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State/Territory Name: Connecticut

State Plan Amendment (SPA) #: 22-0003-A

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS-179
- 3) Approved SPA Pages

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



June 7, 2022

Dr. Deidre Gifford, Commissioner
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105

Re: Connecticut State Plan Amendment (SPA) 22-0003-A

Dear Commissioner Gifford:

We have reviewed the proposed amendment to add section 7.4 Medicaid Disaster Relief for the COVID-19 National Emergency to your Medicaid state plan, as submitted under transmittal number (TN) 22-0003-A. This amendment proposes to implement temporary policies, which are different from those policies and procedures otherwise applied under your Medicaid state plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof).

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 *et seq.*), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences of the COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse.

This authority took effect as of 6 PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and this state plan provision will no longer be in effect, upon termination of the public health emergency, including any extensions.

Pursuant to section 1135(b)(5) of the Act, for the period of the public health emergency, CMS is modifying the requirement at 42 C.F.R. 430.20 that the state submit SPAs related to the COVID-19 public health emergency by the final day of the quarter, to obtain a SPA effective date during the quarter, enabling SPAs submitted after the last day of the quarter to have an effective date in a previous quarter, but no earlier than the effective date of the public health emergency.

The State of Connecticut also requested a waiver of public notice requirements applicable to the SPA submission process. Pursuant to section 1135(b)(1)(C) of the Act, CMS is waiving public notice requirements applicable to the SPA submission process. Public notice for SPAs is required under 42 C.F.R. §447.205 for changes in statewide methods and standards for setting Medicaid payment rates, 42 C.F.R. §447.57 for changes to premiums and cost sharing, and 42 C.F.R. §440.386 for changes to Alternative Benefit Plans (ABPs). Pursuant to section 1135(b)(1)(C) of the Act, CMS is approving the state's request to waive these notice requirements otherwise applicable to SPA submissions.

The State of Connecticut also requested a waiver to modify the tribal consultation timeline applicable to this SPA submission process. Pursuant to section 1135(b)(5) of the Act, CMS is also allowing states to modify the timeframes associated with tribal consultation required under section 1902(a)(73) of the Act, including shortening the number of days before submission or conducting consultation after submission of the SPA.

These waivers or modifications of the requirements related to SPA submission timelines, public notice, and tribal consultation apply only with respect to SPAs that meet the following criteria: (1) the SPA provides or increases beneficiary access to items and services related to COVID-19 (such as by waiving or eliminating cost sharing, increasing payment rates or amending ABPs to add services or providers); (2) the SPA does not restrict or limit payment or services or otherwise burden beneficiaries and providers; and (3) the SPA is temporary, with a specified sunset date that is not later than the last day of the declared COVID-19 public health emergency (or any extension thereof). We nonetheless encourage states to make all relevant information about the SPA available to the public so they are aware of the changes.

We conducted our review of your submittal according to the statutory requirements at section 1902(a) of the Act and implementing regulations. This letter is to inform you that Connecticut Medicaid SPA Transmittal Number 22-0003-A is approved effective March 1, 2020.

Enclosed is a copy of the CMS-179 summary form and the approved state plan pages.

Please contact Marie DiMartino at 617-565-9157 or by email at Marie.Dimartino@cms.hhs.gov if you have any questions about this approval. We appreciate the efforts of you and your staff in responding to the needs of the residents of the State of Connecticut and the health care community.

Sincerely,

Alissa M.
Deboy -S

Digitally signed by Alissa
M. Deboy -S
Date: 2022.06.07
09:05:14 -04'00'

Alissa Mooney DeBoy
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

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

1. TRANSMITTAL NUMBER <u>2 2</u> — <u>0 0 0</u> 3-A	2. STATE <u>CT</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
March 1, 2020

5. FEDERAL STATUTE/REGULATION CITATION
Sections 1135, 1915(i), and ~~XXXXXX~~ of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2021 \$ ~~80,504~~ 0
b. FFY 2022 \$ ~~45,850~~ 39,375

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Section 7.4-A, Pages 1, 2, 6, 11b
Section 7.4-A, Pages ~~1, 6a, 11b~~ 6b, 6c

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Section 7.4-A, Pages 1, 2, 6, 11b
NEW

