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State/Territory Name: CT

State Plan Amendment (SPA): CT-23-0012-A

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

June 26, 2024

Andrea Barton Reeves, J.D., Commissioner
Department of Social Services
55 Farmington Avenue, 5th Floor
Hartford, CT 06105-3730

RE: TN 23-0012-A

Dear Commissioner Reeves:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Connecticut's state plan amendment (SPA) to Attachment 4.19-B 23-0012-A, which was submitted to CMS on June 29, 2023. This plan amendment updates the reimbursement methodology for programs under Home and Community-Based Services (HCBS).

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of May 12, 2023. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Jerica Bennett at 410-786-1167 or via email at jerica.bennett@cms.hhs.gov.

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>2 3</u> — <u>00 1 2 A</u>	2. STATE <u>CT</u>
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
5. FEDERAL STATUTE/REGULATION CITATION Social Security Act Sections 1905(a)(3), (4)(E) and (F), (5), (6), (7), (9), (10), (13), (18), (21), 1915(k) and 42 CFR 440.30, 50, 60, 70, 90, 100, 130(d), 441 Subpart K		4. PROPOSED EFFECTIVE DATE <p style="text-align: center; font-weight: bold;">May 12, 2023</p>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B page 1(a)vii Attachment 4.19-B Page 1(a)viii (NEW) Att.4.19-B, page 24, 29a, 29b Attachment 4.19-B page 46a and 46b (NEW)		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY <u>2023</u> \$ <u>458,492</u> b FFY <u>2024</u> \$ <u>496,830</u>	
9. SUBJECT OF AMENDMENT Effective on the first day after the COVID-19 federal public health emergency, as detailed in the cover letter, this SPA reflects value-based payment date changes pertaining to sections: (home health); 1915i Home Comm Based Services; 1915(i) CT Housing Engagement & Support Services and Community First Choice State Plan Option Pursuant to Section 1915(k).		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B page 1(a)vii Att.4.19-B, page 24, 29a, 29b	
10. GOVERNOR'S REVIEW (Check One) <input checked="" type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> OTHER, AS SPECIFIED: <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
11. SIGNATURE OF STATE AGENCY OFFICIAL [Redacted Signature]		15. RETURN TO State of Connecticut Department of Social Services 55 Farmington Avenue – 9th floor Hartford, CT 06105 Attention: Ginny Mahoney	
12. TYPED NAME Andrea Barton Reeves, J.D.		13. TITLE Commissioner	
14. DATE SUBMITTED June 28, 2023		16. DATE RECEIVED 6/29/23	
17. DATE APPROVED 06/26/2024		FOR CMS USE ONLY	
18. EFFECTIVE DATE OF APPROVED MATERIAL 05/12/2023		19. SIGNATURE OF APPROVING OFFICIAL [Redacted Signature]	
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion		21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review	
22. REMARKS			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State Connecticut

Home Health Services (Continued)

Rate Increases and Supplemental Payments to Enhance, Expand, and/or Strengthen Home and Community-Based Services (HCBS): Implemented in accordance with the state's Spending Plan for Implementation of the American Rescue Plan Act of 2021, Section 9817, as updated (ARPA HCBS Spending Plan): General Requirements: All rate increases set forth below apply only to providers actively enrolled on the date payment is issued. As applicable, payments may be proportionally reduced to the extent necessary to remain within available funding approved under the ARPA HCBS Spending Plan.

i. On or before July 31, 2023, benchmark payments will be paid to eligible home health providers effective for and calculated based on 2% of expenditures from March 1, 2023, through June 30, 2023. Benchmarks must be met no later than June 15, 2023, and are as follows:

- (a) Participation in Department of Social Services' racial equity training and participation in related learning collaboratives;
- (b) Accessing and viewing data within the HIE and participation in data use learning collaboratives and training.

