

Table of Contents-CT 18-0023

1. Table of Contents
2. Approval Letter
3. CMS 179
4. Approved Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
JFK Federal Building, Government Center  
Room 2275  
Boston, Massachusetts 02203



**Division of Medicaid and Children's Health Operations / Boston Regional Office**

August 28, 2018

Roderick Bremby, Commissioner  
Department of Social Services  
55 Farmington Avenue  
Hartford, CT 06105

Dear Commissioner Bremby:

We are pleased to enclose via email a copy of approved Connecticut State Plan Amendment (SPA) No. 18-023, submitted to my office on June 28, 2018 and approved on August 16, 2018.

This SPA amends Attachment 4.19-B of the Medicaid State Plan to update the reimbursement methodology for attendant care services provided in the Community First Choice Program pursuant to section 1915(k) of the Social Security Act to conform to the permissible hourly wages for attendants set forth in the applicable collective bargaining agreement. If no collective bargaining agreement is in effect at the time a service is provided, the permissible hourly wages will be in accordance with the most recent collective bargaining agreement.

This SPA also incorporates the changes in the collective bargaining agreement that requires workers' compensation coverage to be provided to attendants in accordance with the provisions set forth in the agreement or, if there is no agreement in effect, in accordance with provisions of the most recent collective bargaining agreement.

This SPA's approval is effective April 1, 2018, as requested by the State.

Changes are reflected in the following sections of your approved State Plan:

- Attachment 4.19-B Page 28 and 29

If you have any questions regarding this matter you may contact Marie DiMartino (617) 565-9157 or by e-mail at [Marie.DiMartino@cms.hhs.gov](mailto:Marie.DiMartino@cms.hhs.gov)

Sincerely,

/S/

Richard R. McGreal  
Associate Regional  
Administrator

**TRANSMITTAL AND NOTICE OF APPROVAL  
OF STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES**

1. TRANSMITTAL NUMBER:  
18-0023

2. STATE: CT

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE AND MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE:  
April 1, 2018

5. TYPE OF STATE PLAN MATERIAL (Check One):

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
Section 1915(k) of the Social Security Act and 42 CFR 441, Subpart K

7. FEDERAL BUDGET IMPACT:  
a. FFY 2018 \$1.8 million Costs  
b. FFY 2019 \$6.0 million Costs

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Attachment 4.19-B, Pages 28 and 29

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR  
ATTACHMENT (If applicable)  
Attachment 4.19-B, Pages 28 and 29

10. SUBJECT OF AMENDMENT: Effective April 1, 2018, SPA 18-0023 amends Attachment 4.19-B of the Medicaid State Plan to update the reimbursement methodology for attendant care services provided in the Community First Choice Program pursuant to section 1915(k) of the Social Security Act to conform to the permissible hourly wages for attendants set forth in the applicable collective bargaining agreement. If no collective bargaining agreement is in effect at the time a service is provided, the permissible hourly wages will be in accordance with the most recent collective bargaining agreement. This SPA also incorporates the changes in the collective bargaining agreement that requires workers' compensation coverage to be provided to attendants in accordance with the provisions set forth in the agreement or, if there is no agreement in effect, in accordance with provisions of the most recent collective bargaining agreement.

11. GOVERNOR'S REVIEW (Check One):  
 GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

16. RETURN TO:

/S/ [Redacted Signature]

13. TYPED NAME: Roderick L. Bremby

State of Connecticut  
Department of Social Services  
55 Farmington Avenue – 9th floor  
Hartford, CT 06105  
Attention: Ginny Mahoney

14. TITLE: Commissioner

15. DATE SUBMITTED: June 27, 2018

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: June 28, 2018

18. DATE APPROVED: August 16, 2018

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
April 1, 2018

20. SIGNATURE OF REGIONAL OFFICIAL:

/S/ [Redacted Signature]

21. TYPED NAME:  
Richard R. McGreal

22. TITLE: Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

23. REMARKS:

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Connecticut

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**Community First Choice State Plan Option Pursuant to Section 1915(k) of the Social Security Act**

