

State of Connecticut Spending Plan for Implementation of the American Rescue Plan Act of 2021, Section 9817

*Enhancing, Expanding, and Strengthening
Medicaid Home and Community-Based Services*



Semi-annual Report

**For Federal Fiscal Year
Quarter 3
January 17, 2023**

With Spending Plan Narrative Status update

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FY23 Q-3 - The Department has paid the third payment to DDS waiver providers as specified in the Appendix K and was posted October 2022. The final payment is to be posted September 2023. DDS has received provider attestations, as specified in the approved Appendix K, to ensure that such funds were used for the purposes outlined in the Appendix K. Providers submitted fiscal reports of the ARPA funds paid in FY2022. DDS has been finalizing the process of recouping funds from providers that either failed to submit an attestation or had any excess funds identified on their fiscal reports.....	17
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FY23 Q3- DDS hired Deloitte Consulting to assist the Department with the transformation initiative and the outcome-based payment program. Deloitte has been reviewing the current payment structure, outcome payment programs at other CT state agencies and other utilized in other states. Their analysis should be completed in January and recommendations should be made late winter or early Spring.....	60

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American Rescue Plan Act Section 9817 Background

President Biden signed the American Rescue Plan Act of 2021 (ARPA) on March 11, 2021. Section 9817 of ARPA provides states with a temporary 10 percentage point increase to the federal medical assistance percentage (FMAP) for certain Medicaid expenditures for home and community-based services (HCBS). ARPA funding is available to enhance, expand and/or improve person-centered HCBS. ARPA provides Connecticut with timely access to funds to support the immediate stabilization of the HCBS workforce and to urgently expand needed growth in HCBS capacity given the shift in preference to HCBS in lieu of institutionalization that occurred during the COVID-19 public health emergency. ARPA requires that states use the federal funds attributable to the increased FMAP to supplement, not supplant, existing state funds expended for Medicaid HCBS in effect as of April 1, 2021, and requires states to use state funds equivalent to the amount of federal funds attributable to the increased FMAP to implement or supplement the implementation of one or more activities to enhance, expand, or strengthen HCBS under the Medicaid program.

Connecticut submitted its initial spending plan and spending narrative for implementation of the American Rescue Plan Act of 2021 on July 12, 2021. The state received partial approval from the Centers for Medicare and Medicaid Services (CMS) on August 30, 2021. Full approval of the state spending plan and spending narrative was conditioned upon resolving certain issues identified in the notice of partial approval. Identified issues were resolved by the state in a revised quarterly report submitted to CMS on November 21. Connecticut received full Conditional Approval from CMS on December 23, 2021 and moved forward with implementation of the plan.

Quarterly HCBS Spending Plan and Projection

Connecticut's HCBS spending plan projection estimates that the total amount of funds attributable to the state's increase in FMAP between April 1, 2021, and March 31, 2022 is \$207,809,800. The table below details the various Medicaid HCBS expenditures that the state took into consideration as the basis for the estimate.

Connecticut Working Model Calculation of Supplemental Funding from 10% FMAP Increase and Proposed Investments					
ARPA Sec. 9817					
EXPENDITURES THAT QUALIFY FOR 10% HCBS FMAP					
Federal Fiscal Year	FFY 21	FFY 21	FFY 22	FFY 22	
Quarter	Q3: Apr to Jun	Q4: Jul to Sep	Q1: Oct to Dec	Q2: Jan to Mar	Total
<u>Service Categories</u>					
Home and Community Based Services	\$ 483,111,895	\$ 496,028,857	\$ 455,626,118	\$ 553,749,427	\$ 1,988,516,298
Case Management Services	\$ 24,621,199	\$ 22,318,304	\$ 22,635,604	\$ 20,007,077	\$ 89,582,184
Subtotal: Qualifying Expenditures	\$ 507,733,094	\$ 518,347,161	\$ 478,261,722	\$ 573,756,505	\$ 2,078,098,482
Funds Attributable to 10% HCBS FMAP Increase/Reinvestment Target					\$ 207,809,800

The state plans to invest the \$207,809,800 in several key area of the HCBS infrastructure. The table on the following page provides a high-level overview of targeted investments and expenditures to date. Appendix A provides a more detailed spending plan aligned with the narrative, along with expenditures to date.

Connecticut Working Model Calculation of Supplemental Funding from 10% FMAP Increase and Proposed Investments						
Funds Available for Reinvestment (10% EFMAP)	207,809,800					
	Year 1	Year 2	Year 3	Year 4	Total	Expended through 12/31/2021
Workforce innovation/transformation	-	10,150,000	12,696,426	6,547,767	29,394,193	-
Workforce-Provider stabilization	63,590,774	23,704,670	9,750,000	-	97,045,444	-
Assistive Technology	1,000,000	16,595,000	30,640,000	15,683,333	63,918,333	530,000
Environmental Modifications	-	2,850,000	6,300,000	4,800,000	13,950,000	-
Build/transition models of care	-	11,924,279	14,031,731	6,198,487	32,154,496	-
Provider infrastructure	9,000,000	13,500,000	25,500,000	5,000,000	53,000,000	-
Rate increases (excluding P4P)	15,709,449	23,913,698	24,088,461	-	63,711,608	-
Quality (rate increases tied to P4P)	3,998,708	6,999,182	11,862,684	-	22,860,573	-
Quality (non-P4P)	-	20,719,167	47,663,333	5,584,167	73,966,667	-
Evaluation/Metrics/Staffing	155,736	4,591,098	4,813,820	2,100,000	11,660,654	-
Total	93,454,666	134,947,094	187,346,455	45,913,754	461,661,969	530,000
Total State Share/Reinvestment	33,320,661	58,443,975	88,292,867	27,803,939	207,861,442	265,000
Total Federal Share	60,134,005	76,503,119	99,053,588	18,109,814	253,800,527	265,000

Changes to Connecticut's Spending Plan Reported in Prior Periods

As previously reported and approved in FY 2022 Q3 ARP 9817 HCBS report, Connecticut amended the Spending Plan to remove the following initiatives either in whole or in part.

Increase Provider Rates

Connecticut is currently in the process of assessing the adequacy of all HCBS provider rates. In Connecticut, current demand for HCBS is exponentially higher than prior to COVID-19. Rate sufficiency is imperative to quickly build the supply of HCBS workers needed. Specifically, the initial Spending Plan sought to increase Provider Rates 3.5% July 1, 2021 and included 1.2% of the 6% minimum wage increase effective on August 1. Of the 6% increase, 4.8% was included in the state budget while 1.2% was proposed as an initiative under ARPA.

Change in Status: Partially removed from the Spending Plan

The 1.2% associated with the minimum wage impact on rates was removed from the ARPA Spending Plan. The remaining budget associated with provider rate increases remaining unchanged.

Improve and Expand Universal Assessment System

Under Connecticut's Balancing Incentive Program, funding was received to develop and implement a universal assessment. The assessment is currently used for all aging and disability Medicaid programs. Over the next two years, Connecticut aims to expand the universal assessment to program participants who receive services from DDS and the Department of Mental Health and Addiction Services. Connecticut confirms that the state is not imposing stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021 through the implementation of the universal assessment under the "Improve and Expand Universal Assessment System" activity.

Change in Status: State reinvestment amount adjusted in the Spending Plan

Funding for the initiative was adjusted to \$5M in the spending plan. The state plans to submit an advanced planning document request for these funds which will reduce the state reinvestment to 10% of the \$5M total projected expenditure.

Case Management System with Capacity for Universal Modality

The state will develop and purchase a case management system with capacity for universal modality that takes a "no wrong door" approach to providing supports across the statewide

health and human services delivery system for eligible individuals served through DDS. The system may integrate health records and other personal information to streamline service delivery while allowing for two-way access in which the participant has input into planning and services and the provider is able to access real-time information and data to analyze and improve their service delivery method.

Change in Status: State reinvestment amount adjusted in the Spending Plan

Funding for the initiative remains unchanged. The state plans to submit an advanced planning document request for these funds which will reduce the state reinvestment to 10% of the \$34M total projected expenditure.

Critical Incident Management System Enhancements and Improvements

DDS' critical incident management system used to identify critical incidents for waiver participants served by DDS is currently based on Medicaid claims only. This initiative will add Medicare and level of need data as well as admission, discharge and transfer information to the claims that are reviewed. Additional data into the system will improve critical incident detection and allow the state to better identify, address and mitigate critical incidents in the future.

Change in Status: State reinvestment amount adjusted in the Spending Plan Funding for the initiative remains unchanged. The state plans to submit an advanced planning document request for these funds which will reduce the state reinvestment to 10% of the \$3M total projected expenditure.

Stability and Infrastructure Improvements through Technology

DDS Purchase of Business Intelligence Software will replace software for the public reporting of DDS metrics. This would include purchasing licenses for business and case management staff.

Change in Status: State reinvestment amount adjusted in the Spending Plan

Funding for the initiative remains unchanged. The state plans to submit an advanced planning document request for these funds which will reduce the state reinvestment to 10% of the \$6M total projected expenditure.

FY 23 Q1 Update

The state adjusted its spending plan to reflect updates around the timing of initiatives given the federal extension of the reinvestment period for an additional year through March 31, 2025. In addition, the state updated assumptions regarding the timing of the end of the Public Health Emergency enhanced 6.2% FMAP, which affected the state reinvestment share assumptions for the quarter ending December 31, 2022.

Ongoing General Acknowledgments

Connecticut confirms that the state will notify CMS as soon as possible if activities to expand, enhance, or strengthen HCBS under ARPA section 9817 :1) Are focused on services other than those listed in Appendix B or that could be listed in Appendix B (e.g., behavioral health services that are covered under another benefit but could be covered under the rehabilitative services benefit). If any activities are not directly related to the services listed in Appendix B or services that could be listed in Appendix B, Connecticut will explain how those activities expand, enhance, or strengthen HCBS under Medicaid; 2) Include room and board (which CMS would not find to be a permissible use of funds); and/or, 3) Include activities other than those listed in Appendices C and D.

Connecticut confirms that an updated rate methodology will be submitted to CMS for the HCBS provider pay increases funded through the 10 percent temporary increased FMAP.

Connecticut confirms that for section 1915(c) waiver programs, Connecticut will submit a waiver amendment for any rate methodology change.

Connecticut confirms that an Appendix K application will be submitted for any retrospective approval related to rate increases.

Connecticut acknowledges that consistent with regulations at 42 C.F.R. § 447.252(b), the state plan methodology must specify comprehensively the methods and standards used by the agency to set payment rates. Further, Connecticut acknowledges that the state plan methodology must be comprehensive enough to determine the required level of payment and the FFP to allow interested parties to understand the rate setting process and the items and services that are paid through these rates. Connecticut acknowledges that claims for federal matching funds cannot be based upon estimates or projections and that the reimbursement methodology must be based upon actual historical utilization and actual trend factors.

Connecticut confirms that any plan related to reducing reliance on a specific type of facility-based or congregate service and increasing beneficiary access to services that are more integrated into the community, will only occur after active stakeholder input, as well as in submissions to CMS of required ARP section 9817 spending plans and narratives and any resulting waiver or state plan amendments, about how these changes enhance the availability of integrated services in the specific waiver or state plan, and offset any reductions in previously covered services, in compliance with the home and community-based settings criteria or other efforts to increase community integration.