ii. On or before November 30, 2023, benchmark payments will be paid to eligible Home Health providers effective for and calculated based on 2% of expenditures from July 1, 2023, through October 31, 2023. Benchmarks must be met no later than October 15, 2023, and are as follows:

- (a) Department of Social Services' racial equity training required component of all new staff orientation. Participation in related learning collaboratives;
- (b) Accessing and viewing data within the HIE and participation in data use learning collaboratives and training.

iii. On or before November 30, 2024, benchmark payments will be paid to eligible Home Health providers effective for and calculated based on 2% of expenditures from July 1, 2024, through October 31, 2024. Benchmarks must be met no later than October 15, 2024, and are as follows:

- (a) Participation in the Department of Social Services' racial equity training and participation in related learning collaboratives;
- (b) Accessing and viewing data within the HIE and participation in data use learning collaboratives and training.

iv. Beginning with payments to be made on or before May 31, 2025, and every six months thereafter, payments will be paid to eligible Home Health providers who meet the following outcomes:

- (a) Decrease in avoidable hospitalization;
- (b) Increase in percent of people who need ongoing services discharged from hospital to community in lieu of nursing home;
- (c) Decrease health inequities among members served.

Payments are based on up to 2% of expenditures for the 6 months that immediately precede each payment (other than the first outcome payment which will be based on the 4 months that immediately precede the first payment). If the total cost of the 2% payout is less than total funds available, excess funds will be prorated up to a maximum limit of 4% and paid to providers who qualify for the outcome payment. This higher limit of 4% will be based on availability of funds as approved within the ARPA HCBS Spending Plan. Providers who meet all of the performance measures will receive a full payment. Providers who meet fewer than the maximum possible number of performance measures will receive a partial payment based on the number of performance measures that they meet, in which meeting each measure is associated with a pro rata equal share of the total payment for the provider.

TN # 23-0012-A
Supersedes
TN # 21-0034

Approval Date 06/26/2024 Effective Date 05/12/2023

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State Connecticut

Home Health Services (Continued)

Quality Infrastructure Supplemental Payments

Payments will be made on or before November 30, 2024, and May 31, 2025, to eligible home health providers who have met the requirements for the November 2023 benchmark payment period and meet the benchmarks set forth below effective during and based on the greater of 5% of expenditures during the six calendar months that immediately precede the month in which the payment is made or \$5,000. For purposes of determining the applicability of the \$5,000 in lieu of the percentage, expenditures used as the basis of the payment are total HCBS expenditures for the provider across all programs. The following benchmarks apply and must be met no later than the first day of the month in which the payment is made:

- (a) Benchmark for November 2024 payment – Providers have met requirements to improve member service delivery documented and contracts in place with vendors to modify delivery system; providers have member satisfaction survey drafted;

- (b) Benchmark for May 2025 payment – Providers have delivery system modifications complete and have delivery system implemented and integrated into member service planning; member satisfaction survey complete.

TN # 23-0012-A

Supersedes

TN # NEWApproval Date 06/26/2024 Effective Date 05/12/2023

Rate Increases and Supplemental Payments to Enhance, Expand, and/or Strengthen Home and Community-Based Services (HCBS): Implemented in accordance with the state's Spending Plan for Implementation of the American Rescue Plan Act of 2021, Section 9817, as updated (ARPA HCBS Spending Plan): General Requirements: All rate increases set forth below apply only to providers actively enrolled on the date payment is issued. Providers and services excluded from these rate increases are: assistive technology; environmental accessibility modifications, personal response systems, skilled chore services, and all Self-Directed Services. As applicable, payments may be proportionally reduced to the extent necessary to remain within available funding approved under the ARPA HCBS Spending Plan.

