

## DEPARTMENT OF SOCIAL SERVICES

### Notice of Proposed Medicaid State Plan Amendment (SPA)

#### **SPA 22-AK: Community First Choice – Reimbursement Updates to Implement Personal Care Attendant Collective Bargaining Agreement – Paid Time Off, Stipend for Portion of Attendants' Health Insurance Premium Expenses, and One-Time Lump Sum Payment**

The State of Connecticut Department of Social Services (DSS) proposes to submit the following Medicaid State Plan Amendment (SPA) to the Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health and Human Services (HHS).

#### **Changes to Medicaid State Plan**

Effective on or after October 1, 2022, this SPA will amend Attachment 4.19-B of the Medicaid State Plan to update the provisions for Community First Choice (CFC) pursuant to section 1915(k) of the Social Security Act as detailed below. The purpose of this SPA is to update the Medicaid state plan provisions for CFC to implement the provisions of the collective bargaining agreement between the state and the union representing personal care attendants, which was updated based on an agreement that was recently ratified by the Connecticut General Assembly.

This SPA sets forth the payment methodology for PCA paid time off for eligible PCAs and a stipend to assist eligible PCAs with a portion of the expenses of paying for their health insurance premiums, each which will be paid to the extent provided and in accordance with the collective bargaining agreement in effect at the time services are provided. If no collective bargaining agreement is in effect at the time services are provided, then those payments will be made in accordance with the agreement that was most recently in effect immediately prior to its expiration.

This SPA also sets forth the payment methodology for a one-time lump sum payment to be paid to PCAs in an amount calculated at 6% of total earnings for providing PCA services in CFC for dates of service from April 1, 2021 through March 31, 2022.

This SPA does not address the portion of the reimbursement methodology that includes wages paid to the PCAs because the current approved state plan provisions for CFC already incorporate changes to the minimum hourly payment rates based on the collective bargaining agreement in effect at the time services are provided and a proposed SPA with an earlier effective date (SPA 22-AB) addresses hourly payment rates. Thus, it is not necessary for this SPA to address those changes.

#### **Fiscal Impact**

DSS estimates that this SPA will increase annual aggregate Medicaid expenditures by approximately \$13,661,007 in State Fiscal Year (FFY) 2023 and \$9,983,100 in State Fiscal Year (FFY) 2024.

## **Obtaining SPA Language and Submitting Comments**

The proposed SPA is posted on the DSS website at this link: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-State-Plan-Amendments>. The proposed SPA may also be obtained at any DSS field office, at the Town of Vernon Social Services Department, or upon request from DSS (see below).

To request a copy of the SPA from DSS or to send comments about the SPA, please email: [Public.Comment.DSS@ct.gov](mailto:Public.Comment.DSS@ct.gov) or write to: Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105. Please reference “SPA 22-AK: Community First Choice – Reimbursement Updates to Implement Personal Care Attendant Collective Bargaining Agreement – Paid Time Off, Stipend for Portion of Attendants’ Health Insurance Premium Expenses, and One-Time Lump Sum Payment”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than July 28, 2022.

## 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 twelve-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 state 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. If no collective bargaining agreement is in effect at the time services are provided, the permissible wages 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 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 2 participants. All applicable employer taxes and applicable necessary funds for the payment of worker's compensation coverage, paid time off, and stipend for portion of attendants' health insurance premium expenses (each of which are described in more detail below) are added to the pay rate to determine the Medicaid rate.

Fees for attendant care services other than those detailed above must comply with the provisions of the collective bargaining agreement in effect at the time services are provided, including, but not limited to, applicable minimum fees. For any services that are not covered under a collective bargaining agreement, maximum and/or minimum fees, as applicable (the client decides the fee within the applicable maximum and/or minimum), are published on the CFC Fee Schedule.

Workers Compensation Coverage for Personal Care Attendants: For dates of service prior to January 1, 2019, the CFC participant will have the option to include the cost of workers' compensation coverage for their employees as part of their individual budget. 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 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.