Attestations:

- Connecticut is using the federal funds attributable to the increased FMAP to supplement and not supplant existing state funds expended for Medicaid HCBS in effect as of April 1, 2021;
- Connecticut is using the state funds equivalent to the amount of federal funds attributable to the increased FMAP to implement or supplement the implementation of one or more activities to enhance, expand, or strengthen HCBS under the Medicaid program;
- Connecticut is not imposing stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021;
- Connecticut is preserving covered HCBS, including the services themselves and the amount, duration, and scope of those services, in effect as of April 1, 2021; and
- Connecticut is maintaining HCBS provider payments at a rate no less than those in place as of April 1, 2021

Appendix A

Connecticut ARPA Spending Plan	CMS ARPA approval is the first step in utilizing ARPA funds. Lines highlighted in green are approved				Actual Expenditures QE 12/31/2021				Actual Expenditures QE 3/31/2022				Actual Expenditures QE 6/30/2022				Actual Expenditures QE 9/30/2022			
	Total Investment	Conditioned on Medicaid Authority	No Medicaid Authority Required	Conditioned on Medicaid Authority	Total Investment	Conditioned on Medicaid Authority	No Medicaid Authority Required	Conditioned on Medicaid Authority	Total Investment	Conditioned on Medicaid Authority	No Medicaid Authority Required	Conditioned on Medicaid Authority	Total Investment	Conditioned on Medicaid Authority	No Medicaid Authority Required	Conditioned on Medicaid Authority	Total Investment	Conditioned on Medicaid Authority	No Medicaid Authority Required	Conditioned on Medicaid Authority
Spending Plan																				
Enhance HCBS Workforce																				
Increase Provider Rates 3.5% July 1, 2021 (Note: 1.7% of the 3.5% increase was included in adopted in state budget for waiver services and is excluded); Support for pediatric complex care rate increases	64,289,123	62,302,157	1,986,966		0	0	0	0	22,518,151	21,810,805	707,346	0	5,834,405	5,630,286	194,119	0	8,659,804	8,343,503	316,301	0
Fund Temporary Workforce and Provider Stabilization 5% Supplemental Payment on SFY 21 claims	94,209,576	92,722,493	1,587,083		0	0	0	60,590,490	59,003,407	1,587,083	0	241,317	241,317	0	0	22,084,945	22,084,945	0	0	
Implement Informal Caregiver Initiative	8,925,000	1,912,500	7,012,500		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Training - Racial Equity	1,000,000			1,000,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Training - Support Evidence Based Models	125,001			125,001	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Training - Improve Medication Assisted Treatment and Mental Health	1,100,000			1,100,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Expand Integration and Use of Assistive Technology																				
DDS-Expand assistive technology	12,999,997	11,999,997	1,000,000		0	0	0	0	0	0	0	0	0	0	0	0	2,250	2,250	0	0
Expand Access to and Use of Assistive Technology for Older Adults and People with Disabilities	8,908,333	4,833,333	4,075,000		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Integrate Smart Home Technology into Subsidized Housing	29,750,000	24,500,000	5,250,000		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Enhance Self-Direction																				
Support Utilization of Electronic Visit Verification (call center)	3,966,083			3,966,083	530,000	0	0	530,000	397,500	0	0	397,500	397,500	0	0	397,500	215,789	0	0	215,789
Implement Personal Care Assistant Employee Network including Back-up System	4,172,500			4,172,500	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Increase supports available through fiscal Intermediary	4,250,000			4,250,000	0	0	0	0	0	0	0	0	50,000	50,000	0	0	30,049	30,049	0	0
Expand Environmental Adaptations																				
Implement CAPABLE Program across HCBS	12,300,000	6,900,000	5,400,000		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Enhance and Expand HCBS Delivery Transformation																				
Fund innovative service and support model	5,598,233	5,598,233			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Provide Technical Assistance to support innovative service and support model	1,285,714			1,285,714	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Expansion of supportive housing models - DDS	10,000,000	10,000,000			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Incentivize DDS system transformation towards more integrated and efficient settings	29,300,000			29,300,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Enhance Provider Infrastructure																				
Stability and Infrastructure Improvements through Technology	36,000,001	36,000,001			0	0	0	8,991,678	8,991,678	0	0	0	0	0	0	0	12,579,859	12,579,859	0	0
Strengthen Quality																				
Fund innovative quality improvement initiatives	29,548,496	29,548,496			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Create and implement quality management tool kit for HCBS participants	5,000,000			5,000,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Improve Universal Assessment (UA) System including DDS, DDS, DMHAS (SA,MH)	5,000,000			5,000,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Purchase/develop and implement a new case management system	33,700,006			33,700,006	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Critical Incidents Enhancements and Ongoing Maintenance - DDS	2,650,000			2,650,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Level of Care Assessments- consultant review - DDS	600,000			600,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Purchase of Business Intelligence Software	6,000,000			6,000,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Implement HCBS and home health Pay for Performance (P4P) Initiative	22,676,378	21,701,103	975,275		0	0	0	4,035,136	3,844,322	190,814	0	1,622,469	1,548,618	73,851	0	70,997	69,469	1,528	0	
Enhance Capacity Related to P4P: Add two new positions	376,681			376,681	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Consultant to create outcome-based payments - DDS	1,160,001			1,160,001	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Participant Survey Improvement and Expansion - DDS	1,099,999			1,099,999	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Staffing/Evaluation/Metric Development																				
Contract support for state HCBS/home health metric development	787,500			787,500	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
UCONN evaluation on DSS investments to determine impact	5,250,000			5,250,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Five DDS Project Managers and two Clerical Support Staff	1,270,250			1,270,250	0	0	0	0	0	0	0	25,233	0	0	25,233	49,404	0	0	49,404	
DSS Staffing and project management supports	1,806,239			1,806,239	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
HIE Supports for HCBS Connectivity	645,143			645,143	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Project management for EVV Transition	370,000			370,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Fringe Benefits for state staff	1,222,661			1,222,661	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total investment	447,442,916	308,018,313	27,286,824	112,137,779	530,000	0	0	530,000	96,532,959	93,650,212	2,485,243	397,500	8,160,918	7,470,222	267,964	422,732	43,699,514	43,110,079	317,825	271,608

NOTE: All budget estimates and expenditures are based on total computable costs.

Appendix B

Home and Community-Based Spending Plan Status Update by Activity

Enhance HCBS Workforce


Increase Provider Rates



Connecticut is currently in the process of assessing the adequacy of all HCBS provider rates. In Connecticut, current demand for HCBS is exponentially higher than prior to COVID-19. Rate sufficiency is imperative to quickly build the supply of HCBS workers needed.

Target population: Connecticut is targeting this initiative at providers delivering services that are listed in Appendix B of the SMDL or that could be listed in Appendix B (e.g., behavioral health services that are covered under another benefit but could be covered under the rehabilitative services benefit).

Sustainability plan: Rates that are deemed inadequate will be increased and sustained by the state at the higher levels in 2025. Rate schedules, claiming systems and applicable HCBS budget allocations have been adjusted to reflect ongoing rate increases.

Action Plan and Timeline

	March 31, 2022	June 30, 2022	September 30, 2022	December 31, 2022
Increase rates for home health services				
Draft 2 state plan amendments (SPAs) and disaster SPA	Complete			
Post SPAs and disaster SPA for 30 day public comment	Complete			
Revise SPA and disaster SPA based on comments	Complete			
Submit SPAs and disaster SPA to CMS for Approval	Complete			
Receive approval from CMS	2 SPAs Complete; Disaster SPA pending	Complete		
Modify rate schedules	Complete			
Gainwell enters prospective rates into MMIS	Complete			
Process rate increases in MMIS for ongoing claims	Complete			
Continue payment at higher rate	Ongoing			

Gainwell begins retro rate file development	Complete			
Gainwell completes retro rate file, reviewed by DSS	Complete			
Gainwell runs retro rate adjustment creating the claim from August forward	In process	Complete		
Process retro rate adjustment for July 2021	Pending	Complete		
Increase rates for 1915i and Community First Choice				
Draft state plan amendments (SPA)	Complete			
Post SPA for 30 day public comment	Complete			
Revise SPA based on comments	Complete			
Participate in legislative hearing and approval of SPA	Complete			
Submit SPA to CMS	Complete			
Receive approval from CMS	Pending	Complete		
Modify rate schedules	Complete			
Process rate increases in MMIS for ongoing claims	Pending	Complete		
Process retro adjustment for rate increase for July 1 2021 to date of change for ongoing claims	Pending	Complete		
Continue payment at higher rate	Pending	Complete/ Ongoing		
Increase rates for DSS and DMHAS waiver providers				
Draft Appendix K	Complete			
Post Appendix K for 30 day public comment	Complete			
Revise Appendix K based on comments	Complete			
Participate in legislative hearing and approval of Appendix K	Complete			
Submit Appendix K to CMS	Complete			
Receive approval from CMS	Pending	Complete		
Modify rate schedules	Complete			
Process rate increases in MMIS for ongoing claims	Pending	Complete		
Process retro adjustment for rate increase for July 1 2021 to date of change for ongoing claims	Pending	Complete		
Continue payment at higher rate	Pending	Complete/ Ongoing		

Repeat authority approval process to sustain in waiver amendment			⊙	
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	March 31, 2023	June 30, 2023	September 30, 2023	December 31, 2023
Increase rates for 1915i and Community First Choice				
Draft state plan amendments (SPA)	Complete			
Post SPA for 30 day public comment	Complete			
Revise SPA based on comments	⊙			
Participate in legislative hearing and approval of SPA	⊙			
Submit SPA to CMS	⊙			
Receive approval from CMS	⊙			
Modify rate schedules	⊙			
Process rate increases in MMIS for ongoing claims	⊙			
Process retro adjustment for rate increase for July 1 2021 to date of change for ongoing claims	⊙			
Continue payment at higher rate	⊙			

Narrative: Connecticut has submitted all authorities required to process rate increases funded ARPA. Home health agencies received increased within a few days of the December 23 ARPA approval. In December of 2022, Connecticut added additional new HCBS providers that were previously excluded. The rate increase methodology remains the same for these new providers. A new SPA will be submitted seeking CMS approval.

Status:

Q3The Department posted the SPA for 30 day notice. Once comments have been incorporated, the Department will seek approval of the legislature. After approval, the Department plans to submit the SPA to CMS for approval in March 2023.

Fund Temporary Workforce and Provider Stabilization

In an effort to rebuild and sustain the qualified provider network workforce that was severely impacted by the COVID-19 pandemic, the state will develop an incentive-based program to help with recruitment and retention of provider staff. As the qualified provider network delivers the large majority of HCBS to eligible participants in the state, this program will help rebuild the infrastructure to bring quality staff into the workforce and maintain the staff on a long-term basis. One-time funding will also be used to offset COVID -19 related impacts that destabilized the provider network.

Target population: - Connecticut is targeting this activity solely at providers delivering services that are listed in Appendix B of the SMDL or that could be listed in Appendix B (e.g., behavioral health services that are covered under another benefit but could be covered under the rehabilitative services benefit).

Sustainability plan: Return on investment to be measured by a sustainable provider network with quality staff that translates to providing and maintaining high quality supports and services to HCBS participants.

Action Plan and Timeline

	March 31, 2022	June 30, 2022	September 30, 2022	December 31, 2022
Fund Provider Stabilization Supplemental Payment for Home Health				
Draft disaster SPA	Complete			
Post disaster SPA for 30 day public comment	Complete			
Revise disaster SPA based on comments	Complete			
Submit disaster SPA to CMS for Approval	Complete			
Receive approval from CMS	Pending	Complete		
Process Supplemental Payment	Pending	Complete		
Fund Provider Stabilization Supplemental Payment for 1915i and Community First Choice				
Draft disaster SPA	Complete			
Post disaster SPA for 30 day public comment	Complete			
Revise disaster SPA based on comments	Complete			
Participate in legislative hearing and approval of disaster SPA	Complete			
Submit disaster SPA to CMS	Complete			
Receive approval from CMS	Pending	Complete		
Process Supplemental Payments	Pending	Complete		
Fund Provider Stabilization Supplemental Payment for DSS and DMHAS waiver providers				
Draft Appendix K	Complete			
Post Appendix K for 30 day public comment	Complete			
Revise Appendix K based on comments	Complete			
Participate in legislative hearing and approval of Appendix K	Complete			
Submit Appendix K to CMS	Complete			

Receive approval from CMS	Pending	Complete		
Process Supplemental Payments	Pending	Complete		

Narrative: Connecticut has submitted to CMS and received approval on all required documentation associated with Medicaid authorities including a disaster SPA and an Appendix K. All provider payments were made.