(a) Performance Supplemental Payments: i. On or before July 31, 2023, benchmark payments will be paid to 1915(i) CHCPE providers effective for and calculated based on 2% of expenditures from March 1, 2023, through June 30, 2023. Benchmarks must be met no later than June 15, 2023, and are as follows: (a) Participation in Department of Social Services' racial equity training and related learning collaboratives; (b) Accessing and viewing data within the HIE and participation in data use learning collaboratives and training. ii. On or before November 30, 2023, benchmark payments will be paid to 1915(i) CHCPE providers effective for and calculated based on 2% of expenditures from July 1, 2023, through October 31, 2023. Benchmarks must be met no later than October 15, 2023, and are as follows: (a) Department of Social Services' racial equity training required component of all new staff orientation. Participation in related learning collaboratives; (b) Accessing and viewing data within the HIE and participation in data use learning collaboratives and training. iii. On or before November 30, 2024, benchmark payments will be paid to 1915(i) CHCPE providers effective for and calculated based on 2% of expenditures from July 1, 2024, through October 31, 2024. Benchmarks must be met no later than October 15, 2024, and are as follows: (a) Department of Social Services' racial equity training required component of all new staff orientation. Participation in related learning collaboratives; (b) Accessing and viewing data within the HIE and participation in data use learning collaboratives and training.

Beginning with payments to be made on or before May 31, 2025, and every six months thereafter, payments will be paid to 1915(i) CHCPE providers who meet the following outcomes: (a) Decrease in avoidable hospitalization; (b) Increase in percent of people who need ongoing services discharged from hospital to community in lieu of nursing home (c) Decrease health inequities among members served; (d) Increase the number of members meeting their person-centered goals. Payments are based on up to 2% of expenditures for the 6 months that immediately precede each payment (other than the first outcome payment which will be based on the 4 months that immediately precede the first payment). If the total cost of the 2% payout is less than total funds available, excess funds will be prorated up to a maximum limit of 4% and paid to providers who qualify for the outcome payment. This higher limit of 4% will be based on availability of funds as approved within the ARPA HCBS Spending Plan. Providers who meet all of the performance measures will receive a full payment. Providers who meet fewer than the maximum possible number of performance measures will receive a partial payment based on the number of performance measures that they meet, in which meeting each measure is associated with a pro rata equal share of the total payment for the provider.

(b) Quality Infrastructure Supplemental Payments: Payments will be made on or before November 30, 2024, and May 31, 2025, to 1915(i) CHCPE providers who have met the requirements for the November 2023 benchmark payment period and meet the benchmarks set forth below effective during and based on the greater of 5% of expenditures during the six calendar months that immediately precede the month in which the payment is made or \$5,000. For purposes of determining the applicability of the \$5,000 in lieu of the percentage, expenditures used as the basis of the payment are total HCBS expenditures for the provider across all programs. The following benchmarks apply and must be met no later than the first day of the month in which the payment is made: (a) Benchmark for November 2024 payment – Providers have met requirements to improve member service delivery documented and contracts in place with vendors to modify delivery system; providers have member satisfaction survey drafted; (b) Benchmark for May 2025 payment – Providers have delivery system modifications complete and implemented and integrated into member service planning; member satisfaction survey complete.

PRA Disclosure Statement According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 114 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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

Rate Increases and Supplemental Payments to Enhance, Expand, and/or Strengthen Home and Community-Based Services (HCBS), Implemented in Accordance with the state's Spending Plan for Implementation of the American Rescue Plan Act of 2021, Section 9817, as updated (ARPA HCBS Spending Plan):

General Requirements: All rate increases set forth below apply only to providers actively enrolled on the date payment is issued. The only CFC providers eligible to receive these rate increases are providers of assessment services and agency-based support and planning coach services. As applicable, payments may be proportionally reduced to the extent necessary to remain within available funding approved under the ARPA HCBS Spending Plan.

