DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA) SPA 19-J: Specialized 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).

Changes to Medicaid State Plan

Effective on or after February 1, 2019, SPA 19-J will amend Attachments 3.1-D and 4.19-D of the Medicaid State Plan to add specialized add-on services for certain nursing facility (NF) residents and specify the payment methodology for such services.

Based on the information and analysis that is currently available, DSS has developed a fee schedule for the specialized services. Fee schedules will be published at this link: http://www.ctdssmap.com, then select "Provider", then select "Provider Fee Schedule Download." The rates were calculated based on historical service authorizations and historical provider payment rates from Department of Developmental Services (DDS) state-funded payments for comparable services. Adjustments were then applied to implement salary increases effective January 1, 2019.

Fiscal Impact

DSS estimates that this SPA will increase annual aggregate expenditures by approximately \$1.1 million in State Fiscal Year (SFY) 2019 and \$3.2 million in SFY 2020.

Obtaining SPA Language and Submitting Comments

This SPA is posted on the DSS web site at the following link: http://portal.ct.gov/dss. Scroll down to the bottom of the webpage and click on "Publications" and then click on "Updates." Then click on "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 or write to: Medical Policy Unit, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5067). Please reference "SPA 19-J: Specialized Services".

Anyone may send DSS written comments about this SPA, including comments about access to the services for which this SPA proposes to reduce rates or restructure payments in a manner that could affect access. Written comments must be received by DSS at the above contact information no later than February 28, 2019.

4. a. Nursing facility services for Individuals 21 years of age or older

Specialized add-on services for certain NF residents

Covered specialized add-on services include habilitative services. Habilitative services are medically necessary services intended to assist the resident in partially or fully attaining, learning, maintaining, or improving developmental-age appropriate skills that were not fully acquired as a result of a congenital, genetic, or early acquired health condition, and are required to maximize, to the extent practical, the client's ability to function in his or her environment. Specialized add-on services are habilitative services available to individuals residing in a Medicaid-certified nursing facility. Habilitative services are provided only upon prior approval and recommendation of the individual's Pre-Admission Annual Screening and Resident Review (PASRR) Level II Evaluation, as reflected in the individual's Individual Plan of Care (IPOC). Specialized add-on services are provided by community based providers not the nursing facility. Each allowable specialized add on service includes transportation between the facility and the service site.

Specialized add-on services require prior authorization. Specialized add-on services are paid as add-on payments to the provider of the specialized add-on services, as described in Attachment 4.19-D, Part 1. No services will be paid for as specialized add-on services if such services could be covered under other sections of the Plan, within the limitations of those services. If a covered specialized add-on service is also covered under other sections of the Plan, but is in excess of the limitations described in those sections, it may be paid as a specialized add-on service.

I. Day Services

- A. Group and individual day services are services and supports leading to the acquisition, improvement and/or retention of skills and abilities to prepare an individual for work and/or community participation, or support meaningful socialization, leisure and retirement activities.
- B. Group day services are delivered by a community based provider of day habilitation in a setting other than the resident's nursing facility. This service includes transportation between the facility and the site where group day services are provided. Individual day services are delivered as outlined in the Individual Plan and includes transportation if needed.

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- C. Community based providers of group and individual day services shall ensure that their employees meet the following requirements:
 - 1. Be at least 18 years of age;
 - 2. Pass a criminal background check;
 - 3. Have the ability to communicate effectively with the individual/family;
 - 4. Have the ability to complete record keeping as required by the employer;
 - 5. Demonstrate competence in knowledge of DDS policies and procedures: abuse/neglect; incident reporting; client rights and confidentiality; handling fire and other emergencies, prevention of sexual abuse, knowledge of approved and prohibited physical management techniques;
 - 6. Demonstrate competence/knowledge in topics required to safely support the individual as described in the Individual Plan;
 - 7. Demonstrate competence, skills, abilities, education and/or experience necessary to achieve the specific training outcomes as described in the Individual Plan;
 - 8. Have the ability to participate as a member of the circle if requested by the individual; and
 - 9. Demonstrate understanding of Person Centered Planning
 - C. Limitations: Service only provided by an enrolled provider in a community based program. This service is limited to no more than 6 hours per. Additional hours may be approved via the prior approval process based on individual need.
- II. Habilitative behavior support and consultation
 - A. Habilitative behavior support and consultation includes the development and implementation of individualized strategies for helping an individual effectively relate to caregivers and other people in the individual's life; and direct interventions with the individual to decrease aggressive, destructive, and sexually inappropriate or other behaviors that compromise the individual's ability to remain in the community.

