

**Human Services Subcommittee of Appropriations Follow Up Questions from March 10th Session  
Department of Social Services  
March 22, 2021 Session**

- Detail Medicaid provider relief and perhaps show side-by-side along with CRF relief for comprehensive view

Please refer to updated chart in Exhibit 1 which includes both CRF allocations and provider relief funded through Medicaid and/or state funds.

- Check on the home health aide and waiver services minimum wage increase to confirm it went to all providers

We have confirmed that the minimum wage increase was received for all home health aide services and for all low wage waiver services categories. The complete list of services covered is included in Exhibit 2. All services listed received a 2.3% increase. The state funded CT Home Care Program was also included as part of this adjustment in addition to Medicaid waiver services.

- Provide more support for RCH Medicaid billing process (include information on Medicaid eligibility/penetration)

Please refer to Exhibit 3 which provides additional detail on the proposal and process. Based upon a review of RCH cost report data, close to 85% of all service days provided by RCHs are in support of clients who should be Medicaid eligible by the nature of their State Supplement eligibility. State Supplement provides the state funded cash assistance received by the RCH currently for room and board and costs of care.

- Complete 3-year client information for Rep Dathan's request

Please refer to Exhibit 4 (included as a separate document).

- Outstanding responses from the first collection of subcommittee questions

How are the minimum wage increases for private providers estimated?

There were three main areas of minimum wage increases, with different methodologies related to data availability and funding processes.

Home health aides, waiver services, and state-funded home care

The estimate for this area was based upon the assumption that prior to the minimum wage hike, worker wages were evenly distributed between the prior minimum wage (\$10.55 per hour) and the \$15 per hour final level. Each year, an adjustment is estimated based upon the shift of the minimum wage floor to the next higher dollar threshold. We can share further details of the calculation with OFA analysts if helpful.

Residential care homes

For the SFY 2021 increase, we requested data from the RCHs to document the level of workers under the new \$12 per hour minimum wage. The data provided indicated that there was a relatively small

share of workers under that level. Based upon that information, overall rates were increased by 0.4% for all homes to acknowledge the minimum wage impact.

Grant-funded community providers

In SFY 2020, the Department contacted grant-funded providers and obtained information on their breakdown of employees at various low wage levels impacted by the changes to the minimum wage. This data serves as the basis for our increase for those grants.

## Exhibit 1 – Federal Coronavirus Relief Fund (CRF) –Allocations to DSS and Medicaid/State Provider Relief

DSS Federal CRF Allocations			
	Distributed	Allocation*	
Medicaid Provider Supports			
Nursing home across-the-board grants	48,030,801	52,122,321	10% add to Apr 2020, 20% May-Jun 2020
COVID Recovery facilities	12,100,000		\$600/day; dedicated COVID facilities
Nursing home hardship relief	929,155		
Nursing home reporting/audits	200,000		
Nursing home across-the-board grants (Nov-Dec 20)**	21,327,871		10% for Nov-Dec 20
Chronic disease hospital relief	2,401,103		10% for Apr-Jun 2020; based upon Jan-Mar 2020
Private Psychiatric Residential Treatment facility relief	-	450,000	20% for Apr-Jun 2020; based upon Jan-Mar 2020
Substance abuse residential detox facility relief	555,391	820,000	20% for Apr-Jun 2020; based upon Jan-Mar 2020
Home health provider relief	1,679,471	4,900,000	10% for Apr-Jun 2020; based upon Jan-Mar 2020
Home care and waiver service provider relief	5,139,814	14,100,000	10% for Apr-Jun 2020; based upon Jan-Mar 2020
Community First Choice funding relief	3,031,050		7.5% for Apr-Jun 2020; includes \$281,050 for admin
CCMC relief	16,300,000		Mar-Sep 2020 covered period
Behavioral health clinician relief	498,463	3,203,660	10% for Apr-Jun 2020; based upon Jan-Mar 2020
Behavioral health clinic relief	1,488,712	2,651,741	10% for Apr-Jun 2020; based upon Jan-Mar 2020
Methadone maintenance provider relief	908,392	1,494,205	10% for Apr-Jun 2020; based upon Jan-Mar 2020
PPE distribution for self-directed care staff	781,179		Kennedy Center contract
General acute care hospitals (excluding Dempsey)	40,000,000		
Subtotal - Provider Supports	155,371,402		
Other Provider Support			
Domestic Violence Shelter Compression	165,000		
Emergency Feeding	1,492,164		
Administrative			
DSS Technology & Systems Support	9,918,016		
Other Administrative			
Provide clinical monitoring through CHNCT	10,650		
Testing			
Community Partners Testing Support	66,615,520		
Total - DSS CRF	233,572,752		
DSS Medicaid/State Provider Relief Supports			
Temporary relief funding for nursing homes **	18,440,000		10% for Mar-Apr 20; 5% for Jan-Feb 21 and 10% for Mar 21
Temporary rate increase for residential care homes	980,000		Approx. 5% Apr-Jun 2020
Temporary rate increase for private intermediate care facilities (ICF/IIDs)	1,640,000		Approx. 10% for Apr-Jun 2020
COVID DRG enhanced payment for acute care hospitals	6,200,000		20% add-on for COVID DRGs for Apr-Jun 2020
Temporary relief funding for chronic disease hospitals	253,100		2% for Jan-Feb 21
Subtotal - Medicaid /State Provider Relief	27,513,100		
*Areas where requests for funding fell short of allocations			
**To date, we have received a limited number of requests for funding			

