Follow-up Questions for DSS Work Session w/ Appropriations
Human Services Subcommittee
March 9, 2022

Questions on Prior Year Funding

1. Status of expenditure of GF/CF/ARPA funds allocated in the FY 22-23 biennial (with assumed effective date).

A summary of ARPA-funded projects as included in the current adopted budget is included as Appendix 1.

In addition to the summary in Appendix 1, a summary of ARPA home and community-based services (HCBS) funding allocations is included in Appendix 2.

PA 21-2 of the June Special Session, Sec. 308 also allocated three items to Medicaid through carry forward (CF) funds (an increase in the personal needs allowance, a temporary rate increase for nursing homes, and support to meet minimum social worker staffing requirements at nursing homes). As of November, the first two were complete. For social worker staffing, three homes have submitted requests for funding. Their applications have been reviewed and rate changes approved with per diem add-ons ranging from $1.14/day to $4.23/day, representing approximately $330,000 in funding. Funding supports are still available for nursing homes to meet the social worker staffing requirement. Homes may visit the DSS webpage for more information and to apply: https://portal.ct.gov/dss/Health-And-Home-Care/Medicaid-Nursing-Home-Reimbursement/Medicaid-Nursing-Home-Reimbursement

2. Please identify major providers/groups who have not received rate increases in recent years (Ex. Anesthesiologists, United Services, Generations)? Please include those who were decreased in the FY 16-17 biennial (ex. Radiologists).

United Services: The Department uses a uniform fee schedule for outpatient behavioral health services. Providers receive the same rate regardless of geographic location.

Generations: Please see Appendix 3 for information on the FQHC rate calculation.

Please see Appendix 4 for a Summary of Rate Adjustments, and fee schedule adjustments.

3. Residential Care Facilities- Please detail rate increases since FY 20 (CRF, ARPA), and provide a status update on the shift to Medicaid reimbursement for certain services.

- RCHs received a three-month 10% increase on all care-related salary and fringe benefit, food and supply cost categories estimated at just under $1.0 million in SFY 2020 for the months of April through June.

- An across-the-board minimum wage rate adjustment of 0.47% was provided in both SFY 2021 and SFY 2022. An inflationary rate adjustment of 3.1% was also provided in SFY 2022.

DSS is developing a state plan amendment to allow personal care services provided by RCHs to Medicaid eligible residents in their homes to be reimbursed under Medicaid. Recognizing delays

to date, the Governor's budget assumes an implementation date of September 1, 2022. Due to the lead time needed for systems changes, however, implementation may be delayed further.

4. Nursing Homes- Rate increases since FY 20 by funding source (CRF, ARPA, GF and federal Medicaid match).

Please see Appendix 5.

5. How much has DSS spent on COVID tests? What is the per unit cost?

Medicaid-reimbursed COVID-19 tests paid (claims-based only):

Year	2020	2021	2022 (January)
Paid	$29,764,185	$68,918,080	$4,111,870
Utilization	400,892	959,233	55,535
Unit Cost	$74.24	$71.85	$74.04

The figures above reflect the total gross cost of these tests under Medicaid and reflect costs of both "traditional" Medicaid members and those covered under the COVID uninsured coverage group established under the Public Health Emergency (COVID uninsured group reimbursed at 100%). This does not include any COVID testing paid through federal emergency relief funds, including free COVID testing provided through state sponsored sites throughout the state. In total, the state expended $416.1 million on COVID testing from the beginning of the pandemic through June 30, 2021, separate and apart from any of the Medicaid payments noted above.

Caseload Trends

6. Please provide cost and caseload trends used for current services adjustments (particular interest in TFA, SAGA and HUSKY B).

Below is a summary of trends and financial adjustments for the Temporary Family Assistance (TFA) and State Administered General Assistance (SAGA) programs.