Status:

FY23 Q1 -This activity is complete.

Action Plan and Timeline

	March 31, 2022	June 30, 2022	September 30, 2022	December 31, 2022
Stabilization payments for DDS waiver providers				
Draft Appendix K	Complete			
Post Appendix K for 30 day public comment	Complete			
Revise Appendix K based on comments	Pending	Complete		
Participate in legislative hearing and approval of Appendix K	Pending	Complete		
Submit Appendix K to CMS	Pending	Complete		
Receive approval from CMS	Pending	Complete		
Process payments	Pending	Complete		

Narrative: The state has a pending appendix K application with a provision specific to stabilization payments articulated under this option. This Appendix K was posted for a 30 day public comment period beginning on January 18, 2022.

Status:

FY23 Q1- The state has since completed the required state process for Appendix K, including 30-day public comment and a state legislative public hearing. The hearing was conducted on February 28, 2022 and the Committees of Cognizance voted to approve the Appendix K. In response, the Appendix K was submitted to CMS for review. On March 17, 2022 the state received approval of the Appendix K amendment specific to stabilization payments for DDS waiver providers. The first two payments to DDS waiver providers as specified in the Appendix K were posted between March 22, 2022 and March 24, 2022. DDS is working through provider attestations, as specified in the approved Appendix K, to ensure that such funds were used for the purposes outlined in the Appendix K. DDS has been working with its fiscal reporting vendor to incorporate the recording of the ARPA funds onto the annual cost report submitted by the private providers.

FY23 Q-3 - The Department has paid the third payment to DDS waiver providers as specified in the Appendix K and was posted October 2022. The final payment is to be posted September 2023. DDS has received provider attestations, as specified in the approved Appendix K, to ensure that such funds were used for the purposes outlined in the Appendix K. Providers submitted fiscal reports of the ARPA funds paid in FY2022. DDS has been finalizing the process of recouping funds from providers that either failed to submit an attestation or had any excess funds identified on their fiscal reports. Provide Supports for Informal Caregivers

Target population: HCBS waiver participants and Medicare Savings Program (MSP) participants at risk of nursing home placement

Informal caregivers are the foundation for all HCBS in the State of Connecticut. This foundational support system was even more important during the COVID-19 public health emergency when many people provided services to family members at home in lieu of placing the family member in a nursing home. Stabilizing and sustaining this informal system supports Medicaid HCBS members and also addresses the supply shortages in the paid workforce. This initiative will provide access to caregiver assessment, dementia supports, care coordination, respite services, and training. The state will implement the evidence-based COPE ¹ (Care of Persons with Dementia in their Environments) model as part of this initiative.


Sustainability plan: Return on investment to be measured by reducing ‘burn-out’ of informal caregivers, improving quality of life for members, reducing need for paid caregivers, and reducing unnecessary or premature reliance on Medicaid.

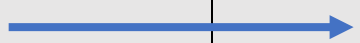
Action Plan and Timeline



	March 31, 2022	June 30, 2022	September 30, 2022	December 31, 2022
Hire Staff		Complete		
Establish stakeholder workgroup	Complete			
Coordination with universities to create implementation plan for CT				
Meet with research teams at Drexel, and Jefferson to design plan for implementation of evidence-based services within CT Medicaid	Complete			
Establish training and technical	Complete			

¹ [Effectiveness of the Care of Persons With Dementia in Their Environments Intervention When Embedded in a Publicly Funded Home- and Community-Based Service Program - PubMed \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/35484441/)

assistance requirements and budget				
Seek approval for new services under Medicaid Appendix K administrative authority				
Draft appendix K with description of new services, providers qualifications, rates	Complete			
Post Appendix K for 30-day public comment	Complete			
Revise Appendix K based on comments	Complete			
Participate in legislative hearing and approval of Appendix K	Complete			
Submit Appendix K to CMS	Complete			
Receive approval from CMS	Pending	Pending	Complete	
Modify MMIS Systems to support implementation				
Establish provider enrollment criteria and process in MMIS	In process	In process	In process	Complete
Establish requirements for processing claims in MMIS	In process	In process	In process	In process
Modify MMIS based on requirements	Pending	Pending	In process	In process
Begin provider enrollment	Pending	Pending	Pending	In process
Modify and test case management systems to support prior authorizations within MMIS	Pending	Pending	Pending	In process
Modify IMPACT eligibility system to support implementation				
Establish requirements for	In process			Complete

IMPACT (state eligibility system)				
Modify IMPACT based on requirements - test changes	Pending			Complete
Send MSP eligibility information to MMIS	Pending			Complete
Develop provider network	In process			
Train case management staff on new benefits and services				In process
Provide ongoing technical assistance to case management staff				In process
Evaluate new services in Connecticut				
Modify MOU with UCONN	In process	In process	In process	Complete
Develop evaluation plan	In process	In process	In process	In process
Implement evaluation plan	Pending	Pending	Pending	Pending
Initial evaluation report due				Pending
Amend waivers to sustain				
Repeat authority approval process to sustain in waiver amendment				

	March 31, 2023	June 30, 2023	September 30, 2023	December 31, 2023
Continue stakeholder workgroup meetings monthly	ongoing			
Coordination with universities to create implementation plan for CT	ongoing			
Uconn's contract with Drexel	⊙			
Establish training and technical assistance requirements and budget	⊙			

Modify MMIS Systems to support implementation				
Modify MMIS based on requirements	⊙			
Begin provider enrollment	⊙			
Modify and test case management systems to support prior authorizations within MMIS	⊙			
Develop provider network	ongoing			
Train case management staff on new benefits and services	⊙			
Provide ongoing technical assistance to case management staff	⊙			
Evaluate new services in Connecticut				
Develop evaluation plan	⊙			
Implement evaluation plan	⊙			
Initial evaluation report due		⊙		
Amend waivers to sustain				
Repeat authority approval process to sustain in waiver amendment		⊙		
Communication				
Collaboration with Department of Aging and Disability services	Ongoing			
Establish ongoing contact with municipal agencies	⊙			
Publishment on DSS webpage	⊙			

Narrative: Significant progress has been made to implement new services, including evidenced based services, aimed to support informal caregivers. Agreements have been reached with the universities responsible for for the evidence-based models. Agreements reflect modifications appropriate for a Medicaid program to create a working, sustainable model. In addition to the work with the universities, state agency staff requested CMS’ approval to operate the new services under a Medicaid authority.

Status:

FY23 Q3 - MMIS system modification was delayed to add additional processing claims code for agency-based respite care services and ongoing review with FI for the services provider credentialing process. There was a delay in coordinated work with the universities in finalizing service implementation plan and contract. This also delayed the delineation on FI’s provider credentialing process. The timeline on this initiative was adjusted to reflect delays. Enrollment is expected in March 2023.

Invest in Capacity Building and Training

Reduce Racial Health Inequity

Connecticut aims to contract with two full time trainers to design and develop statewide required training for all HCBS providers. Trainers will develop a train-the-trainer model for sustainability in 2025.

Training will include the following content areas:


- Integrating a Racial Equity Lens
- Implicit Bias
- Health Literacy and Self-Management
- Cultural Humility
- Racial Microaggressions
- Cross Training

Target population: Connecticut is targeting this activity solely at providers delivering services that are listed in Appendix B of the SMDL or that could be listed in Appendix B (e.g., behavioral health services that are covered under another benefit but could be covered under the rehabilitative services benefit).

Sustainability plan: Trainers will develop a train-the-trainer model for sustainability in 2025.

Action Plan and Timeline

	March 31, 2022	June 30, 2022	September 30, 2022	December 31, 2022
Establish stakeholder workgroup	Completed			
Identify training partner	Completed			
Develop and approve curriculum and learning outcomes	Completed			
Review and approve Asynchronous Learning method with 6 webbased modules				
Review and approve module 1	Completed			
Establish method for enrolling and tracking providers	Completed			

Enroll providers in module 1	Completed			
Review and approve module 2	Completed			
Enroll providers in module 2	Pending	In progress	Completed	
Review and approve module 3		In progress	Completed	
Enroll providers in module 3				Completed
Review and approve module 4				Completed
Enroll providers in module 4				In progress
Review and approve module 5				In progress
Enroll providers in module 5				In progress
Review and approve module 6				In progress
Enroll providers in module 6				In progress
Review weekly provider enrollment reports	Ongoing			
Hire staff for coordination with VBP and measuring outcomes				
Post position	Completed			
Review applications	Completed			
Interview for position	In process	Complete		

Staff begin new position	Pending	Complete		
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	March 31, 2023	June 30, 2023	September 30, 2023	December 31, 2023
Stakeholder Training				
Enroll providers in module 4	In Process	⊙		
Review and approve module 5		Pending	Pending	Pending
Enroll providers in module 5		Pending	Pending	Pending
Review and approve module 6		Pending	Pending	Pending
Enroll providers in module 6		Pending	Pending	Pending
Stakeholder Participation				
Conduct Learning Collaboratives with enrolled providers	Ongoing	Ongoing	Ongoing	Ongoing
Review weekly provider enrollment reports	Ongoing			

Narrative: The state partnered with the Office of Organizational and Skill Development to develop learning modules associated with key learning outcomes related to racial health equity. Learning outcomes were selected based on evidence of inequities in the state as documented in The Center for Medicare Advocacy Issue Brief: Examining Health Care Disparities: An Analysis of Home Health Care Received by Connecticut’s Dually Eligible Population, published on July 31, 2020, funded by Connecticut Health Foundation. Participation in this training is required for any provider who chooses to participate in the state value-based payment initiative.

Status:

FY23 Q3-To date, over 7220 direct care workers have participated in the equity training. Provider outcomes related to equity are currently under development and will be incorporated into the HCBS value-based payment.

Provide Provider Training to Support Evidence-Based Models Several initiatives proposed under ARPA require specialized training, especially training related to dementia supports. This funding will ensure adequate training to support successful implementation of evidence-based models.

Target Population: Connecticut is targeting this activity solely at providers delivering services that are listed in Appendix B of the SMDL or that could be listed in Appendix B (e.g., behavioral health services that are covered under another benefit but could be covered under the rehabilitative services benefit).

Sustainability plan: Trainers will develop a train-the-trainer model for sustainability in 2025.

Action Plan and Timeline

	March 31, 2022	June 30, 2022	September 30, 2022	December 31, 2022
Amend UCONN Health MOA to include training	In process	In process	In process	Completed
Implement provider training	Pending	Pending	Pending	Pending

	March 31, 2023	June 30, 2023	September 30, 2023	December 31, 2023
Implement provider training	In process			

Narrative: Provider training for the evidence-based services is implemented through the state’s partnership UCONN Health.

Status:

FY23 Q3-This initiative is aligned with the approval in new services. New service training for providers started during the quarter.

