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State/Territory Name: CT

State Plan Amendment (SPA) #: 19-0009

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850



Financial Management Group

June 12, 2019

Roderick L. Bremby, Commissioner
Department of Social Services
55 Farmington Avenue, 9th Floor
Hartford, CT 06105-3730

RE: Connecticut 19-0009

Dear Commissioner Bremby:

We have reviewed the proposed amendment to Attachment 4.19-D, of your Medicaid State Plan submitted under transmittal number (TN) 19-0009. Effective February 1, 2019, this amendment adds coverage and add-on payment for specified habilitative specialized services for individuals residing in a nursing home who are under 21 years of age or older and have been found through the Preadmission Screening and Resident Review (PASRR) process to need such services.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30) and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447. We are pleased to inform you that Medicaid State plan amendment 19-0009 is approved effective February 1, 2019. We are enclosing the CMS-179 and the amended plan pages.

If you have any questions, please call Novena James-Hailey at (617) 565-1291.

Sincerely,



Kristin Fan
Director

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

1. TRANSMITTAL NUMBER:
19-0009

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:
February 1, 2019

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:

Sections 1905(a)(4)(A) and 1919 of the Social Security Act and
42 CFR 440.40(a), 440.155, and 483.120

7. FEDERAL BUDGET IMPACT:

a. FFY 2019 \$933,000
b. FFY 2020 \$1.6 million

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Addendum Pages I(e) through I(k) to Attachments 3.1-A & 3.1-B
Addendum Page 2 to Attachments 3.1-A & 3.1-B
Attachment 4.39, Page 1
Attachment 4.19-D, Page 62 a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR
ATTACHMENT (if applicable)

NEW
Addendum Page 2 to Attachments 3.1-A & 3.1-B
Attachment 4.39, Page 1
NEW

10. SUBJECT OF AMENDMENT: Effective February 1, 2019, this SPA amends Attachment 3.19-A, 3.1-B, 4.19-D, and 4.39 of the Medicaid State Plan in order to implement payments for specialized add-on services for certain individuals. Specifically, this SPA adds coverage and payment for specified habilitative specialized services available for individuals residing in a Medicaid-certified nursing facility who are 21 years of age or older and have been found through the Preadmission Screening and Resident Review (PASRR) process to need such services.

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:

16. RETURN TO:

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

13. TYPED NAME: Roderick L. Bremby

14. TITLE: Commissioner

15. DATE SUBMITTED:
March 29, 2019

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

JUN 12 2019

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
FEB 01 2019

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Kristin Fan

22. TITLE: Director, FMG

23. REMARKS:

State: CONNECTICUT
AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
CATEGORICALLY NEEDY GROUP(S): ALL

4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older

Nursing facility (NF) services are available to eligible individuals in accordance with 42 CFR 440.40 and 440.155.

Specialized add-on services for certain NF residents

Covered specialized add-on services are habilitative services available to individuals residing in a Medicaid-certified nursing facility. Habilitative services are medically necessary services intended to assist the resident in partially or fully attaining, learning, maintaining, or improving developmental age-appropriate skills that were not fully acquired as a result of a congenital, genetic, or early-acquired health condition, and are required to maximize, to the extent practical, the resident's ability to function in his or her environment. Habilitative services are provided only upon prior approval and recommendation for individuals identified as having a need for specialized add on services related to their Intellectual or Developmental Disability or Related Condition, as reflected in the individual's plan of care. Specialized add-on services are provided by community-based providers, not the nursing facility. Each allowable specialized add-on service includes transportation between the facility and the service site.

Specialized add-on services require prior authorization and are paid as an add-on payment to the provider of the specialized add-on services, as described in Attachment 4.19-D, Part 1. Services will not be paid as specialized add-on services if the services are included in the nursing facility's per diem rate. Specialized add-on services include expanded interactions, skills training activities, and programs of greater intensity or frequency than provided under the nursing facility's per diem rate.

The following specialized add-on services may be provided pursuant to an individual's plan: day services; habilitative behavior support and consultation; and service coordination.

