

Table of Contents

State/Territory Name: CT

State Plan Amendment (SPA): CT-24-0017

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 Street
Chicago, Illinois 60604



Financial Management Group

December 17, 2024

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

RE: TN 24-0017

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 of 24-0017, which was submitted to CMS on September 30, 2024. This plan amendment makes changes to the Community First Choice (CFC) program.

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 July 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

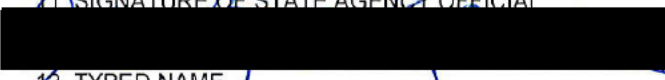
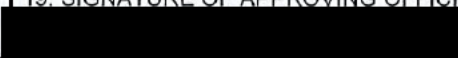
If you have any additional questions or need further assistance, please contact Jerica Bennett at 410-786-1167 or via email at jerica.bennett@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

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 4 — 0 0 1 7</u>	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 JULY 1, 2024	
5. FEDERAL STATUTE/REGULATION CITATION Social Security Act Section 1915(k) and 42 CFR 441, Subpart K (Community First Choice [CFC])		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>838,611</u> b. FFY <u>2025</u> \$ <u>3,540,793</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Pages 27, 28, 28b		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B, Pages 27, 28, 28b	
9. SUBJECT OF AMENDMENT Community First Choice – Updates to implement personal care attendant collective bargaining agreement, including increases in hourly wage, per diem rates, and overnight rates; holidays subject to holiday pay; and increases related to changes in the methodology for calculating both the rate add-on to support individual's health care expenses and paid time off.			
10. GOVERNOR'S REVIEW (Check One) <input checked="" type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input type="radio"/> OTHER, AS SPECIFIED:			
11. SIGNATURE OF STATE AGENCY OFFICIAL 		15. RETURN TO State of Connecticut Department of Social Service 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 September 30, 2024			
FOR CMS USE ONLY			
16. DATE RECEIVED 09/30/2024		17. DATE APPROVED December 17, 2024	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL 07/01/2024		19. SIGNATURE OF APPROVING OFFICIAL 	
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

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

The payment methodology described below applies to all services and supports provided under Connecticut's Community First Choice (CFC) State Plan Option pursuant to section 1915(k) of the Social Security Act, as described in and provided in accordance with Attachment 3.1-K of the Medicaid State Plan.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of CFC services pursuant to section 1915(k) of the Social Security Act. Except as otherwise provided below, CFC services are paid pursuant to the current fee schedule for CFC. The agency's fee schedule rates were set as of, July 1, 2024, and are effective for services provided on or after that date. All rates are published on the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page, go to "Provider," then to "Provider Fee Schedule Download," then select the applicable fee schedule. Medicaid payment under CFC does not include payment for room and board.

Payments are made by the Medicaid agency directly to the providers of State Plan services or to the fiscal intermediary to disburse payments. Payments for all State Plan services are made through the state's Medicaid Management Information System (MMIS).

As set forth on the fee schedule referenced above, the following CFC services are reimbursed as described below:

Attendant Care: Attendant care rates are billed under five distinct payment methodologies, each of which is based on the plan of care and the specific circumstances of the services provided, as follows:

1. Hourly Rate: When care is provided over a period of time which is neither live-in care for a continuous 24-hour period, nor a 12-hour overnight shift, a quarter-hour rate is used.
2. Per Diem Rate: When care is provided for a continuous 24-hour period by a live-in attendant, a per diem rate is billed, which assumes that the attendant receives at least eight hours of sleep, at least five of which is uninterrupted.
3. Pro-Rated Per Diem Rate: When the 24-hour shift is not completed; services are billed at a pro-rated per-diem rate.
4. Overnight Rate: When care is provided overnight for a 12-hour period, services are billed under an overnight rate, which assumes that the attendant sleeps for half of the hours.

TN # 24-0017

Supersedes

TN # 24-0012Approval Date December 17, 2024Effective Date 07/01/2024

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

5. Pro-Rated Overnight Rate: The pro-rated overnight rate is used when the 12-hour shift is not completed.

Rate Methodology for Attendant Care Services: The client who self-hires an attendant can decide the pay rate in accordance with this paragraph. The minimum attendant rate is determined by the collective bargaining agreement between the Personal Care Attendant Workforce Council and the applicable union representing attendants that is in effect at the time the services are provided and which sets forth the applicable minimum permissible rates and any other payments, including, but not limited to, stipends and longevity payments. If no collective bargaining agreement is in effect at the time services are provided, the permissible rates and other applicable payments are those set forth in the most recent collective bargaining agreement for the time period immediately preceding expiration of the agreement. Sharing an attendant is also an option. The rate for sharing an attendant between two (2) participants is 150% of the rate applicable to an attendant providing services to a single participant. The shared attendant rate is distributed evenly between the individual budgets for the two (2) participants. All applicable employer taxes, workers' compensation coverage, paid time off, and add-on to support attendants' health care expenses are added to the pay rate to determine the Medicaid rate for each unit of service billed and paid by the attendant.

Most of the Medicaid rate for personal care attendant services is a final rate, specifically the base rate, applicable employer taxes, and workers' compensation coverage, which are final components of the rate. In accordance with the following provisions, the portions of the Medicaid rate reflecting paid time off (PTO) and add-on to support attendants' health care expenses (add-on) are paid as an interim rate to the state's contracted fiscal intermediary as part of the overall Medicaid rate and later reconciled to actual incurred payments using the cost settlement process detailed below:

- a. *Interim Rates for PTO and Add-on Component of Medicaid Rate:* The state calculates the interim rate based on available information to estimate the cost of PTO and add-on, which the state updates annually each state fiscal year based on information available to estimate the likely payment and use of PTO and add-on. Interim rates are provisional in nature, pending the completion of cost reconciliation and cost settlement for the rate period, as noted below.

TN # 24-0017

Supersedes

TN # 24-0012Approval Date December 17, 2024 Effective Date 07/01/2024

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

Workers' Compensation Coverage for Personal Care Attendant Services: For dates of service on and after January 1, 2019, workers' compensation coverage for attendants shall be provided in accordance with the collective bargaining agreement described above. If no collective bargaining agreement is in effect at the time services are provided, workers' compensation shall be provided in accordance with the most recent collective bargaining agreement for the time period immediately preceding expiration of the agreement. Workers' compensation will be calculated and paid in accordance with the standard requirements for workers' compensation insurance set forth by the State of Connecticut Workers' Compensation Commission and the State of Connecticut Department of Labor. As described above, workers' compensation coverage is incorporated into the payment rate for personal care attendant services.

Longevity Bonus: Effective May 1, 2024, there is a one-time longevity bonus payment, which will be issued the week of May 18, 2026, to each personal care attendant who has been continuously employed and has worked for the same consumer-employer from April 1, 2024, through March 31, 2026. The amount of the bonus is dependent on weekly hours worked on an annualized basis. Those PCAs who have worked twenty (20) hours or less per week will receive a one-time bonus of \$400. PCAs who have worked over twenty (20) hours per week will receive a one-time bonus of \$800. Additional requirements of the longevity bonus are in accordance with the terms of the collective bargaining agreement between the state and the applicable union representing attendants that is in effect at the time the services are provided.

TN # 24-0017

Supersedes

TN # 24-0012Approval Date December 17, 2024 Effective Date 07/01/2024