TFA Cost and Caseload Trends

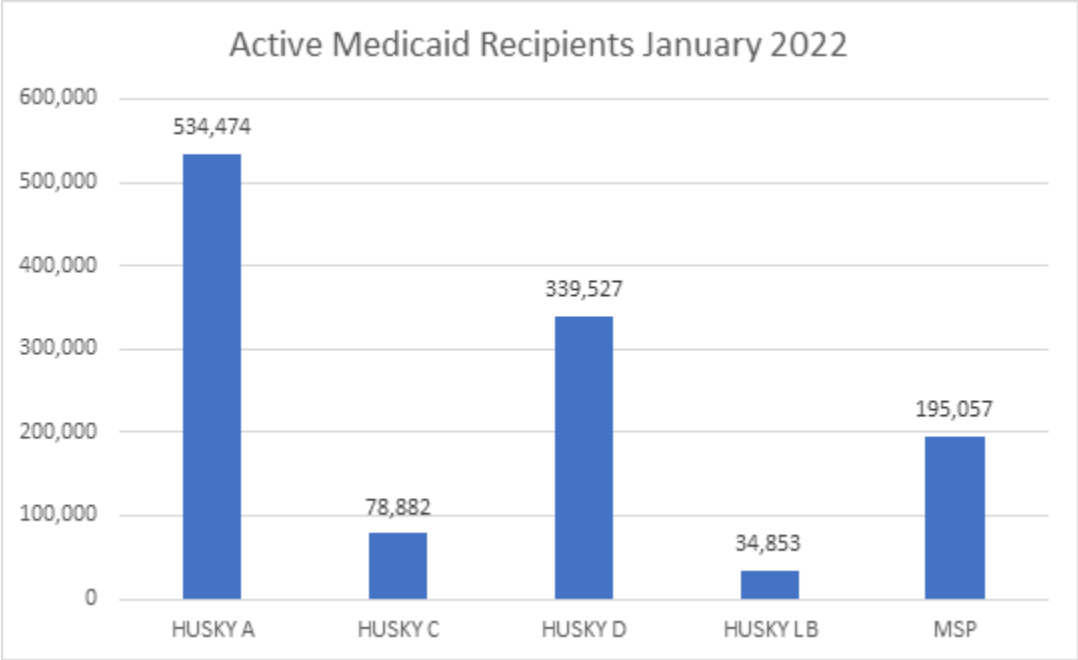
SFY	Average Paid Cases	Average Caseload Change	Monthly Average Cost/Case	Expenditures
SFY 18	12,797		$ 483.46	$ 74,048,449
SFY 19	10,998	-14%	$ 480.56	$ 63,454,349
SFY 20	9,787	-11%	$ 477.28	$ 56,047,606
SFY 21	7,662	-22%	$ 470.91	$ 43,327,151
Projected SFY 22	5,759	-25%	$ 477.25	$ 32,969,793
Projected SFY 23	5,200	-10%	$ 503.38	$ 31,410,000

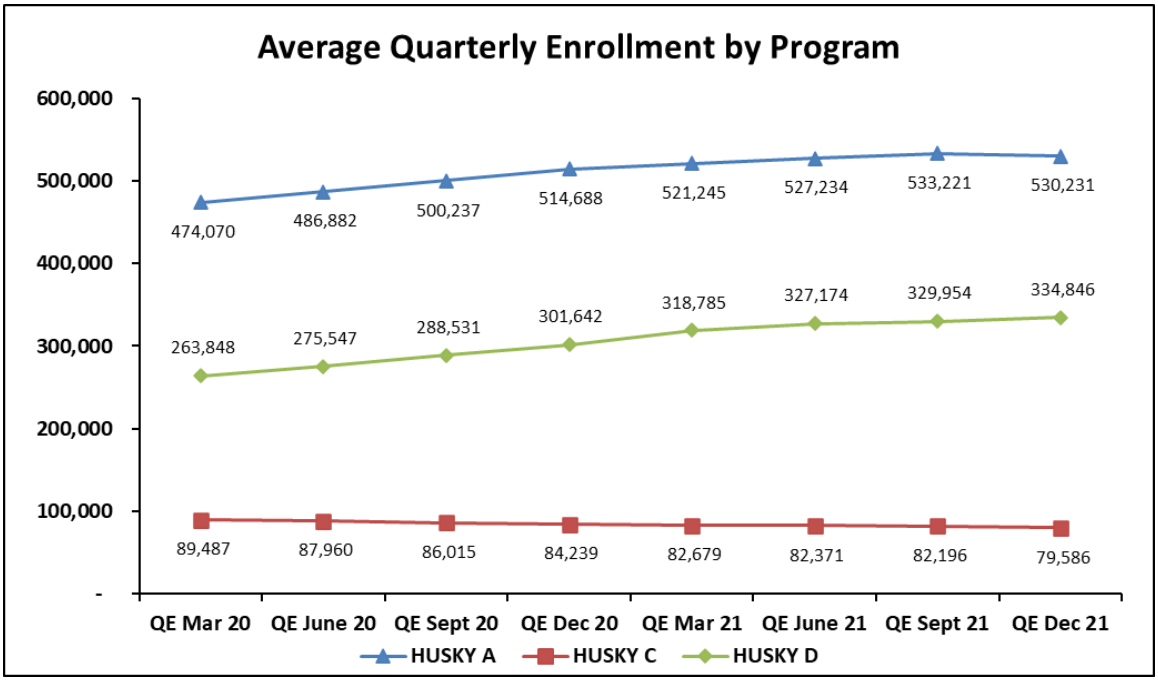
SAGA Cost and Caseload Trends					
SFY	Caseload	Average Caseload Change	Monthly Adjusted Cost/Case	Burial Payments	Total Expenditures
SFY 18	7,236		$ 201.21	$ 2,170,988	$ 19,601,641
SFY 19	6,719	-7%	$ 208.83	$ 2,252,496	$ 19,078,093
SFY 20	6,520	-3%	$ 205.73	$ 2,653,952	$ 18,754,436
SFY 21	5,018	-23%	$ 203.33	$ 3,065,172	$ 15,285,037
Projected SFY 22	3,989	-21%	$ 217.98	$ 2,478,189	$ 12,911,892
Projected SFY 23	3,662	-8%	$ 228.46	$ 2,901,453	$ 12,940,000