I. Day Services

- A. Group and individual day services are services and supports leading to the acquisition, improvement and/or retention of self-help skills, socialization and adaptive skills necessary to prepare an individual to live successfully and to actively participate in the community, including service and social settings. Group and individual day services consists of expanded interactions,

JUN 12 2019

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skills training activities and programs of greater intensity or frequency beyond those required to be provided in a nursing facility under 42 CFR §483.24;

- B. Individual day services include individualized activities consistent with achieving the outcomes identified in an individual's plan of care;
- C. Group and individual day services are delivered by a community-based provider of day habilitation in a setting other than the resident's nursing facility;
- D. Group day services include transportation between the facility and the site where group day services are provided. Individual day services are delivered as outlined in the individual's plan of care and includes transportation, if needed;
- E. Community based providers shall have a contract with the Department of Developmental Services (DDS) and have at least one year experience in an administrative capacity for an organization that provides day supports to individuals with intellectual disabilities, including detailed administrative experience with running day programs.
- F. Community-based providers of group and individual day services shall ensure that their employees meet the following requirements:
 - 1. Be at least 18 years of age;
 - 2. Pass a criminal background check;
 - 3. Have at least 2 years of experience providing services to individuals with intellectual disabilities;
 - 4. Have the ability to communicate effectively with the individual/family;
 - 5. Have the ability to complete record keeping as required by the employer;

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6. Demonstrate competence in knowledge of Department of Developmental Services (DDS) 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;
 7. Demonstrate competence/knowledge in topics required to safely support the individual as described in the Individual Plan;
 8. Demonstrate competence, skills, abilities, education and/or experience necessary to achieve the specific training outcomes as described in the Individual Plan;
 9. Have the ability to participate as a member of the circle of support if requested by the individual; and
 10. Demonstrate an understanding of person-centered planning.
- F. Limitations: Day services shall only be provided by an enrolled provider in a community-based program. This service is limited to no more than 6 hours per day. Additional hours may be approved via the prior authorization process based on individual needs.

II. Habilitative Behavior Support and Consultation

- A. Habilitative behavior support and consultation includes: the development and implementation of individualized strategies for helping an individual effectively relate to caregivers and other people in the individual's life; and direct interventions with the individual to decrease aggressive, destructive, and sexually inappropriate or other behaviors that compromise the individual's ability to remain in the community;
- B. Habilitative behavior support and consultation also includes: clinical and therapeutic services that are not otherwise covered under the Medicaid State Plan and are necessary to improve the individual's independence and inclusion in the community;

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C. Clinical services include:

1. Assessing and evaluating behavioral and clinical needs;
2. Developing a behavioral support plan that includes intervention techniques, as well as teaching strategies for increasing new adaptive positive behaviors and decreasing challenging behaviors addressing these needs in the individual's natural environment;
3. Providing training to the individual's family and support providers as appropriate for implementation of the behavioral support plan and associated documentation; and
4. Evaluating the effectiveness of the behavioral support plan by monitoring the plan on a quarterly basis, and by meeting with the team (i.e., DDS RN, NF staff providing care to the individual and legally responsible relative) one month after the implementation of the behavioral support plan, and in future three month intervals. The service will include any changes to the plan when necessary and the professional(s) shall be available to the team for questions and consultation.

D. The following providers may provide habilitative behavioral supports and consultation:

1. Doctoral, BCBA, or Master's level behavior support providers;
2. Doctorate and current licensure in psychology (Licensure per CGS Chapter 383);
3. Current certification as a Board Certified Behavior Analyst (BCBA);
4. Master's degree in psychology, special education, social work or a related field; and

All qualified providers shall have two years of experience working with individuals with intellectual disabilities.

E. Habilitative behavior support and consultation shall include the following characteristics:

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1. Treatment must be evidence-based and driven by individual outcome data, and consistent with positive behavior support guidelines;
2. Treatment goals must be objective and measurable and must relate to an increase in skill development and/or a decrease in challenging behaviors that impede the individual's quality of life;
3. The following written components will be developed by the treating professional in partnership with the individual and his or her family (as appropriate):
 - a. Functional behavioral assessment; and
 - b. Positive behavior support plan based on functional behavioral assessment.

III. Care Coordination Services

- A. Care coordination includes ongoing assessment and coordination of services to meet an individual's assessed needs for add on specialized services. This includes assessing and periodically reassessing the individual's needs by gathering information from the individual and other appropriate sources, such as family members, social workers, and services providers. Care coordination also includes assisting the individual with accessing specialized add-on services; referring the individual to service providers; monitoring and follow up to ensure that an individual receives needed specialized add-on services; evaluating the effectiveness and adequacy of the specialized add-on services and determining if the outcomes identified in the individual's plan of care are achieved.
- B. Care coordination services shall be provided by a Qualified Intellectual Disabilities Professional (QIDP) employed by or under contract with DDS and must have the following qualifications:

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AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
CATEGORICALLY NEEDY GROUP(S): ALL

