

APPENDIX K: Emergency Preparedness and Response

Background:

This standalone appendix may be utilized by the state during emergency situations to request amendment to its approved waiver. It includes actions that states can take under the existing Section 1915(c) home and community-based waiver authority in order to respond to an emergency. Other activities may require the use of various other authorities such as the Section 1115 demonstrations or the Section 1135 authorities.ⁱ This appendix may be completed retroactively as needed by the state.

Appendix K-1: General Information

General Information:

A. State: Connecticut

B. Waiver Title:

Home and Community Based Services Waiver for Elders
Personal Care Assistance Waiver
CT ABI Waiver
Home and Community Supports Waiver for Persons with Autism
CT ABI Waiver II
Mental Health Waiver
Katie Beckett Waiver

C. Control Number:

CT.0140.R07.03
CT.0301.R05.05
CT.0302.R05.01
CT.0993.R01.04
CT.1085.R01.04
CT.0653.R02.04
CT.4110.R08.01

D. Type of Emergency (The state may check more than one box):

<input checked="" type="radio"/>	Pandemic or Epidemic
<input type="radio"/>	Natural Disaster
<input type="radio"/>	National Security Emergency
<input type="radio"/>	Environmental
<input type="radio"/>	Other (specify):

- E. Brief Description of Emergency.** *In no more than one paragraph each*, briefly describe the: 1) nature of emergency; 2) number of individuals affected and the state's mechanism to identify individuals at risk; 3) roles of state, local and other entities involved in approved waiver operations; and 4) expected changes needed to service delivery methods, if applicable. The state should provide this information for each emergency checked if those emergencies affect different geographic areas and require different changes to the waiver.

COVID 19 pandemic.

Federal public health emergency continues to exist as a result of the Coronavirus Disease (COVID-19) pandemic.

This Appendix K is additive to the previously approved Appendix Ks and includes the following modifications:

1. Increased Provider Rates. Rate sufficiency is imperative to quickly build supply of HCBS workers needed.
 - a. A state minimum wage increase for agency-based personal care assistants (PCAs), chore/homemaker, and companion services, effective 8/1/2021. The 8/1/2021 increase in rates will be 6% for applicable services.
 - b. A 1.7% across-the-board rate increase, authorized under the biennial budget and incorporated in the ARPA reinvestment plan, effective 7/1/2021;
 - c. Supplemental rate funding beyond the 1.7% for a maximum 4.5% total rate increase (inclusive of the 1.7%) for waiver services, including a 3.5% base increase and up to a 1% value-based payment (VBP), both included under the ARPA reinvestment plan, effective 7/1/2021, with:
 - i. both rate components were contingent upon approval of Connecticut's ARPA reinvestment plan; and
 - ii. the VBP increase contingent on participation in race-equity training, connection to the state's health information exchange (HIE) and reporting of quality and financial data.
2. Effective 4/01/2021, Fund temporary workforce and provider stabilization. A one-time stabilization payment estimated at 5% of total SFY 2021 expenditures, included under the ARPA reinvestment plan, to be paid within the quarter ending 12/31/2021.

Acknowledging the payments listed in this Appendix K are time-limited payments which are not anticipated to extend beyond March 2024, the State understands that its ability to make payments under the Appendix K authority will end six months following the conclusion of the Federal public health emergency. The State will be responsible to seek other authority, such as amending the 1915(c) HCBS base waivers, for the continuation of these payments beyond the termination date of the Appendix K.

- F. Proposed Effective Date: Start Date: 3/16/2020 Anticipated End Date: Six months after the conclusion of the Federal public health emergency.**

- G. Description of Transition Plan.**

All activities will take place in response to the impact of COVID 19 as efficiently and effectively as possible based upon the complexity of the change.

H. Geographic Areas Affected:

These actions will apply across the waivers to all individuals impacted by the COVID-19 pandemic.

I. Description of State Disaster Plan (if available) *Reference to external documents is acceptable:*

Not applicable.

Appendix K-2: Temporary or Emergency-Specific Amendment to Approved Waiver

Temporary or Emergency-Specific Amendment to Approved Waiver:

These are changes that, while directly related to the state's response to an emergency situation, require amendment to the approved waiver document. These changes are time limited and tied specifically to individuals impacted by the emergency. Permanent or long-ranging changes will need to be incorporated into the main appendices of the waiver, via an amendment request in the waiver management system (WMS) upon advice from CMS.

a. ___ Access and Eligibility:

i. ___ Temporarily increase the cost limits for entry into the waiver.

[Provide explanation of changes and specify the temporary cost limit.]

ii. ___ Temporarily modify additional targeting criteria.

[Explanation of changes]

b. ___ Services

i. ___ Temporarily modify service scope or coverage.

[Complete Section A- Services to be Added/Modified During an Emergency.]

ii. ___ Temporarily exceed service limitations (including limits on sets of services as described in Appendix C-4) or requirements for amount, duration, and prior authorization to address health and welfare issues presented by the emergency.