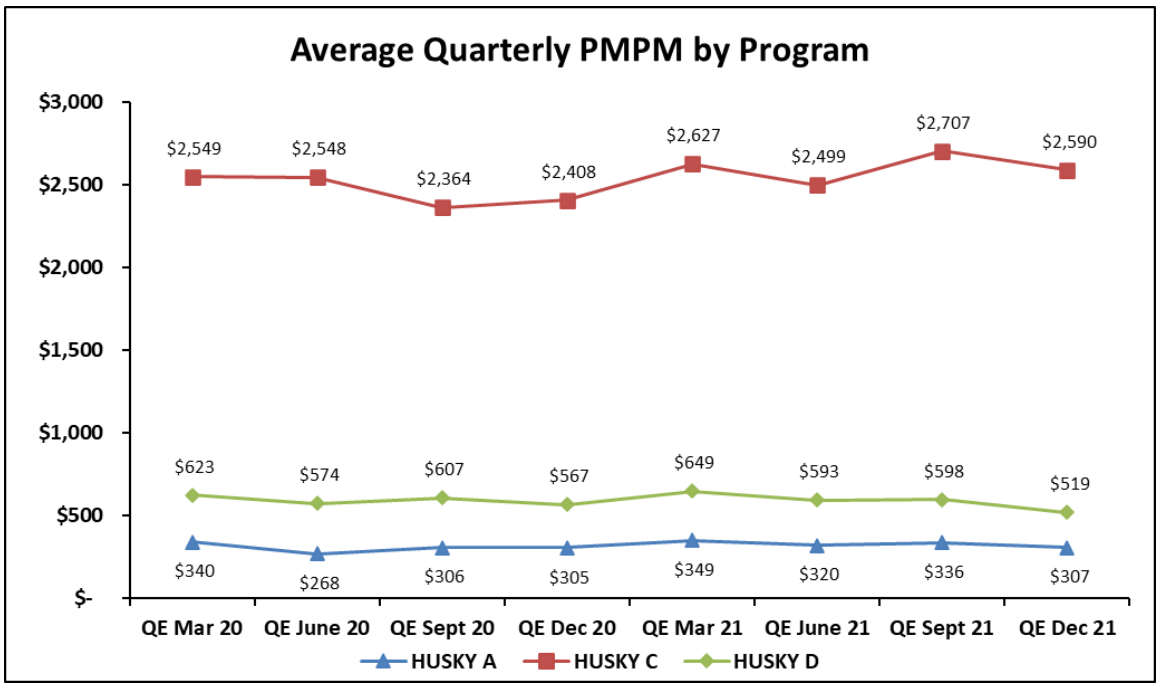
Below is a summary of the $9.0 million financial adjustment included for the HUSKY B program.