1. Considerable knowledge of services available to persons with developmental disabilities; knowledge of residential programs for persons with developmental disabilities; knowledge of interdisciplinary approaches to program planning; knowledge of developmental disabilities, causes and treatment; considerable skill in facilitating positive group process; interpersonal skills; oral and written communication skills; considerable ability to translate clinical findings and recommendations into program activities and develop realistic program objectives; ability to collect and analyze large amounts of information; ability to utilize computer software; and
2. Six (6) years General Experience in working with individuals with developmental disabilities involving participation in an interdisciplinary team process and the development, review and implementation of an individual's plan of care. Two (2) years of the General Experience must have involved responsibility for developing, implementing and evaluating individualized programs for individuals with developmental disabilities in the areas of behavior, education or rehabilitation.
3. Substitutions allowed:
 - a. College training may be substituted for the General Experience on the basis of fifteen (15) semester hours equaling one-half (1/2) year of experience to a maximum of four (4) years for a Bachelor's degree;
 - b. A Master's degree in Counseling, Psychology, Special Education or Vocational Rehabilitation may be substituted for one (1) additional year of the General Experience;
 - c. A Master's degree in Social Work may be substituted for the General Experience;
 - d. Two (2) years as a Social Worker Trainee in DDS may be substituted for the General Experience;
 - e. For State Employees, one (1) year as a Social Worker with some experience working with individuals with developmental disabilities may be substituted for the General Experience;

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f. For State Employees, two (2) years as a Supervising Developmental Services Worker 1, Supervising Developmental Services Worker 2, Developmental Services Supported Living Worker or Developmental Services Adult Services Instructor may be substituted for the General Experience.

4. Experience is defined as one of the following:

a. A Bachelor's degree that meets the eligibility criteria for certification/designation as a Qualified Intellectual Disabilities Professional (QIDP) as set forth in federal regulations and interpretive guidelines and two (2) years of professional experience involving responsibility for developing, implementing and evaluating individualized programs for individuals with intellectual disabilities in the areas of behavior, education and rehabilitation; or

b. A Master's degree that meets the eligibility criteria for certification/designation as a QIDP as set forth in federal regulations and interpretive guidelines and one (1) year of professional experience involving responsibility for developing, implementing and evaluating individualized programs for individuals with intellectual disabilities in the areas of behavior, education and rehabilitation.

NOTE: A degree that meets the eligibility criteria for certification/designation as a QIDP is a degree in the field of human services, healthcare or education including, but not limited to: nursing, psychology, rehabilitation counseling, special education or sociology.

Special requirements: Incumbents in this class may be required to possess fluency in a foreign language or sign language for designated positions.

c. **Limitations:** Face to Face contact to be provided at a minimum of two times per year or as designated in the Individual Plan. Care coordination services can supplement, but cannot replace, activities that would otherwise be available as part of the NF activities program.

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4. Evaluating the effectiveness of the behavioral support plan by monitoring the plan on a quarterly basis, and by meeting with the team (i.e., DDS RN, NF staff providing care to the individual and legally responsible relative) one month after the implementation of the behavioral support plan, and in future three month intervals. The service will include any changes to the plan when necessary and the professional(s) shall be available to the team for questions and consultation.

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2. Six (6) years General Experience in working with individuals with developmental disabilities involving participation in an interdisciplinary team process and the development, review and implementation of an individual's plan of care. Two (2) years of the General Experience must have involved responsibility for developing, implementing and evaluating individualized programs for individuals with developmental disabilities in the areas of behavior, education or rehabilitation.
3. Substitutions allowed:
 - a. College training may be substituted for the General Experience on the basis of fifteen (15) semester hours equaling one-half (1/2) year of experience to a maximum of four (4) years for a Bachelor's degree;
 - b. A Master's degree in Counseling, Psychology, Special Education or Vocational Rehabilitation may be substituted for one (1) additional year of the General Experience;
 - c. A Master's degree in Social Work may be substituted for the General Experience;
 - d. Two (2) years as a Social Worker Trainee in DDS may be substituted for the General Experience;
 - e. For State Employees, one (1) year as a Social Worker with some experience working with individuals with developmental disabilities may be substituted for the General Experience;

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MEDICALLY NEEDY GROUP(S): ALL

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b. A Master's degree that meets the eligibility criteria for certification/designation as a QIDP as set forth in federal regulations and interpretive guidelines and one (1) year of professional experience involving responsibility for developing, implementing and evaluating individualized programs for individuals with intellectual disabilities in the areas of behavior, education and rehabilitation.

NOTE: A degree that meets the eligibility criteria for certification/designation as a QIDP is a degree in the field of human services, healthcare or education including, but not limited to: nursing, psychology, rehabilitation counseling, special education or sociology.

Special requirements: Incumbents in this class may be required to possess fluency in a foreign language or sign language for designated positions.

c. Limitations: Face to Face contact to be provided at a minimum of two times per year or as designated in the Individual Plan. Care coordination services can supplement, but cannot replace, activities that would otherwise be available as part of the NF activities program.