[Explanation of changes]

iii. ___ Temporarily add services to the waiver to address the emergency situation (for example, emergency counseling; heightened case management to address emergency needs; emergency medical supplies and equipment; individually directed goods and services; ancillary services to establish temporary residences for dislocated waiver enrollees; necessary technology; emergency evacuation transportation outside of the scope of non-emergency transportation or transportation already provided through the waiver).

[Complete Section A-Services to be Added/Modified During an Emergency]

iv. ___ Temporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches) Note for respite services only, the state should indicate any facility-based settings and indicate whether room and board is included:

[Explanation of modification, and advisement if room and board is included in the respite rate]:

v. ___ Temporarily provide services in out of state settings (if not already permitted in the state's approved waiver). [Explanation of changes]

c. ___ Temporarily permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver. Indicate the services to which this will apply and the safeguards to ensure that individuals receive necessary services as authorized in the plan of care, and the procedures that are used to ensure that payments are made for services rendered.

d. ___ Temporarily modify provider qualifications (for example, expand provider pool, temporarily modify or suspend licensure and certification requirements).

i. ___ Temporarily modify provider qualifications.

[Provide explanation of changes, list each service affected, list the provider type, and the changes in provider qualifications.]

ii. ___ Temporarily modify provider types.

[Provide explanation of changes, list each service affected, and the changes in the provider type for each service].

iii. ___ Temporarily modify licensure or other requirements for settings where waiver services are furnished.

[Provide explanation of changes, description of facilities to be utilized and list each service provided in each facility utilized.]

e. ___ Temporarily modify processes for level of care evaluations or re-evaluations (within regulatory requirements). [Describe]

f. X Temporarily increase payment rates

[Provide an explanation for the increase. List the provider types, rates by service, and specify whether this change is based on a rate development method that is different from the current approved waiver (and if different, specify and explain the rate development method). If the rate varies by provider, list the rate by service and by provider].

The following increases are based on a rate development method that is approved by CMS for these waivers:

3.5% increase in existing rates approved by CMS for all provider types covered under these 1915(c) waivers retroactive to July 1, 2021 and payable within 30 days of CMS approval.

Explanation of increase: This 3.5% increase is required for cost-of-living adjustments in order to recognize the significant cost increases experienced for service providers during the pandemic. Of the 3.5% increase, 1.8% is funded under ARPA and 1.7% is funded through the state general fund.

Service rates impacted by increase: This impacts all service rates other than those provider types and services specifically excluded. *Excluded providers and services: Assistive Technology; Environmental Accessibility Modifications, Personal Response Systems, Skilled Chore, Specialized Medical Equipment, Individual Goods and Services, and all Self-Directed Services.*

6% minimum wage increase retroactive to August 1, 2021 for provider types where rates, as approved, are based on the state's minimum wage. This is payable upon approval from CMS.

Explanation of increase: This 6% minimum wage increase is pursuant to PA 19-4.

Service rates impacted by the increase in the 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. Of the 6% increase, 4.8% is funded through the state general fund and 1.2% is funded under ARPA.

The following increases are based on a rate development method that is different from the methods previously approved by CMS for these waivers:

1% enhanced supplemental value-based payment (VBP)– performance based fully funded through ARPA

Nature of the payments that are made and the waiver services for which these payments are made: Payments are supplemental payments based on performance for all waiver services other than those specifically excluded. Performance requirements for the March 2022 performance payment must be met no later than February 1, 2022 and are as follows:

- 1) Participation in the Department of Social Services' racial equity training
- 2) Provider has a data sharing agreement executed with the state's Health Information Exchange (HIE)

Payment methodology: Payments are based on 1% of expenditures from July 1, 2021 through February 28, 2022 and are payable effective March 7, 2022

Performance requirements for the July 2022 performance payment must be met no later than June 1, 2022 and are as follows:

- 1) Participation in Department of Social Services' racial equity training

- 2) Signing, at a minimum, the Empanelment Use Case
- 3) Action plan detailing how the provider sends their client roster in an approved format to Connie, the state HIE

Payment methodology for quarterly ongoing performance payments: Payments are based on 1% of expenditures for the quarter that immediately precedes the payment. For the July 2022 payment, this is 1% of expenditures from March 1, 2022 through June 30, 2022.

The types of waiver providers that receive such payments: All provider types covered under these 1915(c) waivers active as of the issuance date of the respective payment are eligible for the 1% enhanced supplemental payment other than those provider types and services specifically excluded. *Excluded providers and services: Assistive Technology; Environmental Accessibility Modifications, Personal Response System, Skilled Chore, Specialized Medical Equipment, Individual Goods and Services, and all Self-Directed Services*

Specify the source of the non-federal share of the supplemental or enhanced payments:

The source for this supplemental payment is Connecticut's American Rescue Plan Act Spending Plan and Narrative.

Specify that providers eligible to receive the supplemental or enhanced payment must be able to retain 100% of the total computable expenditure claimed by the Medicaid agency to CMS: All providers eligible to receive the supplemental or enhanced payment will be permitted to retain 100% of the total computable expenditure claimed by the Medicaid agency to CMS.