9. SUBJECT OF AMENDMENT
For the effective dates, scope, and details set forth in the state plan pages, consistent with the state's ARPA sec. 9817 HCBS spending plan, this COVID-19 disaster relief SPA implements coverage and payment changes to section 1915(i) Connecticut Home Care Program for Elders (CHCPE) services ~~and section 1915(k) Community First Choice services.~~

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

13. TITLE
Commissioner

14. DATE SUBMITTED
January 13, 2022

15. RETURN TO
State of Connecticut
Department of Social Service
55 Farmington Avenue, 9th Floor
Hartford, CT 06105
Attention: Ginny Mahoney

FOR CMS USE ONLY

16. DATE RECEIVED January 13, 2022	17. DATE APPROVED June 7, 2022
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL March 1, 2020	19. SIGNATURE OF APPROVING OFFICIAL Alissa M. DeBoy -S Digitally signed by Alissa M. DeBoy -S Date: 2022.06.07 09:05:58 -04'00'
20. TYPED NAME OF APPROVING OFFICIAL Alissa Mooney DeBoy	21. TITLE OF APPROVING OFFICIAL on Behalf of Anne Marie Costello Deputy Director Centers for Medicaid and CHIP Services

22. REMARKS

Pen and ink changes requested to boxes 1, 5, 6, 7, 8, and 9 on June 1, 2022

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Connecticut**Section 7 – General Provisions****7.4-A. Medicaid Disaster Relief for the COVID-19 National Emergency**

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and waivers will no longer be available, upon termination of the public health emergency, including any extensions.

The State Medicaid agency (agency) seeks to implement the policies and procedures described below, which are different than the policies and procedures otherwise applied under the Medicaid state plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof), or for any shorter period described below:

Describe shorter period here.

Except as where a shorter period is specifically identified below within each specific section, all other provisions of this Section 7.4-A below apply from March 1, 2020 through the termination of the public health emergency, including any extensions.

As detailed in sections D.1, E.1, and E.4 below, coverage and rates for specified COVID-19 vaccine administration (and administration of other specified vaccines) are in effect from December 11, 2020 through the termination of the public health emergency, including any extensions. As detailed in section D.4 below, 90-day supply of medication other than controlled substance medications is authorized from March 1, 2020 through April 19, 2021. As detailed in section D.2, effective July 1, 2021, specified new services are added to the section 1915(i) portion of the Connecticut Home Care Program for Elders (CHCPE).

As detailed in section E.2 below: (1) the rate increase for inpatient hospital COVID-19 admissions is in effect from April 1, 2020 through June 30, 2020; (2) the rate add-ons for pediatric inpatient psychiatric services are in effect as follows (i) the rate add-on for increasing access and following other specified requirements is in effect from June 1, 2021 through June 30, 2022 and (ii) the rate add-on for increased acuity is in effect from July 1, 2021 through June 30, 2022; (3) the rate increase for private intermediate care facilities for individuals with intellectual disabilities is in effect from April 1, 2020 through June 30, 2020; (4) the rate increases for nursing facilities are as follows: (i) increase in effect from March 1, 2020 through April 30, 2020; (ii) increase in effect from January 1, 2021 through February 28, 2021; (iii) increase in effect from March 1, 2021 through March 31, 2021; and (iv) increase in effect from April 1, 2021 through June 30, 2021; (5) the payment changes for home health services are as follows: (i) increase for home health aide services in effect from September 1, 2020 through October 31, 2020; (ii) increases for specified home health services in effect from July 1-31, 2021; and (iii) one-time supplemental payment effective July 1, 2021; (6) the rate increase for chronic disease hospitals is in effect from January 1, 2021 through February 28, 2021; and (7) the payment changes for section 1915(i) CHCPE services and section 1915(k) Community First Choice agency-based support and planning coach services, as applicable are as follows: (i) one-time supplemental payment effective July 1, 2021, (ii) increases for specified services effective July 1, 2021, (iii) rates for newly added 1915(i) CHCPE services are effective July 1, 2021, and (iv) increases for specified services effective August 1, 2021.

TN: 22-0003-ASupersedes TN: 22-0003Approval Date: June 7, 2022Effective Date: March 1, 2020

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Connecticut*Section 7.4-A. Medicaid Disaster Relief for the COVID-19 National Emergency, Cont'd*

NOTE: States may not elect a period longer than the Presidential or Secretarial emergency declaration (or any renewal thereof). States may not propose changes on this template that restrict or limit payment, services, or eligibility, or otherwise burden beneficiaries and providers.