## **Exhibit 2 – Home Health Aide and Waiver Service Categories Receiving 2.3% Minimum Wage Increase**

<b>Procedure Code</b>	<b>Procedure Description</b>
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### **Home Health Services**

T1004	Services of a Qualified Nursing Aide up to 15 min
T1021	Home Health Aide or Certified Nurse Assistant

### **Acquired Brain Injury Waiver Services**

1021Z	Personal Care Services: Per 15 Minutes
1021Z	Personal Care Services: Per 15 Minutes
1022Z	Personal Care Services: Overnight Agency
1023Z	Personal Care Services: Per Diem Agency
1200Z	Adult Day Health - Full Day (Non-Medical Model Provider)
1201Z	Adult Day Health - Full Day (Approved Medical Model Provider)
1202Z	Adult Day Health - Half Day (Less Than or Equal To 4 Hrs)
1211P	Recovery Assistant
1211P	Recovery Assistant
1212P	Recovery Assistant II
1212P	Recovery Assistant II
1225Z	PCA Agency Per Diem Prorated Hourly
1232Z	Respite Care In The Home Per Hour-Other
1532P	Chore Services Per 1/4 Hour
1536P	Companion Services Per 1/4 Hour (18-Hour
1536P	Companion Services Per 1/4 Hour (18-Hour
1542P	Homemaker Services Per 1/4 Hour
1562P	Respite Care Per Hour
3022Z	PCA Agency Overnight Prorated Hourly

### **Autism Waiver Services**

1396Z	Community Mentor agency per 15 minutes
1402Z	Respite - Facility Based Out of Home Per Diem
1404Z	Respite Agency In Home Individual Per 15 Minutes
1406Z	Respite Agency Out of Home Individual Per 15 Minutes
5151D	Individual Respite Agency Unskilled Respite Care Not Hospice; Per Diem

### **Home Care Waiver and State Funded Program Services**

1021Z	Personal Care Services: Per 15 Minutes
1021Z	Personal Care Services: Per 15 Minutes
1022Z	Personal Care Services: Overnight Agency
1023Z	Personal Care Services: Per Diem Agency
1200Z	Adult Day Health - Full Day (Non-Medical Model Provider)
1201Z	Adult Day Health - Full Day (Approved Medical Model Provider)
1202Z	Adult Day Health - Half Day (Less Than Or Equal To 4 Hrs)
1206Z	Chore Service Agency 1/4 Hour
1210Z	Companion Service - Agency Per 1/4 Hour
1213M	Recovery Assistant Agency Per 15 Minutes
1214Z	Homemaker Service - Agency - Per 1/4 Hour
1225Z	PCA Agency Per Diem Prorated Hourly
1226Z	Respite Care In The Home 1/4 Hour- Companion

1228Z Respite Care In The Home 1/4 Hour - Home  
 1230Z Respite Care In The Home 1/4 Hour - Home  
 1232Z Respite Care In The Home Per Hour-Other  
 1234Z Respite Care- Rest Home with Nursing Sup  
 1236Z Respite Care- Chronic Convalescent Nursing  
 1240Z Respite Care Licensed Home for The Aged-  
 1244Z Respite Care Out of The Home-Per Hour-Other  
 1430Z Occasional Personal Services-Per Day  
 1431Z Limited Personal Services - Per Day  
 1432Z Moderate Personal Services - Per Day  
 1433Z Extensive Personal Services - Per Day  
 1434Z Core Assisted Living Services - Per Day  
 3022Z PCA Agency Overnight Prorated Hourly  
 3024Z Respite PCA Agency Overnight Prorated  
 3025Z Respite PCA Agency Per Diem Prorated  
 3026Z Respite PCA Agency Overnight  
 3027Z Respite PCA Agency Per 15 Minutes  
 3027Z Respite PCA Agency Per 15 Minutes  
 3028Z Respite PCA Agency Per Diem  
 3029Z Respite PCA Individual Overnight