5% enhanced one-time supplemental payment fully funded through ARPA

Nature of the payments that are made and the waiver services for which these payments are made: Effective 4/01/2021, A one-time payment for recruitment and retention of staff estimated at 5% of total SFY 2021 expenditures for all providers other than those provider types and services specifically excluded.

Payment methodology: A one-time supplemental payment will be paid to eligible providers within 30 days of CMS' approval of this Appendix K. Supplemental payments are based on 5% of SFY 21 expenditures. Eligibility for the 5% supplemental payment is based on provider active enrollment at the time of the issuance of the payments.

The types of waiver providers that receive such payments: All provider types covered under these 1915(c) waivers who are enrolled as of the payment issuance date are eligible for the 5% enhanced supplemental payment other than those provider and service types listed as excluded. *Excluded providers and services: Assistive Technology; Environmental Accessibility Modifications, Personal Response Systems, Skilled Chore, Specialized Medical Equipment, Individual Goods and Services, and all Self-Directed Services*

Specify the source of the non-federal share of the supplemental or enhanced payments:

The source for this supplemental payment is Connecticut's American Rescue Plan Act Spending Plan and Narrative.

Specify that providers eligible to receive the supplemental or enhanced payment must be able to retain 100% of the total computable expenditure claimed by the Medicaid agency to CMS: All providers eligible to receive the supplemental or enhanced payment

will be permitted to retain 100% of the total computable expenditure claimed by the Medicaid agency to CMS.

ARPA RATE SCHEDULE:

The rate increase implemented retroactively for July 1, 2021 includes a 3.5% increase for all waiver services as described below. Of the 3.5% increase, 1.8% is funded under ARPA and 1.7% is funded through the state general fund. An additional increase is scheduled for certain waiver providers retroactive to August 1, 2021. Providers receiving the additional increase are documented in the chart below, which explains the variance between the July rate and the August rate. The additional increase is attributed to adjustments in the state minimum wage and therefore targeted to those providers where existing, approved rate methodologies are dependent on minimum wage rates. The 6% August increase is in addition to the 3.5% July increase so that rates for providers impacted by the minimum wage increase a total of 9.5% in August (3.5 + 6%). Of the 6% minimum wage adjustment, 4.8% is funded through the state general fund and 1.2% is funded under ARPA. The funding associated with ARPA is properly documented within the ARPA spending plan and will be reported to CMS through the approved ARPA related 64 report. The 5% stabilization funds and 1% value-based payment are fully funded by ARPA and described in section K-2-f above. The chart below indicates that all providers eligible for rate increases are also eligible for the 5% stabilization funds and the 1% VBP.