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- B. Clinical and therapeutic services which are not otherwise covered by the Medicaid State Plan, necessary to improve the individual's independence and inclusion in their community.
- C. Professional clinical services include:
 - 1) Assess and evaluate the behavioral and clinical need(s);
 - 2) Develop a behavioral support plan that includes intervention techniques as well as teaching strategies for increasing new adaptive positive behaviors, and decreasing challenging behaviors addressing these needs in the individual's natural environments;
 - 3) Provide training to the individual's family and the support providers in appropriate implementation of the behavioral support plan and associated documentation; and
 - 4) Evaluate the effectiveness of the behavioral support plan by monitoring the plan on a quarterly basis, and by meeting with the team (DDS RN, NF staff providing care to individual and legally responsible relative) one month after the implementation of the behavior plan, and in future three month intervals. The service will include any changes to the plan when necessary and the professional(s) shall be available to the team for questions and consultation.
- D. The following providers may provide behavioral supports: DDS Qualified Provider for Behavioral Support Services, Doctoral, BCBA, or Master's Level Behavior Support Providers, licensed psychologists, licensed behavior analysts (BCBAs), or Master's degree in psychology, special education, social work or a related field.
 - All qualified providers shall have at least two years of experience working with people with intellectual disabilities.
- E. Habilitative behavior support and consultation shall include the following characteristics:
 - 1. Treatment must be evidence-based and driven by individual outcome data, and consistent with positive behavior support guidelines;
 - 2. Treatment goals must be objective and measurable. The goals must relate to an increase in skill development and/or a decrease in challenging behaviors that impede quality of life for an individual;
 - 3. The following written components will be developed in partnership with the individual and his or her family (as appropriate) by the treating professional:

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- i. Functional behavioral assessment; and
- ii. Positive behavior support plan based on functional behavioral assessment.

III. Nutrition, Safe Dining & Sensory Therapy Supports

Clinical assessment and development of special diets, positioning techniques for eating; recommendations for adaptive equipment for eating and counseling for dietary needs related to medical diagnosis for participants and training for paid support staff to ensure compliance with the participant's dietary needs.

- A. Nutrition services may include the clinical assessment and development of special diets, positioning techniques for eating; recommendations for adaptive equipment for eating and counseling for dietary needs related to medical diagnosis for participants and paid support staff.
- B. Safe Dining Supports include an in depth occupational assessment by an Occupational Therapist (OT) or a Speech and Language Pathologist (SLP) and a prescription for the specific supports needed for safe dining.
- C. Sensory Therapy Supports includes an in-depth occupational assessment by an occupational therapist and a prescription for the sensory diet needs specific to the individual.
- D. Nutrition services shall be provided by a qualified Dietitian or nutritionist and safe dining supports and sensory therapy supports shall be provided by an OT, SLP, Certified Occupational Therapy Assistant or competent direct care staff.
- E. Limitations: This service is limited to 25 hours of service per year.

IV. Service Coordination

- A. Community access services are individualized habilitative services that provide individuals with opportunities to engage in community-based activities that support socialization, education, recreation and personal development for the purpose of:
 - 1. Building and strengthening relationships with others in the local community who are not paid to be with the person; and
 - 2. Learning, practicing and applying skills that promote greater independence and inclusion in the individual's community.

В.	The goal of this service is to enhance engagement, skill acquisition and skill
	building to prepare the individual for community reintegration as soon as
	possible after admission to the NF.

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Services should be provided by a Qualified Intellectual Disabilities Profession (QIDP) as set forth in federal regulations and interpretive guidelines Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

Individuals providing services must be employed by or under contract to DDS and must have the following qualifications:

A. Qualified case managers are authorized by DDS as qualified to render services to persons with developmental disabilities who demonstrate expertise in accordance with the following required qualifications.