HUSKY B State Share Projections				
	Biennial Budget	Governor's Midterm Adjustment	Difference	
Average Monthly Enrollment	21,727	18,509	(3,218)	
Member Months	260,720	222,106	(38,614)	
PMPM	$189.24	$189.68	0	
Gross Expenses	49,340,000	42,130,000	(7,210,000)	
State Share	17,270,000	14,516,100	(2,750,000)	
Additional Adjustments				
Add for Undocumented Children 0-8	4,100,000	655,600	(3,450,000)	State Only
Add for Undocumented PW Prenatal Coverage	2,800,000	Included in Enrollment Projections	(2,800,000)	State Only
Total State Share Adjustment	24,170,000	15,170,000	(9,000,000)	

7. Average enrollment/cost per case by HUSKY group.







Substance Use Disorder (SUD) 1115 Medicaid Demonstration Waiver

8. Fact Sheet- please include newly reimbursable services and anticipated rate increases/enhancements and all financial adjustments.

Financials:

Please see Appendix 6 for financial information related to the SUD 1115 demonstration waiver.

Services:

There is a long-standing Medicaid rule that prohibits Medicaid paying for services provided at an institution for mental diseases (IMD). This is known as the IMD exclusion rule. Additionally, while any Medicaid member is in an IMD, Medicaid is prohibited from paying any Medicaid services (medication, transportation, medical services, dental services) that would be reimbursable in another setting except inpatient hospitalization. The vast majority of SUD residential treatment programs are considered IMDs because they have more than 16 beds. All SUD residential treatment services are currently fully state funded with no federal Medicaid match.

The SUD demonstration waiver represents the Department's request to "waive" the long-standing IMD exclusion rule and allow the state to pay for SUD residential treatment services through Medicaid and receive federal match on those expenditures. This is a significant opportunity to access federal matching funds from Medicaid that the state is reinvesting into the SUD service system.

SUD residential services include all of the American Society of Addiction Medicine (ASAM) residential levels of care from 3.7 medically-monitored withdrawal management to 3.1 clinically managed low-intensity residential services.

9. Which agency is considered the lead for SUD issues now?

The Department of Mental Health and Addiction Services remains the lead agency for substance use disorder services for adults and prevention activities across the lifespan. The Department of Children and Families remains the lead agency for children's behavioral health services, including substance use disorders.

As the single state Medicaid Agency, DSS maintains responsibility for final decisions related to the Medicaid-reimbursed services.

10. How does the waiver impact CMHC?

CT Mental Health Center is a public, DMHAS-operated facility. The SUD demo waiver will not impact CMHC since the primary target population served are individuals with a mental health condition.

11. Role of/engagement with the Behavioral Health Program Oversight Committee (BHPOC)?

The state agencies have engaged with the BHPOC Operations subcommittee and have established weekly meetings with providers through the implementation of the demonstration waiver development.

Proposed ARPA Allocations

12. Additional information regarding the $2.9 million ARPA funding for DV.

The ARPA allocation for domestic violence services is targeted to support the following victim assistance needs as detailed below:

Victim Assistance Needs			
Hoteling, Food and Transportation Costs			
	Hoteling, food and transportation needs continue to comply with the COVID-19 Emergency Shelter Operation plan . Under guidance of the Department of Social Services, operational policies align with recommendations per the U.S. Centers for Disease Control and public health safety measures. Current practices allow for safe distancing, masking, and reduced occupancy. Protocols ensure the health and safety of victims of domestic violence and their families while minimizing transmission.		
Basic Needs and Childcare Assistance			
	Increase in emergency assistance to meet basic needs for surviviors/families including food, clothing, diapers, formula, toiletries, medications, etc. This is mostly due to financial need due to decreased work hours from the pandemic or loss of a job due to the pandemic forcing many victims to choose between childcare/remote schooling and work. Childcare costs to allow victims to locate and retain jobs. Schooling needs for children including equipment for remote capabilities, clothing and supplies.		
Housing, Moving, Utilities and Furniture Assistance			
	Assist victims with housing and associated moving and furniture costs to allow victim to move from unsafe living situations to find permanent housing solutions. COVID-19 has also created barriers to transition. With less space for our sites to keep personal belongings due to safety and space restrictions, victims often need assistance with maintaining a storage unit while in transition and then help with paying for movers that we can guarantee are adhering to health, safety, and confidentiality guidelines to assist with the move from shelter to housing or unsafe living situation to housing. In addition, funds will be used to remove barriers to safe housing to include utilities, and security deposits. Safety measures will also include addressing transportation needs and car repairs that will support the survivor/family's ability to facilitate their safety plan.		