Provider Type	Procedure Code	Mod1	Procedure description	7/1/21	8/1/21	Eligible for 5% stabilization & 1% VBP
PCA	1021Z		Personal Care Services: Per 15 Minutes	5.21	5.51	Y
PCA	1021Z	TU	Personal Care Services: Per 15 Minutes	7.81	8.26	Y
PCA	1022Z		Personal Care Services: Overnight Agenc	191.25	202.34	Y
PCA	1023Z		Personal Care Services: Per Diem Agency	257.93	272.88	Y
PCA	1200Z		Adult Day Health - Full Day (Non-Medical	72.91	77.14	Y
PCA	1201Z		Adult Day Health - Full Day (Approved Me	77.36	81.85	Y
PCA	1202Z		Adult Day Health - Half Day (Less Than O	49.08	51.93	Y
PCA	1218Z		Meal Service - Single Hot Meal/Meal Serv	5.62	5.62	Y
PCA	1220Z		Double Meal (One Hot - One Cold) Per Do	10.28	10.28	Y
PCA	1221Z		Kosher Meals Double	10.28	10.28	Y
PCA	1225Z		PCA Agency Per Diem Prorated Hourly	10.74	11.36	Y
PCA	1247Z		Mental Health Counseling-Individual-(Pro	57.85	57.85	Y
PCA	1256Z		Mental Health Counseling - Individual (47.28	47.28	Y
PCA	1931Z		Home Delivered Meals	13.97	13.97	Y
PCA	3022Z		PCA Agency Overnight Prorated Hourly	15.94	16.86	Y
PCA	5140X		Foster Care Adult Per Diem 2	67.60	67.60	Y
PCA	5140Y		Foster Care Adult Per Diem 3	82.40	82.40	Y
PCA	5140Z		Foster Care Adult Per Diem 4	114.15	114.15	Y
PCA	S5140		Adult foster care per diem	45.41	45.41	Y
PCA	S5170		Homedelivered prepared meal	6.73	6.73	Y
ABI	1021Z		Personal Care Services: Per 15 Minutes	5.21	5.51	Y
ABI	1021Z	TU	Personal Care Services: Per 15 Minutes	7.81	8.26	Y
ABI	1022Z		Personal Care Services: Overnight Agenc	191.25	202.34	Y
ABI	1023Z		Personal Care Services: Per Diem Agency	257.93	272.88	Y
ABI	1200Z		Adult Day Health - Full Day (Non-Medical	72.91	77.14	Y
ABI	1201Z		Adult Day Health - Full Day (Approved Me	77.36	81.85	Y
ABI	1202Z		Adult Day Health - Half Day (Less Than O	49.08	51.93	Y
ABI	1211P		Recovery Assistant	6.23	6.59	Y
ABI	1211P	TU	Recovery Assistant	9.34	9.88	Y
ABI	1212P		Recovery Assistant II	5.70	6.03	Y
ABI	1212P	TU	Recovery Assistant II	8.57	9.07	Y
ABI	1225Z		PCA Agency Per Diem Prorated Hourly	10.74	11.36	Y
ABI	1232Z		Respite Care In The Home Per Hour-Other	12.77	13.51	Y
ABI	1448P		Cognitive Behavioral Services per 15 min	20.59	20.59	Y
ABI	1531P		Community Living Support Services	134.35	134.35	Y
ABI	1532P		Chore Services Per 1/4 Hour	4.49	4.75	Y
ABI	1534P		Community Living Support Services Per 1/	69.19	69.19	Y
ABI	1536P		Companion Services Per 1/4 Hour (18-Hour	4.37	4.62	Y
ABI	1536P	TU	Companion Services Per 1/4 Hour (18-Hour	6.56	6.94	Y
ABI	1542P		Homemaker Services Per 1/4 Hour	4.49	4.75	Y
ABI	1546P		Independent Living Skills Training	9.73	9.73	Y
ABI	1548P		Cognitive Behavioral SERVICES	27.72	27.72	Y
ABI	1549P		Consultation Services	2,665.64	2,665.64	Y
ABI	1550P		Home Delivered Meals Per Day (Single Mea	5.62	5.62	Y
ABI	1551P		Home Delivered Meals Per Day (Double Mea	10.28	10.28	Y
ABI	1560P		Pre-Vocational Services Per Hour (Max =	38.75	38.75	Y
ABI	1561P		ABI Group Day	17.06	17.06	Y
ABI	1566P		Substance Abuse Program Per Day (56 Days	53.31	53.31	Y
ABI	1567P		Substance Abuse Program Per Hour	45.26	45.26	Y
ABI	1572P		Supported Employment Per Hour (40 Hours/	38.75	38.75	Y
ABI	1574P		Transportation - One Way Trip Public	26.30	26.30	Y
ABI	1580P		Transitional Living Per Day (183 Days/Ye	209.95	209.95	Y

ABI	1931Z		Home Delivered Meals	13.97	13.97	Y
ABI	3022Z		PCA Agency Overnight Prorated Hourly	15.94	16.86	Y
ABI	H2035		A/d tx program per hour	45.26	45.26	Y
ABI	H2036		A/d tx program per diem	53.31	53.31	Y
ABI	S5170		Homedelivered prepared meal	6.73	6.73	Y
ABI	T1013		Sign lang/oral interpreter	15.99	15.99	Y
ABI	1575P		Transportation - Mileage	0.26	0.26	Y
Autism	T2030		Assisted living waiver; per month	692.16	732.29	Y
Autism	1302Z		Job Coach Agency Per 15 Minutes	12.24	12.24	Y
Autism	1304Z		Life Skills Coach Agency Per 15 Min	12.24	12.24	Y
Autism	1305Z		Social Skills Group Per 15 Min	8.16	8.16	Y
Autism	1306Z		Specialized Driving Assessment	639.13	639.13	Y
Autism	1396Z		Community Mentor agency per 15 minutes	7.33	7.75	Y
Autism	1402Z		Respite - Facility Based Out of Home Per Diem	355.59	376.20	Y
Autism	1404Z		Respite Agency In Home Individual Per 15 Minutes	6.79	7.18	Y
Autism	1406Z		Minutes	7.11	7.52	Y
Autism	5151D		Hospice; Per Diem	326.14	345.05	Y
Autism	H2019		Therapeutic behavioral services per 15 minutes	31.99	31.99	Y
Autism	S0215		Non-emergency transportation; mileage per mile	0.91	0.91	Y
Autism	T1013		minutes	14.14	14.14	Y
Autism	T2003		Non-emergency transportation; encounter/trip	11.89	11.89	Y
MH	1430Z		Occasional Personal Services-Per Day	26.21	27.73	Y
MH	1431Z		Limited Personal Services - Per Day	43.15	45.65	Y
MH	1432Z		Moderate Personal Services - Per Day	60.76	64.28	Y
MH	1433Z		Extensive Personal Services - Per Day	78.24	82.78	Y
MH	1434Z		Core Assisted Living Services - Per Day	4.81	5.09	Y
MH	1435Z		Demo Project / Occasional Personal Services - Per Day	29.81	31.54	Y
MH	1436Z		Demo Project / Limited Personal Services - Per Day	47.22	49.96	Y
MH	1437Z		Demo Project/Moderate Personal Services - Per Day	64.92	68.68	Y
MH	1438Z		Demo Project/Extensive Personal Services - Per Day	76.72	81.17	Y
MH	1439Z		Demo Project/Core Assisted Living Services - Per Day	13.98	14.79	Y
MH	1200Z		Provider)	72.91	77.14	Y
MH	1201Z		Adult Day Health - Full Day (Approved Medical Model Provider)	77.36	81.85	Y
MH	1202Z		Hrs)	49.08	51.93	Y
MH	1206Z		Chore Service Agency 1/4 Hour	4.49	4.75	Y
MH	1213M		Recovery Assistant Agency Per 15 Minutes	6.23	6.59	Y
MH	1213M	TU	Recovery Assistant Agency Per 15 Minutes	9.34	9.88	Y
MH	1214M		Recovery Assistant Group 2 Clients	4.67	4.94	Y
MH	1215M		Recovery Assistant Group 3 Clients	3.60	3.81	Y
MH	1216M		Recovery Assistant Group 4 Clients Per 15 Min	3.16	3.35	Y
MH	1217M		Recovery Assistant Overnight Per 15 Min	6.23	6.59	Y
MH	1218Z		Meal Service - Single Hot Meal/Meal Service - Single Meal- Hot/Cold	5.62	5.62	Y
MH	1220Z		Double Meal (One Hot - One Cold) Per Double Meal/Meal Service - Double (One Hot	10.28	10.28	Y
MH	1221Z		Kosher Meals Double	10.28	10.28	Y
MH	1229Z		Brief Episode Stabilization Per 1/4 Hour	11.44	11.44	Y
MH	1262Z		Social Transportation - Taxi - Per Trip	25.37	25.37	Y
MH	1931Z		Home Delivered Meals	13.97	13.97	Y
MH	G9012		Other specified case management service not elsewhere classified	17.09	17.09	Y
MH	H0038		Self-help/peer services per 15 minutes	13.02	13.02	Y