Improve Medication Assisted Treatment

The prevalence of substance use disorders (SUDs) in older adults is rising in the United States. Older adults using opioids are at increased risk of overdose, falls, cognitive and psychomotor impairments, and drug interactions, all of which are issues of concern that affect treatment outcomes. Long-term care facilities, home health agencies, and nursing homes generally do not administer medication assisted treatment when it is used for the treatment of opioid use disorders. Medication-assisted treatment (MAT) refers to the use of medications and behavioral therapy to treat substance use disorders. This method is known to provide a “whole-patient” approach to substance use disorder treatment. The Substance Abuse and Mental Health Services Administration (SAMHSA) reports that not only can MAT help treat addiction, but it can help sustain long-term recovery as well. MAT is used primarily on patients with opioid use disorders but can also benefit some people with alcohol use disorders.

After discharge from the hospital, many clients require further nursing care. Nursing homes are hesitant to accept clients with substance use or co-occurring disorders often because of stigma, the widespread

misconception that abstinence is superior to medications for treating addiction, and significant gaps in staff training. MAT and other evidence-based interventions ensure that recipients experience a recovery-oriented and improved quality of life. Lack of evidence-based interventions precipitate negative sequelae of the addictive process and often lead to nursing home or other restrictive level of care readmissions, cycling in and out of emergency departments, overdose, other types of associated decompensation and, in the worst-case scenario, death.

Target Population: Connecticut is targeting this activity solely at providers delivering services that are listed in Appendix B of the SMDL or that could be listed in Appendix B (e.g., behavioral health services that are covered under another benefit but could be covered under the rehabilitative services benefit).

Sustainability plan: Consultant will develop train-the-trainer model and develop self-guided web-based curricula for sustainability in 2025.

Action Plan and Timeline

	March 31, 2023	June 30, 2023	September 30, 2023	December 31, 2023
Amend MOA with DMHAS	In process	⊙		
Identify consultant or other trainer and enter into agreement		⊙		
Develop approve curriculum		⊙		
Develop training plan		⊙		
Implement training plan and track enrollment		⊙		

Narrative: The Department of Mental Health and Addition Services is in the early stages of implementing the training initiatives funded under ARPA as reflected in the action plan above.

Improve Service Delivery for Members with Acquired Brain Injury (ABI)

Consultant to provide training and workforce development recommendations that span the scope of services for HCBS, including ABI waiver, mental health waiver, and the Connecticut Housing Engagement and Support Services initiative. Training will be provided both from a structural/physical aspect of the brain and effects of an injury, to the cognitive/emotional/ behavioral ramifications resulting from brain damage.

Training sessions will include the following content areas:

- ABI 101
- Advanced ABI
- Brain Injury and Behavioral Issues – strategies for managing behavioral distress/ dyscontrol in community settings
- ABI Waiver Overview
- Recovery Assistant Training
- Independent Living Skills Training
- Understanding Assessments for Individuals with Brain Injury – roles of neurologist, neuropsychologist, physiologist, OT, PT, speech/language, neuro-ophthalmologist and adjunctive team members
- Brain Injury and Substance Use

- Certification of Brain Injury Specialists (CBIS) Training

Target Population: Connecticut is targeting this activity solely at providers delivering services that are listed in Appendix B of the SMDL or that could be listed in Appendix B (e.g., behavioral health services that are covered under another benefit but could be covered under the rehabilitative services benefit).

Sustainability plan: Consultant will develop train-the-trainer model and develop self-guided web-based curricula for sustainability in 2025.

Action Plan and Timeline

	March 31, 2022	June 30, 2022	September 30, 2022	December 31, 2022
Amend MOA with DMHAS	In process	⊙		
Identify consultant or other trainer and enter into agreement		⊙		
Develop approve curriculum		⊙		
Develop training plan		⊙		
Implement training plan and track enrollment		⊙		

Narrative: The Department of Mental Health and Addition Services is in the early stages of implementing the training initiatives funded under ARPA as reflected in the action plan above

Status:

FY23 Q3-This initiative is pending execution of a contract.

Expand Integration and Use of Assistive Technology

Integrate Smart Home Technology into Subsidized Housing




Connecticut’s subsidized housing provides housing security to thousands of older adults and people with disabilities. This investment in smart home technology offers a needed update to that housing stock with the aim of increasing independence for those who live there.

- HUD Section 202 and 236 and Assisted Living Conversion Program housing.
- Low Income Housing Tax Credit projects
- State-funded assisted living



Sustainability plan: Return on investment to be measured by costs offset by decreasing need for paid caregivers, decreasing number of people with housing who ultimately are institutionalized, and increasing independence.

Action Plan and Timeline

	March 31, 2022	June 30, 2022	September 30, 2022	December 31, 2022

Establish Assistive Technology Workgroup	Completed	Ongoing meetings		
Hire Staff		Completed		
RFA Process				
Develop RFA criteria	In-Process	In-Process	In-Process	<u>In-Process</u>
Post RFA to CT Source for Competitive Solicitations				<u>In-Process</u>
Establish review committee				<u>In-Process</u>
Review proposals and award successful bids				<u>In-Process</u>
Review ongoing status updates				<u>In-Process</u>
Stakeholder and Community Outreach				
Engagement in Town Hall/Senior Center meetings		Completed and Ongoing		
Meetings with the Senior Center Alliance				Completed and Ongoing
Collaboration meeting with Ohio Department of Human Services			Completed	
Meeting with MN State Department of Human Services		Completed		
Meetings and collaboration Midstate ARC of CT		Completed and Ongoing		
Collaboration with DDS and State Agency on Aging			Completed and Ongoing	

	March 31, 2023	June 30, 2023	September 30, 2023	December 31, 2023
Stakeholder and Community Outreach				
Assistive Technology Workgroup Meetings	Ongoing Meetings			
<u>DSS Collaboration with UCONN for ongoing data analysis</u>	<u>Ongoing</u>			
<u>Collaboration with DDS and State Agency on Aging</u>	<u>Ongoing</u>			
<u>Host and present to Adult Day Center, Senior Center Alliance/Centers, Town Social Worker/Municipal Agents, Emergency Medical Personnel, Resident Service Coordinators and Congregate Housing/Housing Authority staff</u>	<u>Ongoing</u>			
<u>To Participate in SHIFT Training.</u>	<u>Ongoing</u>			
Meetings and collaboration Midstate ARC of CT	<u>Ongoing</u>			
RFA Process				
Develop RFA criteria	⊙			
Post RFA to CT Source for Competitive Solicitations	⊙			

Establish review committee	⊙			
Review proposals and award successful bids		⊙		
Review ongoing status updates	Ongoing updates			
Review of initial reports from contractors		⊙		
Technical Assistance from DSS Public Assistance Consultant Assigned to the project	Ongoing			

Narrative: DSS will award up to 34 subsidized housing buildings with funds to integrate smart home technology.

Status: The RFP has been fully developed and was submitted to DSS contracts in September 2022. The RFP remains pending review.

FY23 Q3-The RFP and outlined plans to release to the public are in place, pending DSS contracts review and approval. DSS Public Assistance Consultant will remain engaged with stakeholders, general public, and other state agencies local and nation-wide to continue to build relationships and gather information and feedback.

Expand Access to and Use of Assistive Technology

Target populations: HCBS waiver participants and MSP participants at risk of nursing home placement



Connecticut’s assistive technology initiative aims to establish a Medicaid assistive technology oversight committee to monitor implementation of this two-year project. The state will contract with an expert team of consultants who will oversee integration of technology into care plans, in coordination with the state’s existing HCBS care planning team, provide in-home training to recipients of technology and their caregivers to ensure proper use of technology, and provide training to HCBS providers.

Sustainability plan: Return on investment to be measured by increasing independence, decreasing reliance on paid supports, and reducing unnecessary or premature reliance on Medicaid.

Action Plan and Timeline

	March 31, 2022	June 30, 2022	September 30, 2022	December 31, 2022
Hire Staff		Complete		

Amend case management contracts to hire Assistive Technology subject matter experts (SME)	In process	In process	In process	In process
SME engagement in training case managers, review of services plans, shadowing assessments, and making recommendations for technology				In process
SME establishing training for participants, if appropriate to ensure integration of AT into daily activities				In process
Create and implement plan to review effectiveness				In process

	March 31, 2023	June 30, 2023	September 30, 2023	December 31, 2023
Amend case management contracts to hire Assistive Technology subject matter experts (SME)	⊙			
SME engagement in training case managers, review of services plans, shadowing assessments, and making recommendations for technology		⊙		
SME establishing training for participants, if appropriate to ensure integration of AT into daily activities			⊙	
Create and implement plan to review effectiveness				⊙
DSS Public Assistance Consultant to establish ongoing contact with SME	⊙			
DSS Collaboration with UCONN for ongoing data analysis	Ongoing			

Narrative: This initiative is in the early stages of implementation. The initial project plan is complete and a decision was made to move forward with the case management agencies managing the implementation at a local level.

Status: State contracts have been developed, reviewed, and submitted to DSS Contracts for approval.

FY23 Q3-The state contracts associated with this initiative are delayed. Execution of the contracts are expected in February 2023..

Expand Access to and Use of Assistive Technology for Individuals with Intellectual Disabilities

Target population: HCBS waiver participants under DDS

This initiative increases HCBS waiver caps to allow assistive technology and expands assistive technology utilization in group settings operated by DDS. Expanding assistive technology utilization promotes independence while providing a cost-effective option for assistance that maintains quality and oversight of health and safety measures.

Connecticut plans to pay for ongoing internet connectivity costs as part of the activities to “Expand Integration and Use of Assistive Technology (AT). Connecticut acknowledges that ongoing internet connectivity costs are not authorized for FFP.

Sustainability plan: Return on investment to be measured by increased independence, decreased reliance on paid supports, and reduced unnecessary reliance on Medicaid

Action Plan and Timeline

	March 31, 2022	June 30, 2022	September 30, 2022	December 31, 2022
Increasing the cap for Assistive Technology covered under the DDS waivers				
Draft Appendix K	Complete			
Post Appendix K for 30 day public comment	Complete			
Revise Appendix K based on comments	Pending	Complete		
Participate in legislative hearing and approval of Appendix K	Pending	Complete		
Submit Appendix K to CMS	Pending	Complete		
Receive approval from CMS	Pending	Complete		
Process payments n/a				
Repeat authority approval process to sustain in waiver amendment		⊙		

Narrative: The state has a pending appendix K application with a provision specific to implementing a temporary increase in the service amount cap for the Assistive Technology service covered under the DDS 1915(c) waivers from \$15,000 to \$30,000.

Status:

FY23 Q 1- The state has since completed the required state process for Appendix K, including 30-day public comment and a state legislative public hearing. The hearing was conducted on February 28, 2022 and the Committees of Cognizance voted to approve the Appendix K. In response, the Appendix K was submitted to CMS for review. On March 17, 2022 the state received approval of the Appendix K amendment specific to increasing the waiver cap for assistive technology from \$15,000 to \$30,000. DDS is working through guidelines to share through case management to actuate the cap increase. This provision also includes a component to expand assistive technology utilization in group settings operated by DDS.

DDS has issued Notice of Opportunities (NOO) on May 26, 2022 to support creative uses of Assistive Technology for individuals and providers. This includes smart home technology and training of providers to better understand and utilize Assistive Technology. The due date for the proposals is July 1, 2022.

FY23 Q-3 - DDS awarded \$ 640,000 of grants to provide more than 70 individuals the opportunity to utilize assistive technology during the first and second quarters. Payments were made to both individuals and private providers. The grant was so successful that DDS will be issuing a second Notice of Opportunity to individuals and providers in January 2023.

DDS began to purchase AT equipment for a project called AT and Me. This project will provide training to self-advocates to support individuals with intellectual disabilities in a peer-to-peer learning and teaching experience. The curriculum will teach individuals how to use digital media and Information and Communication Technology (ICT) independently and safely.