(a) Performance Supplemental Payments:

i. On or before July 31, 2023, benchmark payments will be paid to eligible CFC providers effective for and calculated based on 2% of expenditures from March 1, 2023, through June 30, 2023. Benchmarks must be met no later than June 15, 2023, and are as follows: (a) Participation in Department of Social Services' racial equity training and participation in related learning collaboratives; (b) Accessing and viewing data within the HIE and participation in data use learning collaboratives and training.

ii. On or before November 30, 2023, benchmark payments will be paid to eligible CFC providers effective for and calculated based on 2% of expenditures from July 1, 2023, through October 31, 2023. Benchmarks must be met no later than October 15, 2023, and are as follows: (a) Department of Social Services' racial equity training required component of all new staff orientation. Participation in related learning collaboratives; (b) Accessing and viewing data within the HIE and participation in data use learning collaboratives and training.

iii. On or before November 30, 2024, benchmark payments will be paid to eligible CFC providers effective for and calculated based on 2% of expenditures from July 1, 2024, through October 31, 2024. Benchmarks must be met no later than October 15, 2024, and are as follows: (a) Department of Social Services' racial equity training required component of all new staff orientation. Participation in related learning collaboratives; (b) Accessing and viewing data within the HIE and participation in data use learning collaboratives and training.

iv. Beginning with payments to be made on or before May 31, 2025, and every six months thereafter, payments will be paid to eligible CFC providers who meet the following outcomes: (a) Decrease in avoidable hospitalization; (b) Increase in percent of people who need ongoing services discharged from hospital to community in lieu of nursing home; (c) Decrease health inequities among members served; (d) Increase the number of members meeting their person-centered goals.. Payments are based on up to 2% of expenditures for the 6 months that immediately precede each payment (other than the first outcome payment which will be based on the 4 months that immediately precede the first payment). If the total cost of the 2% payout is less than total funds available, excess funds will be prorated up to a maximum limit of 4% and paid to providers who qualify for the outcome payment. This higher limit of 4% will be based on availability of funds as approved within the ARPA HCBS Spending Plan.

TN # 23-0012-AApproval Date 06/26/2024Effective Date 05/12/2023

Supersedes

TN # 23-0005-A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Connecticut

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

Providers who meet all of the performance measures will receive a full payment. Providers who meet fewer than the maximum possible number of performance measures will receive a partial payment based on the number of performance measures that they meet, in which meeting each measure is associated with a pro rata equal share of the total payment for the provider.

(b) Quality Infrastructure Supplemental Payments

Payments will be made on or before November 30, 2024, and May 31, 2025, to eligible CFC providers who have met the requirements for the November 2023 benchmark payment period and meet the benchmarks set forth below effective during and based on the greater of 5% of expenditures during the six calendar months that immediately precede the month in which the payment is made or \$5,000. For purposes of determining the applicability of the \$5,000 in lieu of the percentage, expenditures used as the basis of the payment are total HCBS expenditures for the provider across all programs. The following benchmarks apply and must be met no later than the first day of the month in which the payment is made: (a) Benchmark for November 2024 payment – Providers have met requirements to improve member service delivery documented and contracts in place with vendors to modify delivery system; providers have member satisfaction survey drafted; (b) Benchmark for May 2025 payment – Providers have delivery system modifications complete and implemented and integrated into member service planning; member satisfaction survey complete.

TN # 23-0012-A
Supersedes
TN # 23-0005-A

Approval Date 06/26/2024Effective Date 05/12/2023

**Reimbursement Methodology for Connecticut Housing Engagement and Support Services (CHESS)
State Plan HCBS Benefit Under Section 1915(i)**

Rate Increases and Supplemental Payments to Enhance, Expand, and/or Strengthen Home and Community-Based Services (HCBS), Implemented in accordance with the state's Spending Plan for Implementation of the American Rescue Plan Act of 2021, Section 9817, as updated (ARPA HCBS Spending Plan):

General Requirements: All rate increases set forth below apply only to providers actively enrolled on the date payment is issued. As applicable, payments may be proportionally reduced to the extent necessary to remain within available funding approved under the ARPA HCBS Spending Plan.