MH	H2015		Comprehensive community support services per 15 min	26.31	26.31	Y
MH	H2015	HQ	Comprehensive community support services per 15 min	6.51	6.51	Y
MH	H2023		Supported employment per 15 minutes	17.09	17.09	Y
MH	S0215		Non-emergency transportation; mileage per mile	0.46	0.46	Y
MH	S5170		Home delivered meals including preparation; per meal	6.73	6.73	Y
CHC	1021Z		Personal Care Services: Per 15 Minutes	5.21	5.51	Y
CHC	1021Z	TU	Personal Care Services: Per 15 Minutes	7.81	8.26	Y
CHC	1022Z		Personal Care Services: Overnight Agenc	191.25	202.34	Y
CHC	1023Z		Personal Care Services: Per Diem Agency	257.93	272.88	Y
CHC	1200Z		Adult Day Health - Full Day (Non-Medical	72.91	77.14	Y
CHC	1201Z		Adult Day Health - Full Day (Approved Me	77.36	81.85	Y
CHC	1202Z		Adult Day Health - Half Day (Less Than O	49.08	51.93	Y
CHC	1206Z		Chore Service Agency 1/4 Hour	4.49	4.75	Y
CHC	1210Z		Companion Service - Agency Per 1/4 Hour	4.37	4.62	Y
CHC	1210Z	TU	Companion Service - Agency Per 1/4 Hour	6.56	6.94	Y
CHC	1213M		Recovery Assistant AgencyPer 15 Minutes	6.10	6.45	Y
CHC	1213M	TU	Recovery Assistant AgencyPer 15 Minutes	9.15	9.68	Y
CHC	1214Z		Homemaker Service - Agency - Per 1/4 Hou	4.49	4.75	Y
CHC	1218Z		Meal Service - Single Hot Meal/Meal Serv	5.62	5.62	Y
CHC	1220Z		Double Meal (One Hot - One Cold) Per Do	10.28	10.28	Y
CHC	1221Z		Kosher Meals Double	10.28	10.28	Y
CHC	1225Z		PCA Agency Per Diem Prorated Hourly	10.74	11.36	Y
CHC	1226Z		Respite Care In The Home 1/4 Hour- Compa	4.37	4.62	Y
CHC	1226Z	TU	Respite Care In The Home 1/4 Hour- Compa	6.56	6.94	Y
CHC	1228Z		Respite Care In The Home 1/4 Hour - Home	4.49	4.75	Y
CHC	1230Z		Respite Care In The Home 1/4 Hour - Home	6.73	7.12	Y
CHC	1232Z		Respite Care In The Home Per Hour-Other	12.32	13.03	Y
CHC	1234Z		Respite Care- Rest Home With Nursing Sup	283.68	283.68	Y
CHC	1236Z		Respite Care- Chronic Convalescent Nursi	283.68	283.68	Y
CHC	1240Z		Respite Care Licensed Home For The Aged-	283.68	283.68	Y
CHC	1244Z		Respite Care Out Of The Home-Per Hour-Ot	12.32	13.03	Y
CHC	1247Z		Mental Health Counseling-Individual-(Pro	57.85	57.85	Y
CHC	1256Z		Mental Health Counseling - Individual (47.28	47.28	Y
CHC	1262Z		Social Transportation - Taxi - Per Trip	93.35	93.35	Y
CHC	1264Z		Social Transportation - Livery - Per Tri	93.35	93.35	Y
CHC	1266Z		Social Transportation - Invalid Coach -	164.73	164.73	Y
CHC	1300Z		Reassessment	243.66	243.66	Y
CHC	1321Z		Care Transitions	150.21	150.21	Y
CHC	1322Z		Bill Payer	5.28	5.28	Y
CHC	1333Z		Chronic Disease Self Management	52.79	52.79	Y
CHC	1430Z		Occasional Personal Services-Per Day	26.21	27.73	Y
CHC	1431Z		Limited Personal Services - Per Day	43.15	45.65	Y
CHC	1432Z		Moderate Personal Services - Per Day	60.76	64.28	Y
CHC	1433Z		Extensive Personal Services - Per Day	78.24	82.78	Y
CHC	1434Z		Core Assisted Living Services - Per Day	4.81	5.09	Y
CHC	1931Z		Home Delivered Meals	13.97	13.97	Y
CHC	3022Z		PCA Agency Overnight Prorated Hourly	15.94	16.86	Y
CHC	3024Z		Respite Pca AgencyOvernight Prorated	15.94	16.86	Y
CHC	3025Z		Respite Pca Agency Per Diem Prorated	10.74	11.36	Y
CHC	3026Z		Respite Pca Agency Overnight	191.25	202.34	Y