DDS purchased assistive technology equipment for use in respite centers. Individuals attending the respite centers from family homes will be exposed to AT and will begin to learn how to utilize AT equipment to assist in increasing their independence skills.

DDS has finalized an RFP to contract with a contractor or contractors to provide assessments, acquisition, installation, and training of the AT equipment. The date of the posting of the RFP is scheduled for January 2023.

DDS is working on expanding the AT skills of the private provider and DDS staff. DDS will reimburse staff who complete an Assistive Technology Applications Certificate Program (ATACP).

As education and training on Assistive Technology is an important component to successful utilization, DDS is working toward hosting an AT conference that will host AT vendors. The intended purpose of the conference is to allow providers and families to become more familiar with AT equipment and learn how it can support their loved ones toward a path of independence.

To this end, the state is requesting to amend this provision to include that investments under this initiative will include education and training on AT to ensure long-term success that promotes independence.

Expand Environmental Adaptations

Implement CAPABLE² Model in Medicaid HCBS

Target populations: HCBS waiver participants and MSP participants at risk of nursing home placement


The approach teams 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.

Sustainability plan: Return on investment to be measured by reducing unnecessary reliance on Medicaid, reducing signs of depression, and increasing quality of life.


Action Plan and Timeline

	March 31, 2022	June 30, 2022	September 30, 2022	December 31, 2022
Hire Staff		Complete		
Establish stakeholder workgroup	Complete			
Coordination with universities to create implementation plan for CT				
Meet with research teams at Johns Hopkins to design plan for implementation of evidence based services within CT Medicaid	Complete			
Establish training and technical assistance requirements and budget	Complete			
Seek approval for new services under Medicaid Appendix K administrative authority				
Draft appendix K with description of new services, providers qualifications, rates	Complete			
Post Appendix K for 30 day public comment	Complete			

² [CAPABLE | School of Nursing at Johns Hopkins University \(jhu.edu\)](https://www.hopkins.edu/nursing/capable/)

Revise Appendix K based on comments	Complete			
Participate in legislative hearing and approval of Appendix K	Complete			
Submit Appendix K to CMS	Complete			
Receive approval from CMS	Pending	Pending	Complete	
Modify MMIS Systems to support implementation				
Establish provider enrollment criteria and process in MMIS	In process	In process		Complete
Establish requirements for processing claims in MMIS	In process	In process		Complete
Modify MMIS based on requirements	Pending	Pending		Complete
Begin provider enrollment	Pending	Pending		In process
Modify and test case manager systems to support prior authorizations within MMIS	Pending	Pending		In process
Modify IMPACT eligibility system to support implementation				
Establish requirements for IMPACT (state eligibility system)	In process	In process		Complete
Modify IMPACT based on requirements – test changes	Pending	Pending		Complete
Send MSP eligibility information to MMIS	Pending	Pending		Complete
Develop provider network	In process			
Train case management staff on new benefits and services				In process
Provide ongoing technical assistance to case management staff				In process
Evaluate new services in Connecticut				

Modify MOU with UCONN	In process	In process	In process	Complete
Develop evaluation plan	In process	In process	In process	In process
Implement evaluation plan	Pending			
Initial evaluation report due				In process
Repeat authority approval process to sustain in waiver amendment				In process

	March 31, 2023	June 30, 2023	September 30, 2023	December 31, 2023
Modify MMIS Systems to support implementation				
Begin provider enrollment	⊙			
Modify and test case manager systems to support prior authorizations within MMIS	⊙			
Develop provider network	ongoing			
Train case management staff on new benefits and services	⊙			
Provide ongoing technical assistance to case management staff	⊙			
Evaluate new services in Connecticut				
Develop evaluation plan	⊙			
Implement evaluation plan	⊙			
Initial evaluation report due		⊙		
Repeat authority approval process to sustain in waiver amendment		⊙		
Communication				
Collaboration with Department of Aging and Disability services	⊙			
Establish ongoing contact with municipal agencies	⊙			
Publishment on DSS webpage	⊙			

Narrative: Significant progress has been made to implement new services, including evidenced based services, aimed to implement CAPABLE. Agreements have been reached with the universities responsible for for the evidence-based models. Agreements reflect modifications appropriate for a

Medicaid program to create a working, sustainable model. In addition to the work with the universities, state agency staff have requested CMS’ approval to operate the new services under a Medicaid authority.

Status:

FY23 Q3-Delays in MMIS system modification and delineation of FI’s provider credentialing process. The timeline on this initiative was adjusted to reflect delays. Enrollment is expected in March 2023.


Enhance Self-Direction

Create and Implement Employment Network

Demand for the self-directed option which offers members a higher degree of control over who enters their home and who provides services grew during the COVID-19 public health emergency. The need for a well-developed employment network also grew to support self-directing member’s ability to locate qualified staff. This statewide employment network will leverage the most recent technology and accessible platforms to facilitate enrollment of both direct care workers seeking employment and Medicaid members (employers) seeking workers. The employment network will also facilitate the ability of members (employers) to quickly locate backup workers. In addition to the HCBS support this network aims to offer members who live in the community, it removes a major barrier that prevents people from transitioning back to the community from a nursing home.

Sustainability plan: The state will sustain this network with General Fund dollars in 2025.

Action Plan and Timeline

	March 31, 2023	June 30, 2023	September 30, 2023	December 31, 2023
Employment Network RFP to Release (DSS & DDS outline respective contract responsibilities)	⊙			
Review and award proposals		⊙		
Implement new network system		⊙		
Project Design Outcomes and Measures Plan (Contract Negotiation Edits to Scope of Work)				
DSS & DDS Biweekly Meetings with Selected Contractor (ongoing)	Ongoing			
Stakeholder Participation (Feedback Additions to RFP Review)				
OPM Input & Contract Update Meetings		⊙		

Workforce Council Input & Contract Update Meetings		⊙		
SEIU Input & Contract Update Meetings		⊙		

Narrative: DDS issued a Request for Proposal on May 26, 2022 that focuses on improving the current platform to support a self-directing members ability to locate qualified staff over the next two years. A short-term expansion option was outlined in a rough draft final RFP that was developed to maintain a virtual employment recruitment platform to assist individuals with intellectual disabilities and their family members/sponsoring people to recruit and hire direct care support staff.

DDS worked with DSS staff completing a scope of work for an employment platform that will meet the long term needs of individuals served by both departments.

Status:

FY23 Q1- DDS issued a Request for Proposal on May 26, 2022 that focuses on improving the current platform to support a self-directing members ability to locate qualified staff over the next two years. This short-term expansion option is being developed to maintain a virtual employment recruitment platform to assist individuals with intellectual disabilities and their family members/sponsoring people to recruit and hire direct care support staff.

DDS has begun to work with DSS staff to develop a scope of work for an employment platform that will meet the long term needs of individuals served by both departments.

FY23Q-3- DDS executed a contracted with Rewarding Work to establish an employment network platform for the next two years. This interim solution will provide DDS individuals and their families who self-direct their resources an internet platform to match staff to meet their needs. . Contractor has developed a 3-month roll out plan and has begun work on redesigning the current employment networking website. The anticipated startup of the new website is March 1, 2023. Individuals who already have an account when new system rolls out will not need to re-register. Contractor will establish customer service telephone support to assist individuals, families, and potential staff. Website will have a language selector tool that can translate the entire website to 20 different languages.



DDS has been working with DSS on a longer term employment networking solution that would incorporate individuals supported by both departments. An RFP has been developed and is working through the approval process.



Create and Implement Electronic Visit Verification Call Center

Electronic visit verification (EVV) offers employers an important management tool. Additional investment in Connecticut’s system is required to fully support employer’s use of the tool. This call center will provide a centralized resource for self-directing employers and direct care workers statewide to ask questions related to EVV as well as provide technical support to correct time entries electronically entered the system.

Sustainability plan: The state will assess ongoing need for the call center and sustain components demonstrating success through the fiscal intermediary in 2025.

Action Plan and Timeline

	March 31, 2022	June 30, 2022	September 30, 2022	December 31, 2022
Identify and enter into contract with visit verification call center	Completed			
Provide training to call center staff	Completed			
Provide ongoing technical assistance	Ongoing			
Review and approve weekly reports	Ongoing			

	March 31, 2023	June 30, 2023	September 30, 2023	December 31, 2023
Amend contract with visit verification call center	Completed			
Provide ongoing technical assistance	Ongoing			
Review and approve weekly reports	Ongoing			

Narrative: This initiative is fully implemented and is successfully meeting the needs of over 700 self-directing participants a week by providing assistance and support with EVV.

Status:

Q3 – Ongoing to facilitate transition to new fiscal intermediary

Expand Self-Direction Supports Available through the Fiscal Intermediary

Timely payment of direct care workers, tools to manage and review individual budgets ‘real time’, innovative approaches to supporting employer’s understanding of employer responsibilities and ongoing communication are all essential components of a high quality self-directed system. Connecticut aims to expand the range of supports available through the fiscal intermediary in order to build capacity in the self-directed Medicaid system.

Sustainability plan: The state will sustain this expansion with General Fund dollars.

Status:

FY23 Q3-During the reporting period progress was made on negotiation of contract for a new FI.

Enhance and Expand HCBS Delivery Transformation

Create and Implement Innovative Service and Support Model for Older Adults and People with Disabilities


Connecticut’s vision of a long-term services and supports continuum is based at a town level. The vision sees each town as a continuum of care rather than a continuum of care located on a separate campus. Local backup systems and emergency systems that support members in their own homes are an integral component of this system. Public policy is important to address barriers related to workforce, housing, and social determinants but the associated activities and decisions are made at the local level.

Provide Technical Assistance to Innovative Mode

Initiatives that are demonstrated under the state’s new innovation model will receive Medicaid technical assistance to ensure that the model design is sustainable within Medicaid.








Sustainability plan: New innovation models will be funded equal to or less than the current per member per month cost under the HCBS waivers.

Action Plan and Timeline for Innovative service and technical assistance

	March 31, 2022	June 30, 2022	September 30, 2022	December 31, 2022
Establish stakeholder workgroup	Completed	Ongoing meetings		
Hire staff		Complete		
Establish requirements of new models			In process	Complete
Establish method for technical assistance				In-process
Seek approval for new services under Medicaid waiver amendment or other appropriate authority				
Draft amendment with description of new services, providers qualifications, rates			In process	Complete
Post amendment for 30-day public comment				Complete
Revise amendment based on comments				Pending
Participate in legislative hearing and approval of amendment				Pending
Submit amendment to CMS				Pending
Receive approval from CMS				Pending

Modify MMIS Systems to support implementation				
Establish provider enrollment criteria and process in MMIS				Pending
Establish requirements for processing claims in MMIS				Pending
Modify MMIS based on requirements				Pending
Begin provider enrollment				Pending
Modify and test case manager systems to support prior authorizations within MMIS				Pending
Implement new services				Pending

	March 31, 2023	June 30, 2023	September 30, 2023	December 31, 2023
Establish stakeholder workgroup	Completed	Ongoing meetings		
Hire staff		Complete		
Establish method for technical assistance				In-process
Seek approval for new services under Medicaid waiver amendment or other appropriate authority				
Revise amendment based on comments	⊙			
Participate in legislative hearing and approval of amendment	⊙			
Submit amendment to CMS	⊙			
Receive approval from CMS	⊙			
Modify MMIS Systems to support implementation				
Establish provider enrollment criteria and process in MMIS		⊙		
Establish requirements for processing claims in MMIS		⊙		
Modify MMIS based on requirements		⊙		
Begin provider enrollment		⊙		

Modify and test case manager systems to support prior authorizations within MMIS		⊙		
Implement new services		⊙		
Host Innovative Services and Support Model workgroup meetings with community stakeholders for feedback regarding Remote Services, Medically Tailored Meals, and the PACE Program.		Ongoing		
To partner with external stakeholders and subject matter experts to present relevant information to workgroup to better address social determinates of Health.		Ongoing		
*White House Conference on Hunger, Nutrition and Health	Completed			
*Hartford Healthcare Food Pharmacy	Completed			
*Bridgeport Hospital's Medically Tailored Meal Program	Completed			
*Mobile Integrated Health (MIH)		Ongoing		
Ongoing Community Engagement with potential Remote Support "Hubs".		Ongoing		
To host and present Remote Services to Adult Day Center, Senior Center Alliance/Centers, Town Social Worker/Municipal Agents, Emergency Medical Personnel, Resident Service Coordinators and Congregate Housing/Housing Authority staff	Completed	Ongoing		
To Participate in SHIFT Training.		Ongoing		
Engage with University of Connecticut regarding data collection.		Ongoing		

Narrative: This initiative will add new services to the state plan and to 1915C waivers. New services will address member needs for 24-hour supervision and 24-hour backup, and local respite options.. The

model of care will be consistent with Medicaid HCBS waiver policy and will be a ‘whole person’ integrated approach.