Request for Waivers under Section 1135

X The agency seeks the following under section 1135(b)(1)(C) and/or section 1135(b)(5) of the Act:

- a. X SPA submission requirements – the agency requests modification of the requirement to submit the SPA by March 31, 2020, to obtain a SPA effective date during the first calendar quarter of 2020, pursuant to 42 CFR 430.20.
- b. X Public notice requirements – the agency requests waiver of public notice requirements that would otherwise be applicable to this SPA submission. These requirements may include those specified in 42 CFR 440.386 (Alternative Benefit Plans), 42 CFR 447.57(c) (premiums and cost sharing), and 42 CFR 447.205 (public notice of changes in statewide methods and standards for setting payment rates).
- c. X Tribal consultation requirements – the agency requests modification of tribal consultation timelines specified in Connecticut’s Medicaid state plan, as described below:

Please describe the modifications to the timeline.

Tribal notice will be submitted not later than ten business days after this SPA is submitted to CMS.

Section A – Eligibility

- a. X The agency furnishes medical assistance to the following optional groups of individuals described in section 1902(a)(10)(A)(ii) or 1902(a)(10)(c) of the Act. This may include the new optional group described at section 1902(a)(10)(A)(ii)(XXIII) and 1902(ss) of the Act providing coverage for uninsured individuals.

Include name of the optional eligibility group and applicable income and resource standard.

COVID-19 Testing Group: The state elects to cover all uninsured individuals as defined under 1902(ss) of the Act pursuant to Section 1902(a)(10)(A)(ii)(XXIII) of the Act effective March 18, 2020.

- b. _____ The agency furnishes medical assistance to the following populations of individuals described in section 1902(a)(10)(A)(ii)(XX) of the Act and 42 CFR 435.218:
 - a. _____ All individuals who are described in section 1905(a)(10)(A)(ii)(XX)

Income standard: _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Connecticut*Section 7.4-A. Medicaid Disaster Relief for the COVID-19 National Emergency, Cont'd***a. Coverage Changes to Add Flexibility Within 1915(i) State Plan Home and Community-Based Services**

(HCBS) Portion of the Connecticut Home Care Program for Elders (CHCPE): The following coverage expansions and flexibilities are added to the state's 1915(i) state plan portion of the CHCPE:

1. The current 1915(i) state plan HCBS, Attachment 3.1-i, page 27, limits homemaker services to 6 hours per week. That limit is removed to allow for additional hours of homemaker services as necessary.
2. The current 1915(i) state plan HCBS, Attachment 3.1-i, page 28, precludes a relative from providing companion services to a 1915(i) participant. That restriction is removed to allow relatives to provide companion services. All providers of Companion Services who are relatives of the participant must meet the standard provider qualifications for the service. The service provision is monitored on an ongoing basis by care managers who perform monthly contacts and reassessment visits, which means that the care managers monitor service provision every 90 days or more frequently if identified needs change or if more frequent monitoring is needed based upon client's need. The service is subject to electronic visit verification that ensures that the services billed were in fact provided. Legally liable relatives may not provide services.
3. The current 1915(i) state plan HCBS, Attachment 3.1-i, page 35, caps Assistive Technology at an annual cost of \$1,000. That cost limit is removed.
4. Effective July 1, 2021, the following new services are added to the section 1915(i) portion of the CHCPE:

a. **Training and Counseling Services for Unpaid Caregivers Supporting Participants:** Training and Counseling Services for Unpaid Caregivers Supporting Participants is an inter-professional model delivered through a structured number of visits by a team comprised of a COPE certified occupational therapist (OT) and a COPE certified nurse (RN) to a participant as defined in the participant's person-centered plan. The service may include assessment and the development of a home treatment/support/action plan for this service, training and technical assistance to carry out the plan and monitoring of the individual and implementation of the service action plan. Each visit from the OT or RN provides training, support and consultative services to the unpaid caregiver with the aim of assisting the unpaid caregiver in meeting the needs of the participant. Training may include instruction about treatment regimens, medication management, use of equipment specified in the action plan, lifting and transferring and includes updates as necessary to safely maintain the participant at home. This service may include counseling aimed to support the unpaid caregiver and improve their knowledge and skills for managing daily care challenges of the participant. The service focuses on the abilities of the participant and on the participant's ongoing engagement in daily activities and participation in community. This service may not be provided in order to train paid caregivers. These services are not otherwise covered by the Medicaid state plan (outside this section of the Medicaid state plan for 1915(i) CHCPE) and are necessary to improve the individual's independence and inclusion in their community. Billable services include the provision of training, counseling, and technical assistance. The services are limited to additional services not otherwise covered under the state plan (outside this section of the Medicaid state plan for 1915(i) CHCPE), including EPSDT, but consistent with 1915(i) CHCPE objectives of avoiding institutionalization.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Connecticut*Section 7.4-A. Medicaid Disaster Relief for the COVID-19 National Emergency, Cont'd*