CHC	3026Z		Respite Pca Agency Overnight	191.25	202.34	Y
CHC	3027Z		Respite Pca Agency Per 15 Minutes	5.21	5.51	Y
CHC	3027Z	TU	Respite Pca Agency Per 15 Minutes	7.81	8.26	Y
CHC	3028Z		Respite Pca Agency Per Diem	257.93	272.88	Y
CHC	5140X		Foster Care Adult Per Diem 2	67.60	67.60	Y
CHC	5140Y		Foster Care Adult Per Diem 3	82.40	82.40	Y
CHC	5140Z		Foster Care Adult Per Diem 4	114.15	114.15	Y
CHC	S5140		Adult foster care per diem	45.41	45.41	Y
CHC	S5170		Homedelivered prepared meal	6.73	6.73	Y
KB	T1016		Katie Beckett Waiver, Case Management, each 15 min	25.13	25.13	Y

Provider Type	Procedure Code	Mod1	New Services-COPE and Care for Caregiver Program	Rate		1% VBP
CHC	55110		Homecare Training - Family	129.00		Y
CHC	55116		Homecare Training - Non-Family	129.00		Y
ABI	55110		Homecare Training - Family	129.00		Y
ABI	55116		Homecare Training - Non-Family	129.00		Y
PCA	55110		Homecare Training - Family	129.00		Y
PCA	55116		Homecare Training - Non-Family	129.00		Y
Autism	55110		Homecare Training - Family	129.00		Y
Autism	55116		Homecare Training - Non-Family	129.00		Y
Provider Type	Procedure Code	Mod1	New Services - CAPABLE	Rate		1% VBP
CHC	G9006		Care Coordination	129.00		Y
CHC	55165		Environmental Modification	2,000.00		
ABI	G9006		Care Coordination	129.00		Y
ABI	55165		Environmental Modification	2,000.00		
PCA	G9006		Care Coordination	129.00		Y
PCA	55165		Environmental Modification	2,000.00		
Autism	G9006		Care Coordination	129.00		Y
Autism	55165		Environmental Modification	2,000.00		

Provider Type	Procedure Code	Mod1	Provider Specific Rates				Eligible for 5% stabilization & 1% VBP
			Procedure Description	Providers	7/1/21	8/1/21	
PCA/CHC	1286A		Tier A Case Management	Connecticut Community Care	4.78	4.78	Y
PCA/CHC	1286A		Tier A Case Management	Agency on Agining of South Central CT	4.78	4.78	Y
PCA/CHC	1286A		Tier A Case Management	Southwest CT Agency on Aging	4.93	4.93	Y
PCA/CHC	1286A		Tier A Case Management	Western CT Agency on Aging	3.97	3.97	Y
PCA/CHC	1286C		Tier C Case Management	Connecticut Community Care	5.38	5.38	Y
PCA/CHC	1286C		Tier C Case Management	Agency on Agining of South Central CT	5.38	5.38	Y
PCA/CHC	1286C		Tier C Case Management	Southwest CT Agency on Aging	5.33	5.33	Y
PCA/CHC	1286C		Tier C Case Management	Western CT Agency on Aging	4.57	4.57	Y
PCA/CHC	1286Z		Case Mgmt Services (Activities Related T	Connecticut Community Care	5.18	5.18	Y
PCA/CHC	1286Z		Case Mgmt Services (Activities Related T	Agency on Agining of South Central CT	5.10	5.10	Y
PCA/CHC	1286Z		Case Mgmt Services (Activities Related T	Southwest CT Agency on Aging	5.10	5.10	Y
PCA/CHC	1286Z		Case Mgmt Services (Activities Related T	Western CT Agency on Aging	4.36	4.36	Y
PCA/CHC	1288Z		Initial Asses(Written Eval Of Indiv Med	Connecticut Community Care	324.88	324.88	Y
PCA/CHC	1288Z		Initial Asses(Written Eval Of Indiv Med	Agency on Agining of South Central CT	324.88	324.88	Y
PCA/CHC	1288Z		Initial Asses(Written Eval Of Indiv Med	Southwest CT Agency on Aging	324.88	324.88	Y
PCA/CHC	1288Z		Initial Asses(Written Eval Of Indiv Med	Western CT Agency on Aging	296.35	296.35	Y
PCA/CHC	1291Z		Re-Evaluation Of Client - Status Review/	Connecticut Community Care	107.21	107.21	Y
PCA/CHC	1291Z		Re-Evaluation Of Client - Status Review/	Agency on Agining of South Central CT	107.21	107.21	Y
PCA/CHC	1291Z		Re-Evaluation Of Client - Status Review/	Southwest CT Agency on Aging	107.21	107.21	Y
PCA/CHC	1291Z		Re-Evaluation Of Client - Status Review/	Western CT Agency on Aging	97.80	97.80	Y