13. Identify specialized infant and toddler mental health providers.

Children's Behavioral Health:

The Department has been working with multiple state agencies (DCF, DPH, OEC, DDS, DMHAS, OHS, OPM) to develop several initiatives to address the children's behavioral health crisis. These initiatives implement programs and policies that will have short-term and long-term benefits for children and their families in Connecticut.

- **Hospital Inpatient Psychiatric Services**: DSS implemented a value-based payment model in June 2021 to incentivize the expansion of pediatric inpatient beds. This initiative will result in 17 additional psychiatric beds and 8 additional beds to treat youth with psychiatric conditions and autism spectrum disorder for a total of 25 beds. Additionally, the Governor's budget includes funding for Connecticut Children's Medical Center to build a specialized psychiatric inpatient unit that can accommodate children that have co-occurring psychiatric and medical conditions.

- **Intensive Transition Care Management Services:** DSS collaborated with DCF to issue an RFP for Intensive Transition Care Management services in order to assist hospitals in discharge planning for youth that were ready for discharge, but needed additional community care management services in order to successfully return to the community. This service is intended to improve the throughput at acute levels of care, thereby making those beds accessible to youth in the emergency department.

- **Behavioral Health Integration in Primary Care**: DSS is developing a model to incentivize behavioral health integration within primary care. Primary care providers are often the very first practitioners to identify or notice behavior or conditions, that if treated early, can be managed within primary care.

- **Maternity Bundle:** DSS is developing a comprehensive maternity bundle payment model that incorporates the mental health and well-being of both the mom and newborn.

- **Infant and Early Childhood Mental Health (IECMH) Services:** This package of services will provide health promotion, prevention, early identification, and treatment for the youngest children that are exhibiting or are at high risk of developing symptoms that may impact their ability to form strong relationships, express and manage emotions, solve problems, and begin life on a healthy developmental trajectory. Research demonstrates that early prevention and treatment are more beneficial and cost-effective than attempting to treat emotional difficulties (and their effects on learning and health) after they become more serious. Infant and early childhood mental health treatment services are clinical services that prevent, treat, or ameliorate symptoms of behavioral and/or emotional dysregulation identified in early childhood. Service locations are flexible, depending on the needs of the child and family, although the focus is on home and community-based settings. Providers of infant and early childhood mental health services must be endorsed by the CT Association for Infant Mental Health (CT-AIMH). The service continuum includes private practitioners and child guidance clinics that provide routine outpatient services to a new intensive clinical home-based

model. Practitioners and providers who meet the qualifications to provide these services will enroll in a new Medicaid provider type and specialty in order to receive enhanced rates that recognize this specialty. As just one example, dyadic psychotherapy seeks to improve the parent-child relationship and is offered by a licensed and endorsed infant or early childhood mental health professional with training in infant and early childhood mental health, adult psychopathology, development in infants/toddlers, and early parent-child interactions.

14. Does DSS have data regarding the average length of stay of children in hospitals for mental health related treatment?

Hospital Provider	Total # of Beds	ALOS CY 2021	Ages
Yale	39	14.1	5-17
Natchaug	26	12.7	5-17
Prospect Memorial	16	10.5	12-17
St. Francis	14	11.5	5-17
St. Vincent's	16	18.4*	5-17
Hartford Hospital	26	14.2	5-17
Four Winds (out of state)	150	17.1	5-17

* Incomplete prior authorization data for Q1 2021

a. Please identify recently expanded beds for pediatric mental health- are there opportunities to expand further?

Recently expanded pediatric inpatient psychiatric beds include the following hospitals:
- Hartford Institute of Living: added 3 beds
- Natchaug: added 2 beds
- ECHN: added 10 beds
- Trinity/St. Francis: added 2 beds
- Hospital for Special Care: added 8 beds (effective April 2022)

The Governor's recommended budget also includes funding for 12 additional beds at CCMC.

Staffing Update

15. How many vacancies? active recruitments? anticipated hires?

Refer to Appendix 7.

16. How many retirements do you anticipate over the next several months and does DSS have a plan to address those losses?

