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State/Territory Name: CT

State Plan Amendment (SPA): CT-25-0007

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

June 4, 2025

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

RE: TN 25-0007

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 25-0007, which was submitted to CMS on March 28, 2025. This plan amendment updates the Community First Choice (CFC) program to comply with the Collective Bargaining Agreement (CBA).

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 January 1, 2025. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

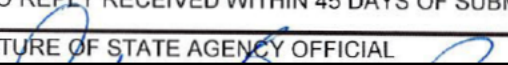

If you have any additional questions or need further assistance, please contact Jerica Bennett at 410-786-1167 or via email at jerica.bennett@cms.hhs.gov.

Sincerely,

A 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 5 — 0 0 0 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 January 1, 2025	
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>2025</u> \$ <u>3,313,339</u> b. FFY <u>2026</u> \$ <u>5,408,574</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B Page 27		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B Page 27	
9. SUBJECT OF AMENDMENT Community First Choice - Updates to implement Personal Care Attendant Collective Bargaining Agreement – increase in hourly wage.			
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  Andrea Barton Reeves, J.D.		15. RETURN TO State of Connecticut Department of Social Service 55 Farmington Avenue, 9th Floor Hartford, CT 06105 Attention: Ginny Mahoney	
13. TITLE Commissioner			
14. DATE SUBMITTED March 28, 2025			
FOR CMS USE ONLY			
16. DATE RECEIVED 03/28/2025		17. DATE APPROVED June 4, 2025	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL 01/01/2025		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, January 1, 2025, 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 # 25-0007

Supersedes

TN # 24-0017Approval Date June 4, 2025Effective Date 01/01/2025