PCA/CHC	1292Z	In Hospital Status Review	Connecticut Community Care	107.21	107.21	Y
PCA/CHC	1292Z	In Hospital Status Review	Agency on Agining of South Central CT	107.21	107.21	Y
PCA/CHC	1292Z	In Hospital Status Review	Southwest CT Agency on Aging	107.21	107.21	Y
PCA/CHC	1292Z	In Hospital Status Review	Western CT Agency on Aging	97.80	97.80	Y
PCA/CHC	1293Z	Nursing Home Status Review	Connecticut Community Care	107.21	107.21	Y
PCA/CHC	1293Z	Nursing Home Status Review	Agency on Agining of South Central CT	107.21	107.21	Y
PCA/CHC	1293Z	Nursing Home Status Review	Southwest CT Agency on Aging	107.21	107.21	Y
PCA/CHC	1293Z	Nursing Home Status Review	Western CT Agency on Aging	97.80	97.80	Y
PCA/CHC	1300Z	Reassessment	Connecticut Community Care	243.66	243.66	Y
PCA/CHC	1300Z	Reassessment	Agency on Agining of South Central CT	238.88	238.88	Y
PCA/CHC	1300Z	Reassessment	Southwest CT Agency on Aging	238.88	238.88	Y
PCA/CHC	1300Z	Reassessment	Western CT Agency on Aging	222.28	222.28	Y
ABI	1530P	Case-Management PMPM	Connecticut Community Care	263.93	263.93	Y
ABI	1530P	Case-Management PMPM	Southwest CT Agency on Aging	263.93	263.93	Y
ABI	1530P	Case-Management PMPM	Western CT Agency on Aging	263.93	263.93	Y
CHC	1435Z	Demo Project / Occasional Personal Servi	Masonicare, Smithfield Gardens	29.51	31.22	Y
CHC	1435Z	Demo Project / Occasional Personal Servi	Utopia, Herbert T. Clark, The Retreat	29.51	31.22	Y
CHC	1435Z	Demo Project / Occasional Personal Servi	Lutheran Assisted Living Services, Luther	26.10	27.61	Y
CHC	1435Z	Demo Project / Occasional Personal Servi	Hebrew Healthcare	29.21	30.90	Y
CHC	1435Z	Demo Project / Occasional Personal Servi	Hearth Properties	28.00	29.62	Y
CHC	1436Z	Demo Project / Occasional Personal Servi	Masonicare, Smithfield Gardens	47.22	49.96	Y
CHC	1436Z	Demo Project / Occasional Personal Servi	Utopia, Herbert T. Clark, The Retreat	47.22	49.96	Y
CHC	1436Z	Demo Project / Occasional Personal Servi	Lutheran Assisted Living Services, Luther	44.66	47.25	Y
CHC	1436Z	Demo Project / Occasional Personal Servi	Hebrew Healthcare	46.74	49.45	Y
CHC	1436Z	Demo Project / Occasional Personal Servi	Hearth Properties	44.79	47.39	Y
CHC	1437Z	Demo Project / Occasional Personal Servi	Masonicare, Smithfield Gardens	64.92	68.68	Y
CHC	1437Z	Demo Project / Occasional Personal Servi	Utopia, Herbert T. Clark, The Retreat	64.98	68.75	Y
CHC	1437Z	Demo Project / Occasional Personal Servi	Lutheran Assisted Living Services, Luther	62.41	66.03	Y
CHC	1437Z	Demo Project / Occasional Personal Servi	Hebrew Healthcare	64.27	68.00	Y
CHC	1437Z	Demo Project / Occasional Personal Servi	Hearth Properties	61.59	65.16	Y
CHC	1438Z	Demo Project / Occasional Personal Servi	Masonicare, Smithfield Gardens	76.72	81.17	Y
CHC	1438Z	Demo Project / Occasional Personal Servi	Utopia, Herbert T. Clark, The Retreat	76.72	81.17	Y
CHC	1438Z	Demo Project / Occasional Personal Servi	Lutheran Assisted Living Services, Luther	73.75	78.03	Y
CHC	1438Z	Demo Project / Occasional Personal Servi	Hebrew Healthcare	75.96	80.36	Y
CHC	1438Z	Demo Project / Occasional Personal Servi	Hearth Properties	72.79	77.01	Y
CHC	1439Z	Demo Project / Occasional Personal Servi	Masonicare, Smithfield Gardens	12.56	13.29	Y
CHC	1439Z	Demo Project / Occasional Personal Servi	Utopia, Herbert T. Clark, The Retreat	13.98	14.79	Y
CHC	1439Z	Demo Project / Occasional Personal Servi	Lutheran Assisted Living Services, Luther	9.45	10.00	Y
CHC	1439Z	Demo Project / Occasional Personal Servi	Hebrew Healthcare	13.85	14.65	Y
CHC	1439Z	Demo Project / Occasional Personal Servi	Hearth Properties	13.27	14.04	Y