i. On or before July 31, 2023, a one-time supplemental payment will be paid to CHESS providers calculated at 1% of expenditures from August 16, 2021 through October 31, 2022 for each qualifying provider that meets the following standards on or before June 15, 2023: (a) Participation in Department of Social Services' racial equity training and identification and participation of an individual who will 'champion' racial equity service delivery change, (b) Provider has executed a data sharing agreement with the state's Health Information Exchange (HIE), (c) signing, at a minimum, the HIE Empanelment Use Case, (d) action plan detailing how the provider sends their client roster in an approved format to the state's HIE, and (e) Completion of HIE stakeholder input tool and identification and participation of an individual who will 'champion' delivery system change.

ii. On or before July 31, 2023, benchmark payments will be paid to 1915(i) CHESS providers effective for and calculated based on 2% of expenditures from March 1, 2023, through June 30, 2023. Benchmarks must be met no later than June 15, 2023, and are as follows: (a) Participation in Department of Social Services' racial equity training and participation in related learning collaboratives; (b) Accessing and viewing data within the HIE and participation in data use learning collaboratives and training.

iii. On or before November 30, 2023, benchmark payments will be paid to 1915(i) CHESS providers effective for and calculated based on 2% of expenditures from July 1, 2023, through October 31, 2023. Benchmarks must be met no later than October 15, 2023, and are as follows: (a) Department of Social Services' racial equity training required component of all new staff orientation. Participation in related learning collaboratives; (b) Accessing and viewing data within the HIE and participation in data use learning collaboratives and training.

iii. On or before November 30, 2024, benchmark payments will be paid to 1915(i) CHESS providers effective for and calculated based on 2% of expenditures from July 1, 2024, through October 31, 2024. Benchmarks must be met no later than October 15, 2024, and are as follows: (a) Department of Social Services' racial equity training required component of all new staff orientation. Participation in related learning collaboratives; (b) Accessing and viewing data within the HIE and participation in data use learning collaboratives and training.

iv. Beginning with payments to be made on or before May 31, 2025, and every six months thereafter,

Reimbursement Methodology for Connecticut Housing Engagement and Support Services (CHESS)

State Plan HCBS Benefit Under Section 1915(i)

payments will be paid to 1915(i) CHESS providers who meet the following outcomes: (a) Decrease in avoidable hospitalization; (b) Increase in percent of people who need ongoing services discharged from hospital to community in lieu of nursing home; (c) Decrease health inequities among members served; (d) Increase the number of members meeting their person-centered goals.. Payments are based on up to 2% of expenditures for the 6 months that immediately precede each payment (other than the first outcome payment which will be based on the 4 months that immediately precede the first payment). If the total cost of the 2% payout is less than total funds available, excess funds will be prorated up to a maximum limit of 4% and paid to providers who qualify for the outcome payment. This higher limit of 4% will be based on availability of funds as approved within the ARPA HCBS Spending Plan. Providers who meet all of the performance measures will receive a full payment. Providers who meet fewer than the maximum possible number of performance measures will receive a partial payment based on the number of performance measures that they meet, in which meeting each measure is associated with a pro rata equal share of the total payment for the provider.

(b) Quality Infrastructure Supplemental Payments

Payments will be made on or before November 30, 2024, and May 31, 2025, to 1915(i) CHESS providers who have met the requirements for the November 2023 benchmark payment period and the benchmarks set forth below effective during and based on the greater of 5% of expenditures during the six calendar months that immediately precede the month in which the payment is made or \$5,000. For purposes of determining the applicability of the \$5,000 in lieu of the percentage, expenditures used as the basis of the payment are total HCBS expenditures for the provider across all programs. The following benchmarks apply and must be met no later than the first day of the month in which the payment is made: (a) Benchmark for November 2024 payment – Providers have met requirements to improve member service delivery documented and contracts in place with vendors to modify delivery system; providers have member satisfaction survey drafted; (b) Benchmark for May 2025 payment – Providers have delivery system modifications complete and integrated into member service planning; member satisfaction survey complete.

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