HCBS Taxonomy Category: Caregiver Support

HCBS Taxonomy Service: Caregiver Counseling and/or Training

Effective Date: July 1, 2021

b. Participant Training and Engagement to Support Goal Attainment and Independence: This service implements services to the member utilizing the Community Aging in Place, Advancing Better Living for Elders (CAPABLE) program model. The CAPABLE program is a set of highly individualized, person-centered services that use the strengths of the waiver participant to improve her/his safety and independence. The CAPABLE Program services engage participants to develop action plans with the aim of achieving goals related to increasing functional independence, improving safety, decreasing depression and improving motivation as defined in the person-centered plan. This includes addressing barriers to achieve and maintain maximum functional independence in their daily lives. Participants receive a structured set of home visits conducted by a CAPABLE certified multidisciplinary team consisting of a CAPABLE certified Occupational Therapist (OT), a CAPABLE certified Registered Nurse (RN), and a CAPABLE certified handy person whose services are covered under the 'Environmental Modifications' service category. The OT and RN who perform the service must do so under an entity licensed to provide the CAPABLE program. The participant and OT work together to identify areas of concern using a 'Participant Training and Engagement' assessment tool. Areas evaluated include ADLs, IADLs, environmental modifications, and maintaining health and community engagement. Based on the assessment, the OT may recommend strategies that can be implemented by the handy person specialist to increase home safety and mitigate conditions that pose a risk or barrier to safe, independent daily functioning, such as changes necessary for fall prevention. Using a motivational interviewing approach, the OT engages the participant to develop goals based on difficulties found in the self-report, observations during the assessment, and what the participant identifies is meaningful activity for the participant in order to preserve their independence and prevent institutionalization. The participant and OT develop an action plan for addressing these goals. At each visit, the participant reviews their goals, refines them as desired, and practices the action plan with the OT. Each visit includes training the participant to harness their motivation to work toward their goals. Complementing the OT work, the RN addresses medical issues that inhibit daily function, such as pain, mood, medication adherence and side effects, strength and balance, and communication with healthcare providers. RN visits focus on goals set by the participant rather than on adherence to medical regimens unless this is the participant's goal. Each member of the multidisciplinary team focuses on the participant's identified goals to customize the service according to the action plan. Accordingly, this service includes coordination between the OT and the RN to ensure services are targeted to meet the goals identified by the participant. The services are limited to additional services not otherwise covered under the state plan (outside this section of the Medicaid state plan for 1915(i) CHCPE), including EPSDT, but consistent with 1915(i) CHCPE objectives of avoiding institutionalization.

TN: 22-0003-ASupersedes TN: NEWApproval Date: June 7, 2022Effective Date: March 1, 2020

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Connecticut

Section 7.4-A. Medicaid Disaster Relief for the COVID-19 National Emergency, Cont'd

HCBS Taxonomy Category: participant training
HCBS Taxonomy Service: participant training
HCBS Taxonomy Category: other health and therapeutic services
HCBS Taxonomy Service: occupational therapy HCBS Taxonomy Category: other health and therapeutic services
HCBS Taxonomy Service: medication assessment or management
Effective Date: July 1, 2021

c. Environmental Adaptations are those physical adaptations to the private residence of the participant or the participant's family, required by the participant's service plan, that are necessary to ensure the health, welfare and safety of the participant or that enable the participant to function with greater independence in the home. Such adaptations include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or the installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies that are necessary for the welfare of the participant. Excluded are those adaptations or improvements to the home that are of general utility and are not of direct medical or remedial benefit to the participant. Adaptations that add to the total square footage of the home are excluded from this benefit except when necessary to complete an adaptation (e.g., in order to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair).