Case managers must have considerable knowledge of services available to persons with developmental disabilities; knowledge of residential programs for persons with developmental disabilities; knowledge of interdisciplinary approaches to program planning; knowledge of developmental disabilities, causes and treatment; considerable skill in facilitating positive group process; interpersonal skills; oral and written communication skills; considerable ability to translate clinical findings and recommendations into program activities and develop realistic program objectives; ability to collect and analyze large amounts of information; ability to utilize computer software.

Case Manager must have six (6) years General Experience in working with individuals with developmental disabilities involving participation in an interdisciplinary team process and the development, review and implementation of an individual's plan of service. Two (2) years of the General Experience must have involved responsibility for developing, implementing and evaluating individualized programs for individuals with developmental disabilities in the areas of behavior, education or rehabilitation.

B. Substitutions Allowed:

- 1. College training may be substituted for the General Experience on the basis of fifteen (15) semester hours equaling one-half (1/2) year of experience to a maximum of four (4) years for a Bachelor's degree.
- 2. A Master's degree in Counseling, Psychology, Special Education or Vocational Rehabilitation may be substituted for one (1) additional year of the General Experience.

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- 3. A Master's degree in Social Work may be substituted for the General and Special Experience.
- 4. Two (2) years as a Social Worker Trainee in the Department of Developmental Services may be substituted for the General and Special Experience.
- 5. For State Employees one (1) year as a Social Worker with some experience working with individuals with developmental disabilities may be substituted for the General and Special Experience.
- 6. For State Employees two (2) years as a Supervising Developmental Services Worker 1, Supervising Developmental Services Worker 2, Developmental Services Supported Living Worker or Developmental Services Adult Services Instructor may be substituted for the General and Special Experience.

SPECIAL REQUIREMENTS:

1.Incumbents in this class may be required to possess fluency in a foreign language or sign language for designated positions.

- C. Experience is defined as one of the following:
- 1. A Bachelor's degree that meets the eligibility criteria for certification/designation as a Qualified Intellectual Disabilities Professional (QIDP) as set forth in federal regulations and interpretive guidelines and two (2) years of professional experience involving responsibility for developing, implementing and evaluating individualized programs for individuals with intellectual disabilities in the areas of behavior, education and rehabilitation. OR
- 2. A Master's degree that meets the eligibility criteria for certification/designation as a Qualified Intellectual Disabilities Professional (QIDP) as set forth in federal regulations and interpretive guidelines and one (1) year of professional experience involving responsibility for developing, implementing and evaluating individualized programs for individuals with intellectual disabilities in the areas of behavior, education and rehabilitation.

NOTE: A degree that meets the eligibility criteria for certification/designation as a Qualified Intellectual Disabilities Professional (QIDP) is a degree in the field of human services, healthcare or education including but not limited to: nursing, psychology, rehabilitation counseling, special education or sociology.

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D. Limitations

Face to Face contact to be provided at a minimum of two times per year or as designated in the Individual Plan. Community access services can supplement, but cannot replace, activities that would otherwise be available as part of the NF activities program.

Freedom of choice (42 CFR 441.18(a)(1)):

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The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

- 1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
- 2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan .Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

X Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services: [Identify any limitations to be imposed on the providers and specify how these limitations enable providers to ensure that individuals within the target groups receive needed services.]

See the qualifications of Providers listed above. These limitations specifically enable providers to ensure that individuals within the target groups receive needed services because those providers have training, experience, and other expertise in those services and related areas. Those qualifications are specifically tailored to ensure expertise in working with individuals who have developmental disabilities

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

Specialized Add-On Services for Nursing Facility Residents

(a) The current fee schedule was updated as of February 1, 2019 and is effective for services provided on or after that date. The fee schedule is posted to the Connecticut Medical Assistance Program website at this link: www.ctdssmap.com. From this web page, go to "Provider", then to "Provider Fee Schedule Download". All governmental and private providers are reimbursed according to the same fee schedule.

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