5. Pro-rated Overnight Rate: The pro-rated overnight rate is used when the twelve hour shift is not completed.

Rate Methodology for Attendant Care Services: The client who self-hires an attendant can decide the pay rate in accordance with this paragraph. The minimum attendant rate is determined by the collective bargaining agreement between the state and the applicable union representing attendants that is in effect at the time the services are provided and which sets forth the applicable minimum permissible hourly rates. If no collective bargaining agreement is in effect at the time services are provided, the permissible hourly wages are those set forth in the most recent collective bargaining agreement for the time period immediately preceding expiration of the agreement. Sharing an attendant is also an option. The rate for sharing an attendant between 2 participants is 150% of the rate applicable to an attendant providing services to a single participant. The shared attendant rate is distributed evenly between the individual budgets for the 2 participants. All applicable employer taxes are added to the pay rate to determine the Medicaid rate.

Fees for attendant care services other than those detailed above must comply with the provisions of the collective bargaining agreement in effect at the time services are provided, including, but not limited to, applicable minimum fees. For any services that are not covered under a collective bargaining agreement, maximum and/or minimum fees, as applicable (the client decides the fee within the applicable maximum and/or minimum), are published on the CFC Fee Schedule.

Workers Compensation Coverage: For dates of service prior to January 1, 2019, the CFC participant will have the option to include the cost of workers' compensation coverage for their employees as part of their individual budget. For dates of service on and after January 1, 2019, workers' compensation coverage for attendants shall be provided in accordance with the collective bargaining agreement described above. If no collective bargaining agreement is in effect at the time services are provided, workers' compensation shall be provided in accordance with the most recent collective bargaining agreement for the time period immediately preceding expiration of the agreement. Workers' compensation will be calculated in accordance with the standard requirements for workers' compensation insurance set forth by the State of Connecticut Workers' Compensation Commission and the State of Connecticut Department of Labor.

Transitional Services: The cost of transitional services is over and above the cost limit for the reoccurring individual service budget. The total permissible allocation per individual will be \$1,200.00 over a 2-year period. Transitional services are subject to prior authorization. The Department utilizes an approved inventory of transitional services as a standard for the transitional

TN # 18-0023

Approval Date 8/16/18 \_\_\_\_\_

Effective Date 04/01/2018

Supersedes

TN # 15-012

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Connecticut

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**Community First Choice State Plan Option Pursuant to Section 1915(k) of the Social Security Act**

service needs assessment. Funding is provided for the participant to acquire services detailed within the inventory based on the participant's need for the service.

**Assistive Technology (AT):** Purchase of AT is subject to prior authorization by the State. In support of this, the participant is required to submit three bids for the purchase. The aggregate limit for this service is \$5,000 per individual budget year.

**Home-Delivered Meals:** Services will be reimbursed in accordance with the current negotiated rates for these services found on the CFC fee schedule.

**Environmental Accessibility Adaptations:** Costs must be substantiated by invoices prepared and submitted by approved State vendors and are subject to prior authorization by the State. The aggregate cost for this service is \$15,000 over a 5 year period.

**Home Health Services:** Services will be reimbursed in accordance with section 7 of Attachment 4.19-B of the State Plan.

**Backup Systems:** Electronic monitoring service rates will track the current Medicaid rates as indicated on the CFC Fee Schedule. If there is not a current rate on the CFC fee schedule for the proposed Backup System, a minimum of three invoices will be submitted by approved State vendors and are subject to prior authorization by the State.

**Training:** The Planning and Support Coach will be providing 1:1 training to educate individuals on how to hire, manage, and self-direct their staff. The Planning and Support Coach will be reimbursed in accordance with the CFC fee schedule.

**Acquisition, maintenance, and enhancement of skill in order for the individual to accomplish health related tasks:** Registered Nurses, Occupational Therapists, Physical Therapists, and Speech Therapists may provide services for acquisition, maintenance, and enhancement of skills in order for the individual to accomplish health related tasks. These services provide teaching strategies and educational opportunities for individuals to become more independent in their health-related tasks. Services are provided by licensed staff from home health agencies. These providers are required to complete a certification in person-centered planning. Payment for this service is in accordance with the current Medicaid negotiated Provider Specific Rates for the Home Health Agency the individual chooses to work with.

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