Status:

FY23 Q3 -The workgroup meets monthly with a primary focus on Remote Services to be provided from a remote “Hub” location. Engagement with “Hub” providers including, Adult Day Centers, Senior Centers, Town/Municipal Agents, Resident Service Coordinators, Congregate Housing sites and Emergency Medical Service (EMS) personel has begun and will be ongoing. The workgroup will better address social determinates of health by utilizing a Food as Medicine initiative for Community First Choice consumers. This program will give consumers the option of home delivered, medically tailored meals to help treat symptoms of a diet related illnesses. During the reporting period the state posted the proposal to amend waivers and the state plan to include these services for public comment.

Expand Supportive Housing Models [DDS]

Coordinate supports in collaboration with sister state agencies to expand supportive housing models that are integrated in the community and promote the highest level of independence for individuals with intellectual disability. This initiative will enhance staffing supports in either a transitional housing program or within the supportive housing setting to provide support and guidance to individuals who may require additional assistance. This funding may be used in conjunction with the expansion of assistive technology to maximize the person's independence. Connecticut confirms that APRA funds will not be used to pay for room and board under initiatives related to ‘Expand Supportive Housing Models’.

Target population: HCBS waiver participants served by DDS

Sustainability plan: The state will sustain this initiative through General Fund dollars.

Status: FY23 Q1 - DDS hired a durational project manager on April 8, 2022 to begin working on an implementation plan for this initiative. The state is working with the existing Supportive Housing Committee comprised of DDS administrative staff to develop several recommendations to increase awareness of the program for the individuals, providers, and builders. As part of the recommendations, DDS is preparing an informational forum to include a virtual tour presented by an individual living in his own apartment for eligible individuals, DDS case managers and providers regarding supportive housing sometime end of summer early fall. In addition, DDS will be working with the CT Department of Housing to enhance the matching process of a builder and the provider utilizing tax credits issued through the CT Housing Finance Authority.

FY23 Q-3- DDS presented an informational forum that included a virtual tour presented by an individual living in his own apartment for eligible individuals on July 26, 2022. The forum was a big success and was recorded for future presentations. DDS is working with providers that currently operate supportive housing sites on developing a standard guide on developing sites that are able to accommodate individuals with various disabilities. DDS is developing an RFP to establish supportive housing sites in existing apartment complexes in order to establish more sites more quickly.

DDS requests to amend this provision to use a portion of the funding allocated for the acquisition of a consultant to assist with creating informational materials for potential providers to understand how to facilitate a supportive housing setting. Materials may include but are not limited to best practices,

resource guides etc. Components for review may include physical structure of a supportive housing complex, funding options, sustainability and technology focused options to increase independence.

System Transformation [DDS]

This multi-pronged approach includes three initiatives to meet the ultimate goal of transforming both residential and day supports and services for individuals with intellectual disability away from traditional and costly congregate settings towards more integrated and efficient settings that promote independence and freedom of choice.

The first initiative proposes to develop an **incentive payment program** to encourage providers to consolidate current vacancies in congregate settings and redistribute the savings to individuals on the state's residential waiting lists.

The second initiative focuses on stability of the newly designed system by issuing **temporary payments** for authorizations that move individuals to more independent residential settings or toward competitively-based employment. These payments will support providers whose authorized funding decreases due to the individual's transition to more cost effective and independent supports.

The third and final initiative will contract with three consultants to train, facilitate and assist the state provider network in developing transformation plans that focus on moving away from congregate settings, both residential and day focused, while promoting independence, community integration, and employment-based services.

Connecticut confirms that APRA funds will not be used to pay for room and board under System Transformation.

Target population: Connecticut is targeting this activity solely at DDS providers delivering services that are listed in Appendix B of the SMDL or that could be listed in Appendix B (e.g., behavioral health services that are covered under another benefit but could be covered under the rehabilitative services benefit).

Sustainability plan: Return on investment to be measured by the increased utilization of more efficient and cost-effective settings as individuals transition away from more costly congregate-type settings. The state will sustain through General Fund dollars.

Action Plan and Timeline

	March 31, 2022	June 30, 2022	September 30, 2022	December 31, 2022
Outcome payments & temporary rate increase for certain DDS waiver providers				
Draft Appendix K	Complete			
Post Appendix K for 30 day public comment	Complete			
Revise Appendix K based on comments	Pending	Complete		
Participate in legislative hearing and approval of Appendix K	Pending	Complete		
Submit Appendix K to CMS	Pending	Complete		
Receive approval from CMS	Pending	Complete		
Process payments	Pending	Pending		

Narrative: The state has a pending appendix K application with a provision specific to the following: --
Incentive-based outcome payments to any qualified residential provider covered under the waivers listed in this Appendix K that transitions a waiver participant from a congregate residential setting toward a more integrated community-based setting.

Temporary rate increases for specific employment and residential waiver service authorizations covered under the waivers listed in this Appendix K that move a waiver participant toward a more independent residential setting or toward competitively-based employment. stabilization payments articulated under this option.

This Appendix K was posted for a 30 day public comment period beginning on January 18, 2022.

Status:

FY23 Q4- The state completed the required state process for Appendix K, including 30-day public comment and a state legislative public hearing. The hearing was conducted on February 28, 2022 and the Committees of Cognizance voted to approve the Appendix K. In response, the Appendix K was submitted to CMS for review. On March 17, 2022 the state received approval of the Appendix K amendment specific to outcome payments and temporary rate increase for certain DDS waiver providers as articulated in this provision and Appendix K.

DDS hired a durational project manager that started on April 8, 2022 and a Temporary Worker Retiree on April 18th to develop and implement a plan for this initiative.

DDS has developed an Advisory Committee structure to implement this initiative. DDS will be convening five workgroups to include the various stakeholder groups:

- a. ARPA Advisory Committee
- B. Residential Transformation Issues
- C. Day Transformation Issues
- D. Individual and Family Engagement
- E. DDS Staff engagement

Letter was sent out to all stakeholders regarding the initiative and requesting names for committee assignments. Started to work on selecting individuals for the various committees

The Project Manager and staff have met three times with the DDS Leadership. The first meeting was to present an overview of the project and the expected outcomes. The other two meetings have been refining the incentives based on the approved Appendix K amendment to present to the aforementioned committees.

The state has completed a draft of an RFP for consultants to assist providers and DDS staff with the development and implementation of provider transformational plans. The RFP should be posted in July.

Update as of August 3, 2022- The state is requesting to repeal and replace the second initiative within this section that focuses on stability of the newly designed system by issuing **temporary payments** for authorizations that move individuals to more independent residential settings **that meet the final settings rule or are solely independent, in that they no longer require DDS funds.** or toward competitively-based employment. After much review the state requests the following initiative replace the above mentioned item. This newly designed initiative allows for an expanded interpretation of what actions promote the independence of an individual and therefore result in a temporary increase by the state. The language being proposed for the replacement is as follows:

Temporary increases for specific employment and residential waiver service authorizations. All increases will promote the independence of the individual and will result in at least one of the following outcomes:

1. Moving out of a congregate residential setting into a more independent setting **that meets the final settings rule or are solely independent, in that they no longer require DDS funds.**
2. Moving into a non-congregate residential setting
3. Increasing the hours of residential service in a non-congregate residential setting to ensure continued independence
4. Moving out of a non-employment day setting into a setting that works toward employment
5. Moving into a setting that works towards employment
6. Moving out of a group employment setting toward a more independent employment-based setting
7. Increasing the support hours of a day setting that works towards employment to ensure continued independence
8. **Transitioning support hours from a non-employment day setting with the intent of moving such hours toward a setting that works toward employment**

The state understands that Waiver authority is required to issue temporary payments as articulated above. To this end, the state will be seeking an amendment through the permanent authorities of the DDS 1915(c) waivers with an effective date of 2/1/2023 to revise the language approved through Appendix K on March 17, 2022.

FY23 Q-3- DDS hired Deloitte Consulting to assist the Department with the transformation initiative and the outcome-based payment program. DDS hired McDowell Communications to assist DDS with communicating the transformation initiative. DDS has been working with the Advisory committees and the subcontractors to develop a transformation guide describing the initiative to providers and families. The guide describes the two phases of the plan. The first phase is for providers who are ready to start the transformation process within the next few months. The second phase is to begin after the completion of the contractor's review of the current DDS system and after its transformational recommendations are accepted by DDS. An interim transition Plan template has been developed for providers that are ready to transition individuals away from congregate settings. A provider survey was disseminated in November to waiver providers of congregate settings to determine interest in the interim transition phase. As of December 31st there were 19 providers who expressed interest. DDS and the contractor will begin working with providers on developing the interim transition plans over the next few months.

Enhance Provider Infrastructure

Stability and Infrastructure Improvements through Technology

Develop, purchase, and implement technology to streamline and modernize antiquated processes, improve billing accuracy, and increase overall efficiency. Investments will result in stabilization in the HCBS provider network through efficiencies and modernized billing processes as well as more appropriate service planning and improved service delivery to HCBS waiver participants. Technology includes two components: 1) provider-facing systems that focus on billing improvements and efficiencies and minimizing negative audit outcomes; and 2) focused technology improvements that include software replacement to improve public reporting of HCBS metrics and, if necessary, updating system licenses.

Target population: Qualified HCBS providers

Sustainability plan: Return on investment to be measured by the efficiencies created from modernized systems. The state will sustain through General Fund dollars.

Department of Social Services

Status: This initiative was combined under the initiative 'Strengthen Quality'

FY23Q3- Combined with 'Strengthen Quality'

Department of Developmental Services

	March 31, 2022	June 30, 2022	September 30, 2022	December 31, 2022
payments for certain DDS waiver providers				
Draft Appendix K	Complete			
Post Appendix K for 30 day public comment	Complete			
Revise Appendix K based on comments	Pending	Complete		
Participate in legislative hearing and approval of Appendix K	Pending	Complete		
Submit Appendix K to CMS	Pending	Complete		
Receive approval from CMS	Pending	Complete		
Process payments	Pending	Complete		

Narrative: The state has a pending appendix K application with a provision specific to this provision. This Appendix K was posted for a 30-day public comment period beginning on January 18, 2022.

Status:

FY23 Q1- The state has since completed the required state process for Appendix K, including 30-day public comment and a state legislative public hearing. The hearing was conducted on February 28, 2022 and the Committees of Cognizance voted to approve the Appendix K. In response, the Appendix K was submitted to CMS for review. On March 17, 2022 the state received approval of the Appendix K

amendment specific to stabilization payments for DDS waiver providers. The first payment to DDS waiver providers as specified in the Appendix K were posted between March 22, 2022 and March 24, 2022. DDS is working through provider attestations, as specified in the approved Appendix K, to ensure that such funds were used for the purposes outlined in the Appendix K. DDS has been working with its fiscal reporting vendor to incorporate the recording of the ARPA funds onto the annual cost report submitted by the private providers.

