person-centered services that use the strengths of the participant to improve her/his safety and independence. The CAPABLE program services engage participants to develop action plans with the aim of achieving goals related to increasing functional independence, improving safety, decreasing depression and improving motivation as defined in the person-centered plan.
- D. Amending the definition of “Environmental Adaptations” service and adding it as a new service where applicable. Environmental Adaptations are those physical adaptations to the private residence of the participant or the participant’s family, required by the participant’s service plan, that are necessary to ensure the health, welfare and safety of the participant or that enable the participant to function with greater independence in the home. Such adaptations include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or the installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies. Excluded are those adaptations or improvements to the home that are of general utility and are not of direct medical or remedial benefit to the participant. Adaptations that add to the total square footage of the home are excluded from this benefit except when necessary to complete an adaptation (e.g., in order to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair). All services must be provided in accordance with applicable state or local building codes.
- E. Addition of Remote Support as a new service (Request for temporary Appendix K authority is still under final review by CMS). 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. Associated changes include expanding the list of authorized providers of PCA services to include adult day providers and remote support providers, adding certified community hubs as authorized provider types, and the addition of new rates for unscheduled back-up PCA services and remote live PCA services.

III. The Department is proposing to modify its authority, from expiring temporary Appendix K authority to permanent authority in the base waivers, as follows:

- A. For the ABI and ABI II waivers, the Department is proposing to modify its expiring temporary authority from allowing virtual assessments and reassessments into permanent authority to allow such virtual assessments and reassessments, when clinically appropriate and with consent of the participant, in instances of: contagious illness, or recovery from such illness; exacerbation of a chronic condition; or inclement weather.

- B. For the Home and Community Based Services Waiver for Elders, the Department is proposing to modify its expiring temporary authority that permits:
1. Mental health counseling to be provided virtually or telephonically into permanent authority to provide such counseling virtually, but not telephonically.
  2. Adult day programs to provide virtual services via video communication, including virtual assessments, and at least two meals per day, into permanent authority to allow Remote Services (virtual support) when a client is unable to attend the center in person. The absence may be due to symptoms of contagious illness; injury, illness or recovery from such; exacerbation of a chronic condition; or inclement weather. The adult day center must, at a minimum, provide a documented wellness call, and delivery of two meals per day.

IV. The Department is proposing the following new amendments to certain HCBS waivers:

- A. Amending the PCA waiver to add Meals on Wheels as a covered service.
- B. Amending the ABI and ABI II waivers to add Licensed Clinical Social Worker (LCSW) as an approved provider type under the Cognitive Behavioral Programs service.
- C. In consultation with the Department of Mental Health and Addiction Services (DMHAS), amending the Mental Health waiver as follows:
  1. Adding residential care homes (RCHs) as an approved setting;
  2. Adding Licensed Master Social Worker (LMSW), Licensed Professional Counselor Associate (LPCA) and Licensed Marriage and Family Therapist (LMFT) as authorized provider types under Mental Health Counseling; and
  3. Waiving the face-to-face requirement for Community Support Program, Recovery Assistant, Peer Supports, and Mental Health Counseling services in situations where it is temporarily unsafe to enter the home (i.e., contagious illness, infestation, etc.).
- D. Amending all waivers to update the description of how residential and non-residential settings in the waivers comply with federal home and community-based settings requirements, in accordance with guidance from CMS.

A complete text of the applications is available, at no cost, upon request to the Community Options Unit, Department of Social Services, 55 Farmington Ave., Hartford, Connecticut 06105, Attention Amy Dumont, Interim Director; or via email to [Amy.Dumont@ct.gov](mailto:Amy.Dumont@ct.gov). They are also available on the Department's website, [www.ct.gov/dss](http://www.ct.gov/dss), under "News," as well as the following direct link: <http://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Waiver-Applications/Medicaid-Waiver-Applications>. In addition, they are 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 **July 13, 2023** to the Department of Social Services, Community Options Unit, 55 Farmington Ave, Hartford, CT 06105, Attention: Amy Dumont, Interim Director; or via email to [Amy.Dumont@ct.gov](mailto:Amy.Dumont@ct.gov).

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**DEPARTMENT OF SOCIAL SERVICES  
DEPARTMENT OF DEVELOPMENTAL SERVICES**

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**Notice of Intent to Submit Amendments to the Comprehensive Supports  
Medicaid Waiver, Individual and Family Support Medicaid Waiver,  
and Employment and Day Supports Medicaid Waiver**

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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 various amendments to the Centers for Medicare and Medicaid Services (“CMS”) related to the following 1915(c) home and community-based services waivers operated by the Department of Developmental Services (DDS):

- Comprehensive Supports Medicaid waiver
- Individual and Family Support Medicaid waiver
- Employment and Day Supports Medicaid waiver

The intent of these amendments is to transfer the temporary authority of already approved Appendix K provisions to the permanent authorities under the aforementioned Medicaid waivers. All provisions were previously approved by the Connecticut General Assembly and pending approval by CMS.

Appendix K provisions 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, November 2023.

The provisions must be amended into the permanent Medicaid waivers to ensure the ability to execute section 9817 of the American Rescue Plan Act (ARPA) throughout the ARPA period until March 2025.

A summary of the provisions include the following:

- 1) Stabilization payments for qualified provider types;
- 2) Payments for qualified provider types to modernize billing processes and systems;
- 3) Incentive-based outcome payments to any qualified day provider covered under the specific waivers that submits a transition plan that is approved by DDS;
- 4) Incentive-based outcome payments to any qualified residential or day provider covered under the specific waivers that transitions a waiver participant from a congregate residential setting toward a more integrated community-based setting or a waiver participant from a congregate day setting toward a more community-based employment setting, as identified in the approved transition plan;
- 5) Incentive-based outcome payments to any qualified residential or day provider covered under the specific waivers that completes one of the objectives listed in the application, as part of the approved transition plan to the satisfaction of DDS;
- 6) An incentive payment for any DDS qualified provider that completes the National Core Indicator IDD State of the Workforce Survey;
- 7) An incentive payment for any DDS qualified provider for each job coach or job developer that completes training expectations consistent with professional standards from accepted accreditation or certification entities such as

the Association of People Supporting Employment First (APSE), Association of Community Rehabilitation Educators (ACRE), or other similarly recognized organizations;

- 8) An incentive payment for any DDS qualified provider that has one or more of their staff complete training certification expectations consistent with Technology First SHIFT LLC, Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) Assistive Technology professional, or other similarly recognized organizations that focus on utilization of assistive technology;
- 9) Temporary enhanced rate/rate increases for specific employment and residential waiver service authorizations covered under the specific waivers.

A copy of the complete text of the Medicaid waiver applications are available, at no cost, upon request from: Krista Ostaszewski, Health Management Administrator, DDS Central Office, 460 Capitol Avenue, Hartford, CT, 06106, or via email at [Krista.Ostaszewski@ct.gov](mailto:Krista.Ostaszewski@ct.gov). It is also available on the DSS website, [www.ct.gov/dss](http://www.ct.gov/dss), under “News,” 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 available on the DDS website, <https://portal.ct.gov/dds>, under “Latest News.”

All written comments regarding these applications must be submitted by July 13, 2023 to: Krista Ostaszewski, Health Management Administrator, DDS Central Office, 460 Capitol Avenue Hartford, Connecticut, 06106, or via email at [Krista.Ostaszewski@ct.gov](mailto:Krista.Ostaszewski@ct.gov).

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