All services must be provided in accordance with applicable state or local building codes.

Effective Date: July 1, 2021

HCBS Taxonomy Category: equipment, modifications, technology
HCBS Taxonomy Service: home modifications

- The services are limited to additional services not otherwise covered under the state plan (outside this section of the Medicaid state plan for 1915(i) CHCPE), including EPSDT, but consistent with 1915(i) CHCPE objectives of avoiding institutionalization.

TN: 22-0003-A
Supersedes TN: NEW

Approval Date: June 7, 2022
Effective Date: March 1, 2020

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Connecticut

Section 7.4-A. Medicaid Disaster Relief for the COVID-19 National Emergency, Cont'd

b. Coverage Changes to Add Flexibility Within the Community First Choice (CFC) Program Pursuant to Section 1915(k) of the Social Security Act: The following coverage expansions and flexibilities are added to the state's CFC program:

1. Agency-Based Personal Care Attendants (PCAs): Expand coverage under the benefit to add the option of agency-based PCAs in order to expand back-up options for people served under the program. Under the agency model, services and support will be provided by entities under contract to the agency.
2. Acquisition, Maintenance, and Enhancement of Skills Necessary for the Individual to Accomplish ADLs, IADLs, and Health-Related Tasks: Expand coverage under CFC by: (a) suspending the requirement to complete certification in-person of person-centered planning; (b) permitting enrollment of otherwise qualified registered nurses who do not work for a licensed home health agency; (c) suspending the limit of 25 hours of the service within a 3-month period; and (d) suspending the face-to-face visit requirement in order to permit delivery of this service through synchronized audio-visual telehealth.
3. Expanded Coverage of Home-Delivered Meals: Expand meal option to include shelf-stable meals and emergency delivery service.
4. Support and Planning Coach Qualifications: Add 5 years of personal experience managing supports and services in the community either as a person with a disability or as a parent of a child with a disability as an optional substitute qualification for the requirement for 5 years of professional experience. Parents cannot provide this service for their own children.

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

Section 7.4-A. Medicaid Disaster Relief for the COVID-19 National Emergency, Cont'd

Rate Increases, Supplemental Payments, and Reimbursement Methodology for Newly Added Services to Enhance, Expand, and/or Strengthen Home and Community-Based Services (HCBS), Implemented in Accordance with the State's HCBS Spending Implementation Plan Pursuant to Section 9817 of the American Rescue Plan Act (cont'd)

The first 1% performance payment will be paid on or before March 31, 2022 and is effective for and based on expenditures from July 1, 2021 through February 28, 2022 for each qualifying provider that meets the following standards: (a) Participation in the Department of Social Services' racial equity training – 80% of all supervisors employed by the agency must complete the first training by February 1, 2022; and (b) Provider has executed a data sharing agreement with the state's Health Information Exchange (HIE).

The second 1% performance payment will be paid on or before July 31, 2022 and is effective for and based on expenditures from March 1, 2022 through June 30, 2022 for each qualifying provider that meets the following standards: (a) participation in the Department of Social Services' racial equity training – 80% of all supervisors employed by the agency must complete the second training and 50% of all other staff employed by the agency must complete the first training; (b) signing, at a minimum, the HIE Empanelment Use Case; and (c) action plan detailing how the provider sends their client roster in an approved format to the state's HIE.

(2) Effective August 1, 2021, the following section 1915(i) CHCPE services are increased by 6% to reflect the increase in the state's minimum wage: agency-based personal care assistants (PCAs), chore/homemaker, companion services, assisted living services, adult day health, recovery assistant, community mentor, and agency-based respite services.

(3) The newly added section 1915(i) CHCPE services set forth in section D.2 above of this section 7.4-A are paid on fixed fees on the state's fee schedule: Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and non-governmental providers of CHCPE section 1915(i) state plan HCBS. The agency's fee schedule rates were set as of July 1, 2021 are effective for services provided on or after that date. All rates are published on the Connecticut Medical Assistance Program Website: <https://www.ctdssmap.com>. From this web page, go to "Provider," then to "Provider Fee Schedule Download," then select the Connecticut Home Care Program for Elders fee schedule.

Payment for services delivered via telehealth:

TN: 22-0003-A
Supersedes TN: 22-0003

Approval Date: June 7, 2022
Effective Date: March 1, 2020