FY23 Q-3- The Department has paid the third payment to DDS waiver providers as specified in the Appendix K and was posted October 2022. The final payment is to be posted September 2023. DDS has received provider attestations, as specified in the approved Appendix K, to ensure that such funds were used for the purposes outlined in the Appendix K. Providers submitted fiscal reports of the ARPA funds paid in FY2022. DDS has been finalizing the process of recouping funds from providers that either failed to submit an attestation or had any excess funds identified on their fiscal reports.

Strengthen Quality

Fund Innovative Quality Improvement Infrastructure Investments

Connecticut seeks to establish innovative, integrated, person-centered quality infrastructure improvements across the Medicaid healthcare system.

ARPA quality improvement initiatives will work with stakeholders to integrate the CMS QI HCBS Framework within the Department's ongoing QI activities, such as the state's Medicaid Transparency Board, primary care payment reform, maternity bundle, and behavioral health initiatives. In particular, through this funding, Connecticut is interested in advancing, measuring and/or improving key elements of QI as defined by CMS including: 1) Person-centered assessments and care plans; 2) Person-reported outcomes, including choice and decision making, community participation, and experience of care; 3) Rebalancing the long-term services and supports (LTSS) system toward HCBS. In general, the state anticipates that improved metrics defining a team-based approach with coordinated person-centered delivery systems of care will emerge.

The state expects that funding will be used for, but not limited to:

- 1) Administration costs for the design and implementation of the quality initiatives.
- 2) Provider infrastructure costs to improve internal tracking related to required data collection and continual learning;
- 3) Provider training related to how providers can learn from data for continual improvement
- 4) Provider based infrastructure costs associated with implementation of best practice, integrated team models of care
- 5) Surveys of HCBS participants
- 6) Development and testing of new metrics
- 7) Establishment and testing of value-based payments aligned with the QI best practices

Connecticut confirms that all innovative quality improvement initiatives funded under the "Fund Innovative Quality Improvement Initiatives" will be targeted at providers delivering services that are

listed in Appendix B of the SMDL or that could be listed in Appendix B, or individuals who are receiving any of the services listed in Appendix B or services that could be listed in Appendix B. Funds related to this initiative will be paid to providers through enhanced rates related to quality outcomes.

Sustainability plan: Initiatives that meet the criteria above will be sustained with General Fund dollars.

	March 31, 2023	June 30, 2023	September 30, 2023	December 31, 2023
Draft Appendix K and SPA	Complete			
Post Appendix K and SPA for 30 day public comment	Complete			
Revise Appendix K and SPA based on comments	⊙			
Participate in legislative hearing and approval of Appendix K and SPA	⊙			
Submit Appendix K and SPA to CMS	⊙			
Receive approval from CMS	⊙			
Request proposals/attestations from providers	⊙			
Pay first supplemental payment	⊙			
Pay second supplemental payment		⊙		
Pay third supplemental payment			⊙	

Narrative: Connecticut is preparing to submit all authorities required to process supplemental payments funded ARPA. Supplemental payments will be made to providers who participate with the department in the value based payment initiative and who otherwise meet the requirements for a supplemental payment. Supplemental payments will require that the provider submit to the Department details related to their quality infrastructure plan as defined in the Appendix K and SPA.

FY23 Q3-The Appendix K and SPA were drafted and are currently posted for public comment.

Create and Implement Quality Management Tool Kit for HCBS Participants

One the best ways to manage quality is to empower the people who receive services with a strong awareness regarding what to expect from community service providers, who to contact if expectations are not met, and a safe way to report concerns. This initiative will result in both web-based tools and printed materials with the aim of creating a greater sense of awareness and control regarding the quality of supports received.

Sustainability plan: The toolkit will be sustained within existing resources.

Status:

FY23Q3- Activities scheduled to begin in January 2023.


Improve and Expand Universal Assessment System

Under Connecticut’s Balancing Incentive Program, funding was received to develop and implement a universal assessment. The assessment is currently used for all aging and disability Medicaid programs. Over the next two years, Connecticut aims to expand the universal assessment to program participants who receive services from DDS and the Department of Mental Health and Addiction Services. Connecticut confirms that the state is not imposing stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021 through the implementation of the universal assessment under the “Improve and Expand Universal Assessment System” activity.


Target populations: All HCBS 1915(c), and 1915(i) Participants

Sustainability plan: The universal assessment will be sustained within existing resources.

Action Plan and Timeline

	March 31, 2022	June 30, 2022	September 30, 2022	December 31, 2022
Staff hired -	Completed			
Develop Focus Groups on-going meetings				
Focus Groups with Subject Matter Experts and Contractors (Access Agencies' and UCONN)			Complete	
Ongoing meetings with Subject Matter experts (UCONN)			On-going	
Develop and implement testing plan to evaluate results of existing universal assessment compared to DDS assessment				
Identify number of participants for sample	Complete			
Have DSS IT Staff create all new users credentials for the UA		Complete		

Identify staff to complete assessments	In process	Complete		
Train identified staff regarding universal assessment instructions	Pending	Pending	Complete	
Evaluate results of comparison				In Process
Evaluate length of time to complete assessment				Complete
Create requirements for modification of universal assessment based on results or otherwise determine next steps				Pending
Develop and implement APD				Pending

	March 31, 2023	June 30, 2023	September 30, 2023	December 31, 2023
Create Focus Groups and On-going meetings for Quality Mangement				
Setup on-going meetings with subject matter experts (UCONN)	On-going			
Develop and implement testing plan to evaluate results of existing universtal assessment compared to DDS assessment				
Evaluate results of comparison	⊙			
Create requirements for modification of	⊙			

universal assessment based on results or otherwise determine next steps				
Develop and implement APD	⊙			
Submit APD	⊙			
Obtain approval of APD from CMS	⊙			
Project Design				
Project will go out for Competitive Bid	⊙			
EOM Contractor will be selected from the BIP		⊙		
Business System Design Document will be created		⊙		
Review of System Design changes		⊙		
Implementation of Changes and Enhancements			⊙	
Acceptance Testing of Design/functional changes			⊙	
Assist and Evaluate of Implemented changes			⊙	
Quality Assurance Testing			⊙	

Narrative: The Department of Developmental Services (DDS) and the Department of Social Services are collaborating in the development of a universal assessment which may include assessments of participants services by DDS. The state has been in communication with CMS and Lewin regarding the possible integration of certain FASI items. Requirements related to improvements in the universal assessment are pending approval.

The state plans to (1) concurrently run both the former and new assessment instruments for all enrollees (current and new) and (2) apply the assessment instrument's results that would maintain or increase the individual's eligibility or services for the duration of the state's MOE period. The action plan reflects this activity. Furthermore, it is not the intent of the state to result in stricter eligibility standards, methodologies or procedures in years beyond the MOE. The state is engaging in significant testing to

ensure equity between the old tool need groupings and the new need groupings. The state also anticipates using the new tool across all populations to better understand and compare member needs across all populations and programs. The purpose is to achieve standardized data and an equitable allocation of funding by functional need.

Status: All requirements have been compiled and are under review for integration in to the APD.

FY23 Q3 - The state is utilizing current contracting resources to create comparison data and formulate a business process plan for modifying the universal assessment based on such recommendations. An advanced planning document will be submitted to CMS to modify the universal assessment. Once there is approval of the APD from CMS, then it will go out for Competitive BID for an EOM to make the recommended changes. Once we have the EOM secured, we will be working with them to create a BSD (Business System Design) and work on implementing the recommended changes.

Comprehensive Review of Universal Assessment and Level of Need Groupings

The state will contract with a consultant to embark on a comprehensive review of the universal assessment to make recommendations for improvement, for establishment of related need groupings based on a new algorithm and for assignment of need grouping budget allocations to ensure cost neutrality. In addition, the state will use this process to formulate a business process plan for modifying the universal assessment based on the recommendations. The level of need assessment tool currently used by DDS guides the creation of the individualized plan by identifying services and funding allotments to meet the individual's needs. Connecticut confirms that the state is not imposing stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021 through the “Comprehensive Review of Universal Assessment and Level of Need Groupings” activity.

Target populations: Members receiving HCBS

	March 31, 2022	June 30, 2022	September 30, 2022	December 31, 2022
Comprehensive review of UA and create recommendations for improvement				
Identify plan to begin review process	pending	Complete		
Identify sampling methodology	pending	Pending		
Train identified staff regarding universal assessment instructions	Pending	pending		
Evaluate results of comparison			⊙	
Evaluate length of time to complete assessment			⊙	
Create recommendations for improvements/ modifications of universal assessment				⊙

Status:

FY23 Q1- DDS continues to engage with DSS to discuss the universal assessment. At this time the focus is on sampling participants of DDS supports by implementing a universal assessment and comparing it to the current tool using for assessment. The sampling methodology will range between 60 to 91 samples for a confident level between 80-95%. This step will allow the state to formulate a business process plan for modifying the universal assessment based on the recommendations.

DDS is reviewing the necessity of hiring a consultant as articulated in the plan as this may no longer be the direction the department will need to go in. The state will continue to communicate this review and any request to amend this provision.

FY23 Q3- DDS has completed the sampling process and is reviewing the assessment results against the current tool being utilized to measure need for individuals with intellectual disability. Discrepancies identified, are reviewed and potential resolutions are being discussed. Necessary modifications that may be needed to ensure maintenance of effort requirements are kept in tact are being tracked. Once all modifications have been identified, the state is working to draft an APD to address the modifications necessary.

DDS has determined that hiring a consultant for this portion of the plan is no longer necessary, as DDS continues to work collaboratively with state partners for review and analysis.

Case Management System with Capacity for Universal Modality [DDS]

The state will develop and purchase a case management system with capacity for universal modality that takes a "no wrong door" approach to providing supports across the statewide health and human services delivery system for eligible individuals served through DDS. The system may integrate health records and other personal information to streamline service delivery while allowing for two-way access in which the participant has input into planning and services and the provider is able to access real-time information and data to analyze and improve their service delivery method.

Sustainability plan: The system will be sustained through the use of General Fund dollars.

Target populations: Members receiving HCBS

	March 31, 2022	June 30, 2022	September 30, 2022	December 31, 2022
Case Management System				
Begin planning discussions	pending	complete		
Evaluate specific functions that need improvement or that the agency has identified as a priority	pending	complete		
Review options for new systems			⊙	
Ensure modality and interoperability			⊙	
Purchase and implement new system				

Status:

FY23 Q1- The state has begun the pre-requisite planning and organizational work needed to submit an Advance Planning Document. The state has assigned tri-leads that includes a planning lead, a business

lead, and an IT lead. This organizational structure has demonstrated in past initiatives to increase the knowledge base and improve decision making, especially with the amount of vendor and plan management involved with a project of this complexity, scope, and size.

FY23 Q-3- DDS developed a Statement of Work for planning and assessment activities for an integrated case management system to aid in identifying systems in use by other states that meet DDS’ business and technical requirements. The evaluation process will result in a detailed solution recommendation based upon key criteria, as well as identification of and support for implementing the overall procurement strategy. DDS is working with the central IT procurement entity to finalize the procurement document and anticipates posting in the first quarter of CY23.

