

**STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES**

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 23-AD: Community First Choice - Rate Increases for Home-Delivered Meals, Personal Care Attendant (PCA) Per Diem, and PCA Overnight Services

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). Public comment information is listed below.

Changes to Medicaid State Plan

Effective on or after October 1, 2023, this SPA will amend Attachment 4.19-B of the Medicaid State Plan in order to make the reimbursement increases described below for the Community First Choice (CFC) benefit pursuant to section 1915(k) of the Social Security Act.

The CFC personal care attendant (PCA) per diem and overnight rates are being increased to ensure that the wage-based component of those rates complies with the most recent increase in the state minimum wage. This adjustment is not necessary for the hourly self-directed PCA rates, which already include a wage-based component at or above the most recent increase in the state minimum wage. The increased rates are as follows:

Code	Description	Rate
1019Z	Personal Care Services: Per Diem	\$411.56
1020Z	Personal Care Services: Overnight	\$320.90
1227Z	Pca Individual Per Diem Prorated Hourly	\$17.94
3020Z	Pca Individual Overnight Prorated Hourly	\$18.88

The purpose of the portion of this SPA for the self-directed PCA rate increase is to reflect the most recent increase in the state's minimum wage within the rate that includes the various components already specified in the approved Medicaid State Plan.

In addition, the rates for home delivered meals (codes 1218Z, 1220Z, and 1221Z) under the CFC benefit will be increased by 12.5%. The purpose of the portion of this SPA for the home-delivered meals rate increase is to implement funding for rate increases for home-delivered meals included in

the state fiscal year (SFY) 2024-2025 biennial state budget enacted by the Connecticut General Assembly and signed into law by the Governor.

Fee schedules are published at this link: <http://www.ctdssmap.com>, then select “Provider”, then select “Provider Fee Schedule Download,” then select the applicable fee schedule.

Fiscal Impact

DSS estimates that the rate increases to the PCA per diem and overnight services will increase annual aggregate expenditures by approximately \$270,311 in State Fiscal Year (SFY) 2024 and \$413,578 in SFY 2025.

DSS estimates that the rates increases to the home-delivered meals will increase annual aggregate expenditures by approximately \$27,856 in SFY 2024 and \$45,964 in SFY 2025.

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 resource center, 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 or write to: Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105. Please reference “SPA 23-AD: Community First Choice - Rate Increases for Home-Delivered Meals, PCA Per Diem, and PCA Overnight Services.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than **October 26, 2023**.

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 ~~May 12~~October 1, 2023, 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 disperse 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 # 23-AD

Approval Date _____

Effective Date 10/01/2023

Supersedes

TN # 23-0012