g. ___ Temporarily modify person-centered service plan development process and individual(s) responsible for person-centered service plan development, including qualifications.

[Describe any modifications including qualifications of individuals responsible for service plan development, and address Participant Safeguards. Also include strategies to ensure that services are received as authorized.]

h. ___ Temporarily modify incident reporting requirements, medication management or other participant safeguards to ensure individual health and welfare, and to account for emergency circumstances. [Explanation of changes]

i. ___ Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.

[Specify the services.]

j. ___ Temporarily include retainer payments to address emergency related issues.

[Describe the circumstances under which such payments are authorized and applicable limits on their duration. Retainer payments are available for habilitation and personal care only.]

k. ___ Temporarily institute or expand opportunities for self-direction.

[Provide an overview and any expansion of self-direction opportunities including a list of services that may be self-directed and an overview of participant safeguards]

l. ___ Increase Factor C.

[Explain the reason for the increase and list the current approved Factor C as well as the proposed revised Factor C]

m. ___ Other Changes Necessary [For example, any changes to billing processes, use of contracted entities or any other changes needed by the State to address imminent needs of individuals in the waiver program]. [Explanation of changes]

Contact Person(s)

A. The Medicaid agency representative with whom CMS should communicate regarding the request:

First Name: Jennifer
Last Name Cavallaro
Title: Director, Community Options - Operations
Agency: Department of Social Services
Address 1: 55 Farmington Avenue
Address 2: 9th Floor
City Hartford
State Connecticut
Zip Code 06105
Telephone: 860-424-5743
E-mail jennifer.cavallaro@ct.gov
Fax Number 860-424-4963

B. If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:

First Name: Click or tap here to enter text.
Last Name Click or tap here to enter text.
Title: Click or tap here to enter text.
Agency: Click or tap here to enter text.
Address 1: Click or tap here to enter text.
Address 2: Click or tap here to enter text.
City Click or tap here to enter text.
State Click or tap here to enter text.
Zip Code Click or tap here to enter text.
Telephone: Click or tap here to enter text.
E-mail Click or tap here to enter text.
Fax Number Click or tap here to enter text.

8. Authorizing Signature

Signature:

/S/

State Medicaid Director or Designee


Date: 03/04/2022

First Name: William
Last Name Halsey
Title: Acting Medicaid Director
Agency: Department of Social Services
Address 1: 55 Farmington Avenue
Address 2: 9th Floor
City Hartford
State CT
Zip Code 06005
Telephone: 860-424-5077
E-mail William.Halsey@ct.gov
Fax Number 860-424-4963

Section A---Services to be Added/Modified During an Emergency

Complete for each service added during a time of emergency. For services in the approved waiver which the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification					
Service Title:					
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>					
Service Definition (Scope):					
Specify applicable (if any) limits on the amount, frequency, or duration of this service:					
Provider Specifications					
Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:		<input type="checkbox"/>	Agency. List the types of agencies:
Specify whether the service may be provided by (check each that applies):		<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
Provider Qualifications (provide the following information for each type of provider):					
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)		
Verification of Provider Qualifications					
Provider Type:	Entity Responsible for Verification:			Frequency of Verification	
Service Delivery Method					
Service Delivery Method (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E		<input type="checkbox"/>	Provider managed



ⁱ Numerous changes that the state may want to make necessitate authority outside of the scope of section 1915(c) authority. States interested in changes to administrative claiming or changes that require section 1115 or section 1135 authority should engage CMS in a discussion as soon as possible. Some examples may include: (a) changes to administrative activities, such as the establishment of a hotline; (b) suspension of general Medicaid rules that are not addressed under section 1915(c) such as payment rules or eligibility rules or suspension of provisions of section 1902(a) to which 1915(c) is typically bound.