~~Transitional Services: The cost of transitional services is over and above the cost limit for the recurring individual service budget. The total permissible allocation per individual will be \$1,200.00 over a 2-year period. Transitional services are subject to prior authorization. The Department utilizes an approved inventory of transitional services as a standard for the transitional~~

TN # 22-AK  
Supersedes  
TN # 22-AB

Approval Date \_\_\_\_\_

Effective Date 10/01/2022

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

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

Paid Time Off: Effective October 1, 2022, in accordance with and to the extent provided by the collective bargaining agreement between the state and the applicable union representing attendants that is in effect at the time the services are provided, eligible personal care attendants earn and are paid for paid time off as set forth in such agreement. If no collective bargaining agreement is in effect at the time services are provided, paid time off shall be provided in accordance with the most recent collective bargaining agreement for the time period immediately preceding expiration of the agreement.

Stipend for Portion of Attendants' Health Insurance Premium Expenses: Effective October 1, 2022, in accordance with and to the extent provided by the collective bargaining agreement between the state and the applicable union representing attendants that is in effect at the time the services are provided, eligible personal care attendants are paid a stipend intended to assist such individuals in paying for a portion of their health insurance premiums. If no collective bargaining agreement is in effect at the time services are provided, this stipend shall be provided in accordance with the most recent collective bargaining agreement for the time period immediately preceding expiration of the agreement.

Lump Sum Payment: Effective October 1, 2022, there is a one-time lump sum payment made to each personal care attendant calculated at 6% of the attendant's total earnings from CFC for dates of service from April 1, 2021 through March 31, 2022.

TN # 22-AK  
Supersedes  
TN # NEW

Approval Date \_\_\_\_\_

Effective Date 10/01/2022

## 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**

**Transitional Services:** The cost of transitional services is over and above the cost limit for the reoccurring individual service budget. The total permissible allocation per individual will be \$1,200.00 over a 2-year period. Transitional services are subject to prior authorization. The Department utilizes an approved inventory of transitional services as a standard for the transitional service needs assessment. Funding is provided for the participant to acquire services detailed within the inventory based on the participant's need for the service.

**Assistive Technology (AT):** Purchase of AT is subject to prior authorization by the State. In support of this, the participant is required to submit three bids for the purchase. The aggregate limit for this service is \$5,000 per individual budget year.

**Home-Delivered Meals:** Services will be reimbursed in accordance with the current negotiated rates for these services found on the CFC fee schedule.

**Environmental Accessibility Adaptations:** Costs must be substantiated by invoices prepared and submitted by approved State vendors and are subject to prior authorization by the State. The aggregate cost for this service is \$15,000 over a 5 year period.

**Home Health Services:** Services will be reimbursed in accordance with section 7 of Attachment 4.19-B of the State Plan.

**Backup Systems:** Electronic monitoring service rates will track the current Medicaid rates as indicated on the CFC Fee Schedule. If there is not a current rate on the CFC fee schedule for the proposed Backup System, a minimum of three invoices will be submitted by approved State vendors and are subject to prior authorization by the State.

**Training:** The Planning and Support Coach will be providing 1:1 training to educate individuals on how to hire, manage, and self-direct their staff. The Planning and Support Coach will be reimbursed in accordance with the CFC fee schedule.

**Acquisition, maintenance, and enhancement of skill in order for the individual to accomplish health related tasks:** Registered Nurses, Occupational Therapists, Physical Therapists, and Speech Therapists may provide services for acquisition, maintenance, and enhancement of skills in order for the individual to accomplish health related tasks. These services provide teaching strategies and educational opportunities for individuals to become more independent in their health-related tasks. Services are provided by licensed staff from home health agencies. These providers are required to complete a certification in person-centered planning. Payment for this service is in accordance with the current Medicaid negotiated Provider Specific Rates for the Home Health Agency the individual chooses to work with.

TN # 22-AK

Approval Date \_\_\_\_\_

Effective Date 10/01/2022

Supersedes

TN # 18-0023