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State: CONNECTICUT

**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
CATEGORICALLY NEEDY GROUP(S): ALL**

4 b. EPSDT

Early and periodic screening, diagnostic, and treatment (EPSDT) services are coverable under one or more of the service categories described in section 1905(r) of the Social Security Act. As required by section 1905 (r), any limitations specified in the State plan will be exceeded for individuals eligible under EPSDT based on a determination of medical necessity. This requirement also includes any services that are not otherwise covered or described in the State plan.

b.1. EPSDT in School Based Child Health Service Setting:

School Based Child Health (SBCH) services are early and periodic screening, diagnostic, and treatment (EPSDT) services that are ordered or prescribed by a physician or other licensed practitioner, either as a member of the planning and placement team (PPT) and/or 504 team as applicable or by a qualified practitioner outside the PPT and/or 504 team as applicable, acting within his or her scope of practice under Connecticut State Law and listed in a recipient student's Individualized Education Plan (IEP) or in a Section 504 plan that are coverable under one or more of the service categories described in Section 1905(a) and Section 1905(r) of the Social Security Act.

Service providers shall be licensed or otherwise qualified under the applicable State practice act or comparable licensing criteria by the State Department of Public Health and shall meet applicable qualifications under 42 CFR 440.

TN # 19-0009
Supersedes
TN# 16-0014

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Effective Date 02/01/2019

State: CONNECTICUT

**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL**

4 b. EPSDT

Early and periodic screening, diagnostic, and treatment (EPSDT) services are coverable under one or more of the service categories described in section 1905(r) of the Social Security Act. As required by section 1905 (r), any limitations specified in the State plan will be exceeded for individuals eligible under EPSDT based on a determination of medical necessity. This requirement also includes any services that are not otherwise covered or described in the State plan.

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School Based Child Health (SBCH) services are early and periodic screening, diagnostic, and treatment (EPSDT) services that are ordered or prescribed by a physician or other licensed practitioner, either as a member of the planning and placement team (PPT) and/or 504 team as applicable or by a qualified practitioner outside the PPT and/or 504 team as applicable, acting within his or her scope of practice under Connecticut State Law and listed in a recipient student's Individualized Education Plan (IEP) or in a Section 504 plan that are coverable under one or more of the service categories described in Section 1905(a) and Section 1905(r) of the Social Security Act.

Service providers shall be licensed or otherwise qualified under the applicable State practice act or comparable licensing criteria by the State Department of Public Health and shall meet applicable qualifications under 42 CFR 440.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: CONNECTICUT

DEFINITION OF SPECIALIZED SERVICES

Intellectual Disability

Specialized services are defined as services recommended by qualified developmental disability specialists that are necessary to achieve the habilitative objectives identified in an individual's person centered service plan, but do not fall within the usual and customary scope of nursing facility services. Many of the services identified in a program plan for individuals with intellectual disability or another developmental disability that are necessary to achieving the habilitative objectives are the very same services nursing facilities customarily provide. However, in some situations, certain individuals with intellectual disability or another developmental disability may need more specialized services than the nursing facility is customarily expected to provide.

Specialized services include:

Group and individual day services;
Habilitative behavioral support and consultation
Care Coordination Services

Mental Health

Specialized services are those services provided to a person experiencing an acute episode of mental illness during which the person is a danger to him/herself or others, or is gravely disabled, and requires 24-hour supervision by qualified mental health professionals.

TN # 19-0009
Supersedes
TN # 93-8

Approval Date: JUN 12 2019

Effective Date: 02/01/2019

62(a)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: CONNECTICUT

Payment Rates for Specialized Add-On Services for Nursing Facility Residents

Specialized Add-On Services for Nursing Facility Residents

Specialized add-on services are paid to the provider(s) of specialized add-on services. Payments to provider for medically necessary services, including specialized add-on services in excess of limitations for covered services identified elsewhere in the state plan, or not listed as specialized add-on services according to the state plan, require pre-authorization.

Except as otherwise noted in the plan, fee schedule rates are the same for both governmental and provider providers of specialized add-on services provided in the nursing facility. The rates for these specialized add-on services were established using the existing DDS authorization service rates. The Medicaid agency's rates were set as of February 1, 2019, and are effective for services provided on or after that date. The fee schedule is posted to the Connecticut Medical Assistance Program website at this link: www.ctdssmap.com. From this web page, go to "Provider", then to "Provider Fee Schedule Download". The fee schedule is listed as "DDS Specialized Services NF Fee Schedule".

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