Critical Incident Management System Enhancements and Improvements DDS

DDS’ critical incident management system used to identify critical incidents for waiver participants served by DDS is currently based on Medicaid claims only. This initiative will add Medicare and level of need data as well as admission, discharge and transfer information to the claims that are reviewed. Additional data into the system will improve critical incident detection and allow the state to better identify, address and mitigate critical incidents in the future.

Sustainability plan: The ongoing maintenance for the system will be sustained through the use of General Fund dollars.

	March 31, 2022	June 30, 2022	September 30, 2022	December 31, 2022
Improvements to Critical Incident System				
Request an estimate from current vendor	pending	Complete		
Receive estimate of work from current vendor	pending	complete		
Negotiate on cost of terms and cost of enhancements	Pending	pending		
Amend current contract to capture changes			⊙	
Vendor added Medicare and level of need data as well as admission, discharge and transfer information to the claims that are reviewed.				⊙

Status:

FY23 Q1 - The contract with the Vendor, Pulselight, renews in late August 2022, DSS is the lead agency and DDS is a party to the contract. The State developed a draft Scope of Work for the Vendor. A draft IAPD was written with the assistance of DSS/Health Tech.

FY23 Q3-DDS developed a Scope of Work with the critical incident software vendor. DSS incorporated DDS' information into their APD Update which was submitted and approved on October 8, 2022. DDS is working with the contracting unit at DSS to modify the necessary agreements and process any additional reviews and approvals needed to execute the contract. DDS has begun planning work with the vendor to prepare for incorporating new data and changes into the critical incident detection software system.

Participant Survey Improvement and Expansion [DDS]

The state will contract with a third party to implement the National Core Indicators (NCI) survey to HCBS waiver participants served by DDS. This participant-based survey will collect feedback about the quality and satisfaction of services and supports provided by the state. Responses will influence and inform quality improvement activities and comparison data to other states. NCI responses were recently added to the state's Medicaid waiver assurance reporting to measure performance through the HCBS Medicaid waivers for DDS.

Sustainability plan: The contract will be sustained through the use of General Fund dollars.

	March 31, 2022	June 30, 2022	September 30, 2022	December 31, 2022
Contract with third party on NCI				
Discuss preliminary proposal with interested party	pending	Complete		
Receive estimate of work from interested party	pending	pending		
Negotiate terms of MOA	Pending	pending		
Execute MOA			⊙	

Status:

FY23 Q1- DDS has engaged with the state university on preliminary conversations to collaborate in a memorandum of agreement (MOA) that would allow the university to implement the NCI survey for HCBS waiver participants served by DDS. DDS is discussing the terms of this MOA. DDS has drafted the terms of the MOA with the state agency proposed to implement the NCI survey for HCBS waiver participants served by DDS. Proposed start of the MOA is September 2022. MOA is under review with the state university at this time.

FY23 Q3- The MOA was executed timely and the state university started their work on September 2022.



Pay-for-Performance (P4P) Initiative (Value Based Payment – VBP)


Connecticut aims to create a value-based fee-for-service model. The model will provide incentive payments to HCBS providers based on clearly defined outcomes. The first step of this initiative is to establish outcomes. Year one outcomes will include, but not be limited to, participation in racial equity training and enrollment in the state's health information exchange. To ensure ongoing focus on the new


HCBS delivery payment system, two additional state agency staff are proposed to continually monitor outcomes, develop new metrics, and drive overall improved performance. Connecticut is targeting this activity solely at providers delivering services that are listed in Appendix B of the SMDL or that could be listed in Appendix B (e.g., behavioral health services that are covered under another benefit but could be covered under the rehabilitative services benefit).

Sustainability plan: Ongoing payments will be based on effectiveness of changing provider performance and will be cost neutral to the Medicaid system.


Action Plan and Timeline

	March 31, 2022	June 30, 2022	September 30, 2022	December 31, 2022
Hire Staff		Complete		
Establish workgroup and host ongoing meetings	ongoing			
Develop P4P plan	Completed			
Establish metrics for plan and submit within appropriate authority	Completed through July 2022	In Process	In Process	In Process
Identify partners and enter into agreements – (state information health exchange (CONNIE) and Office of Organizational and Skill Development (OSD))	Completed			
Engage providers in P4P incentive	Ongoing			Ongoing
Establishing tracking method to keep inventory of successful providers	Completed			
Revise tracking system		□		
Establish requirements in MMIS to pay VBP to providers	Completed			
Successfully enroll over 180 providers	Completed			

in state HIE (data sharing agreements) and racial equity training				
Process March VBP to providers who meet benchmarks	Pending	Complete		
Develop Use Cases for data sharing in the HIE	In process	In process	Complete	
Continue engagement with providers to sign Use Cases and continue to participate in racial health equity training	In process			In process
Process July VBP to providers who meet benchmarks			In process	Completed
Identify NCQA as additional partner and initiate meetings	Ongoing			Ongoing
Establish metrics payments beginning November 2022	In process	In process	In process	Complete
Incorporate metrics and payment methods in appropriate Medicaid authority	Pending	Pending	In process	⊙
Approval for ongoing VBP established authority				⊙

	March 31, 2023	June 30, 2023	September 30, 2023	December 31, 2023
Workgroup meetings	Ongoing			
Engage providers in P4P incentive	Ongoing			
Continue engagement with providers to sign	Ongoing			



Use Cases and continue to participate in racial health equity training				
Identify NCQA as additional partner and initiate meetings	Ongoing			
Seek approval from CMS for ongoing value based payments				
Draft Appendix K and SPA	Complete			
Post Appendix K and SPA for 30 day public comment	Complete			
Revise Appendix K and SPA based on comments	⊙			
Participate in legislative hearing and approval of Appendix K and SPA	⊙			
Submit Appendix K and SPA to CMS	⊙			
Receive approval from CMS	⊙			
Continue ongoing value based payments	⊙	⊙	⊙	⊙
Incorporate metrics and payment methods in appropriate Medicaid authority	Pending	Pending	Pending	⊙
Approval for ongoing VBP established authority				⊙
HCBS providers participate in Learning Collaboratives	⊙			

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Narrative: The state made significant progress towards the development and implementation of a value based payment initiative. Initial benchmarks were identified and include: 1) signing a data sharing agreement with CONNIE (the state’s health information exchange (HIE)); and, 2) provider participation in racial health equity training. The state partnered with CONNIE and OSD to implement the initiative. Two webinars were hosted during the quarter to introduce providers to the VBP initiative and to provide instruction for how to participate. DSS established a website where providers could go to get continual updates and information. The web site is here: [Home and Community-Based Services - Connecticut’s Investment under the American Rescue Plan Act --Value Based Payments](#) A communication plan was designed, developed, implemented, and revised. The state established a goal of 100 providers achieving the benchmark.

To date, over 200 HCBS providers are participating in the VBP. Providers have enrolled with CONNIE and have signed the Use Case to facilitate data sharing. To date, over 6200 direct care workers have completed racial health equity training. The state plans to continue with incentives which aim to increase standardized data sharing with CONNIE through aligning payments funded under the quality improvement and infrastructure activities approved under ARPA. The state plans to continue investment in infrastructure and training until October 2023. Baseline data for ongoing outcome payments will be published at that time. The state’s strategy is to focus all providers including HCBS and medical providers on aligning delivery of service with the member’s goals. Goals will be documented at the top of each member profile in CONNIE. Measurable outcomes were determined during the reporting period and include: 1) Decrease in percentage of HCBS members experiencing ‘avoidable’ hospitalization; 2) Increase in percentage of members discharged to community in lieu of nursing home after hospital admission; 3) Increase in % of individuals who are admitted to a nursing home and discharged within the first 90 days.

Status:

FY23Q3- The state plans to submit a new Appendix K and a new SPA in March seeking continuance of value based payments.

Over 180 HCBS providers participated in a survey created by the organization constructing CONNIE. This has allowed Connecticut to identify an agency champion for the VBP initiative. This survey has allowed participating HCBS providers to provide feedback on the development of the portals in CONNIE that will be used by them in the future. Other outcomes of the value based payment are document under racial health equity training.

Creation of Outcome-Based Incentive Program [DDS]

The state will contract with consultants to create an outcome-based payment program for qualified providers of DDS. The consultants will be tasked with developing metrics that DDS qualified providers must meet to receive incentive payments. Such metrics may include a variety of quality measures that center on an individual’s experience as measured in national surveys or other quality service reviews.

Sustainability plan: Consultant recommendations will determine future funding needs.

Status:

FY23 Q1- The state completed the required state process for Appendix K, including 30-day public comment and a state legislative public hearing. The hearing was conducted on February 28, 2022 and the Committees of Cognizance voted to approve the Appendix K. In response, the Appendix K was submitted to CMS for review. On March 17, 2022 the state received approval of the Appendix K amendment specific to outcome payments and temporary rate increase for certain DDS waiver providers as articulated in this provision and Appendix K.

DDS hired a durational project manager that started on April 8, 2022 and a Temporary Worker Retiree on April 18th to develop and implement a plan for this initiative.

The state has completed a draft of an RFP for consultants to research, develop and recommend an outcome-based program for provider payments. The RFP should be posted in July.

FY23 Q3- DDS hired Deloitte Consulting to assist the Department with the transformation initiative and the outcome-based payment program. Deloitte has been reviewing the current payment structure, outcome payment programs at other CT state agencies and other utilized in other states. Their analysis should be completed in January and recommendations should be made late winter or early Spring.

Staffing Plan

Contract support for state HCBS/home health metric development

Five DDS durational project managers and two durational clerical support staff to implement options as outlined in this request.

- Assistive technology expansion
- Supportive housing model expansion
- System transformation and redesign
- Oversight of technology and system improvement projects
- Workforce recruitment and retention

Status of Department of Developmental Services Staffing:

	March 31, 2022	June 30, 2022	September 30, 2022	December 31, 2022
Develop and submit requests for positions				
Receive approval for positions	Pending	completed		
Hire Durational Project Managers	Pending	3 of the 5 completed		
Hire Durational Clerical	Pending	pending		

Status:

FY23 Q1-DDS hired a durational project manager that started on April 8, 2022 and a Temporary Worker Retiree on April 18th to develop and implement a plan for this initiative. A third staff is schedule to start in July. DDS is working on the job specifications for additional staff to be hired later in the year.

FY23 Q3- DDS will begin interviewing for a clerical position and two durational managerial positions in January.

Department of Social Services Staffing

Six full time public assistance consultants to lead each of the following initiatives and one full time manager to supervise public assistance consults:

- Assistive technology and environmental adaptation initiative
- Informal caregivers initiative
- Expansion of the universal assessment
- Quality innovation activities
- HCBS delivery transformation activities

- Racial Equity Training and learning collaboratives (noted in training section)

One principal health care analyst and one associate health care analyst to support VBP.

Action Plan and Timeline– Department of Social Services Staffing

	March 31, 2022	June 30, 2022	September 30, 2022	December 31, 2022
Develop and submit requests for positions				
Receive approval for all positions	Completed			
Post public assistance consultant positions	Completed			
Review applicants and begin interviewing	Completed			
Offer positions	Pending	Complete		
Post manager, associate health care analyst positions	Completed			
Review applicants and begin interviewing	Pending	Completed		
Offer manager position		In process	Completed	
Continue hiring process for health care analysts			In process	Completed
Post principal health care analyst positions		Completed		
Review applicants and begin interviewing			Completed	
Offer princinal health care analyst position			Completed	

Narrative: DSS expects all staff to be hired within the next 60 days.

Evaluation

The University of Connecticut Center on Aging will assess success of all initiatives, determine if anticipated outcomes have been met and determine return on investment. Initiatives that demonstrate savings sufficient to offset costs will be sustained in Connecticut's HCBS system in 2025.

Status:

FY23Q3 -The UCONN contract was executed. The evaluation plan is under development.