#### **Mental Health Waiver Services**

1200Z Adult Day Health - Full Day (Non-Medical Model Provider)  
 1201Z Adult Day Health - Full Day (Approved Medical Model Provider)  
 1202Z Adult Day Health - Half Day (Less Than or Equal To 4 Hrs)  
 1206Z Chore Service Agency 1/4 Hour  
 1213M Recovery Assistant Agency Per 15 Minutes  
 1214M Recovery Assistant Group 2 Clients  
 1215M Recovery Assistant Group 3 Clients  
 1216M Recovery Assistant Group 4 Clients Per 15 Min  
 1217M Recovery Assistant Overnight Per 15 Min  
 1430Z Occasional Personal Services-Per Day  
 1431Z Limited Personal Services - Per Day  
 1432Z Moderate Personal Services - Per Day  
 1433Z Extensive Personal Services - Per Day  
 1434Z Core Assisted Living Services - Per Day  
 1435Z Demo Project / Occasional Personal Services - Per Day  
 1436Z Demo Project / Limited Personal Services - Per Day  
 1437Z Demo Project/Moderate Personal Services - Per Day  
 1438Z Demo Project/Extensive Personal Services - Per Day  
 1439Z Demo Project/Core Assisted Living Services - Per Day

## Exhibit 3 – Residential Care Home Medicaid Claiming for Services

### Overview

The Department of Social Services (the Department) is partnering with Connecticut residential care homes (RCHs) to establish a process through which the state will claim 50% federal Medicaid match for RCH services (assistance with activities of daily living, instrumental activities of daily living and medication administration) that are currently paid for exclusively using state funds. To do this, the Department will support RCHs in becoming Medicaid providers. The Governor's budget recognizes the new federal revenue that will be gained by doing this, and also proposes to reinvest 25% of the new funds in rate increases for RCHs.

### Detailed Background

#### → Current Payment Arrangement

- Approximately 2,000 people live in RCHs statewide. 217 currently receive Medicaid "waiver" services.
- The average daily rate paid by DSS to RCHs is \$96.86 (rates range from \$57.80 to \$150.48). These payments are based on cost reports submitted by RCHs and are made exclusively out of state funds.
- Currently, RCHs are not enrolled as Medicaid providers and do not claim for Medicaid coverable services.

#### → Proposed New Arrangement

- DSS will submit a Medicaid state plan amendment (SPA) to the Centers for Medicare and Medicaid Services to cover personal care services provided to RCH residents, effective April 1, 2022. There will be three tiers of reimbursement that will relate to the level of need determined for each resident who receives services.
- DSS' Medicaid Management Information System contractor, Gainwell Technologies, will support the RCHs in becoming Medicaid enrolled providers, issue guidance on claiming and provide webinars and other supports on the electronic claiming process. Gainwell has extensive experience in working with smaller providers (e.g. autism providers, homemaker-companion agencies) to do this.
- DSS will claim for federal match on the following services provided by RCHs:
  - assistance with activities of daily living such as bathing and dressing;
  - instrumental activities of daily living such as meal preparation, laundry, general housekeeping; and
  - medication administration.
- DSS will re-invest 25% of the new federal match in rate increases for RCHs.

#### → Related Obligation to Comply with Federal "Settings" Rule

- In 2014, CMS adopted regulations that require states to ensure that all settings in which Medicaid members receive home and community-based services comply with new requirements designed to support independence and community integration.
- States must document compliance with the regulation no later than **March 17, 2023**.
- A non-exclusive example of these requirements is that Medicaid-funded residential settings, such as RCHs, must ensure that residents have the same protections as do tenants under landlord-tenant law.

- For this reason, DPH and DSS have mutually requested the language in **SB 922**, which seeks to require notice to residents prior to discharge, the right to an administrative hearing and the ability to appeal a DPH decision to Superior Court.
- If this legislation is not passed, effective in 2023, RCH residents would have to choose between continuing to reside in an RCH and receiving their Medicaid-funded services.