Refer to Appendix 7.

Other Questions

17. Autism Waiver Slots

There are a total of 200 new slots available based on actions from last legislative session (50 slots) and the Governor's recommended budget adjustment (150 additional slots). DSS has hired additional staff to case manage the original 50 slots and is now recruiting to accommodate the additional 150 slots.

18. Methadone maintenance programs

Methadone remains a critical and life-saving medication that is part of our Medication for Addiction Treatment (MAT) coverage under Medicaid. Connecticut, along with the rest of the nation, is still experiencing an opioid epidemic and access to this medication is essential. DSS values our partnership with DMHAS in maintaining access to methadone on a statewide basis. DSS is available to work with the legislature to address any further questions or concerns related to this critical medication.

19. TFA reduction and impact on the federal TANF block grant funds

As noted in the response to question 6 on caseload changes affecting our programs, TFA caseloads continue to decline. This has not jeopardized our federal funding support under the Temporary Assistance for Needy Families (TANF) block grant, however, as other TANF-eligible expenditures are available to offset declining TFA expenses. The most recent total federal block grant expenditures, along with corresponding maintenance of effort expenditures, are included for your review in Appendix 8. The Department's quarterly reports to the Legislature on the TANF program can also be made available if that would be of assistance to the committee.

20. IMD exclusion and the IMD demo

The Medicaid Emergency Psychiatric Demonstration, established under the Affordable Care Act, aimed to test whether Medicaid programs could support higher quality care at a lower total cost by reimbursing private psychiatric hospitals for certain services. Historically, Medicaid does not reimburse psychiatric institutions, referred to in Medicaid as "institutions for mental disease" (IMDs) for services provided to Medicaid enrollees aged 21 to 64, known as Medicaid's IMD exclusion. Chosen states were identified in 2012 and the program ended in 2015. The only private psychiatric hospital that participated in the grant was Natchaug Hospital.

21. What are we doing to increase access to long term services and supports?

ARPA HCBS is expanding and enhancing home and community-based supports. It includes new services to support informal caregivers, including supports for those providing care for someone with dementia, new LTSS for Medicare Savings Program participants, expanding assistive technology, etc – the full document is located here: https://portal.ct.gov/-/media/Departments-and-Agencies/DSS/Press-Releases/2021/State-of-Connecticut-ARPA-Spending-Plan-2021-FINAL-71221.pdf

Money Follows the Person provides funds to increase access including: 1) investments in MyPlaceCT which provides information to people about long-term services and supports (LTSS)

options; and 2) a new program called My Care Options in nursing homes which provides 1:1 information to people in nursing homes about LTSS options and provides transition support prior to Medicaid eligibility. These are all detailed in the DSS Strategic Plan to Rebalance Long-Term Services and Supports. The plan is located here: https://portal.ct.gov/-/media/Departments-and-Agencies/DSS/Health-and-Home-Care/Medicaid-Long-Term-Care-Demand-Projections/strategic_rebalancing_plan-2020.pdf

22. Interested in promoting supports for the LTSS workforce and increasing access to health care and paid time off for sickness

We cannot speak to the current negotiations related to the contract for self-directed PCAs, but for health care coverage, PCAs may be able to access supports provided through the HUSKY program, Covered CT, and Access Health CT. The state's ARPA HCBS plan includes significant workforce investments, including tools and employer incentives to assist with recruitment of staff, as well as a registry for identifying backup support.

Appendix 1
Summary of ARPA-Funded Projects in Enacted Budget

CSFRF ALLOCATIONS			
Agency	**Allocation**	**FY 2022**	**Implementation Status - March 5 2022**
DEPARTMENT OF SOCIAL SERVICES	Fair Haven Clinic	10,000,000	The MOA to transfer funds from DSS to DMHAS has been executed and DMHAS is in process of gathering planning information from the recipient.
DEPARTMENT OF SOCIAL SERVICES	Workforce Development, Education and Training	1,000,000	MOA has been drafted to transfer these funds to the Office of Workforce Strategies and is under legal review at DSS. Will be directed to OWS shortly.
DEPARTMENT OF SOCIAL SERVICES	Nursing Home Facility Support	10,000,000	The Governor's recommended midterm budget adjustments recommends that this allocation be repurposed to provide additional nursing home rate relief in SFY 2022. It will provide an increase of approximately 10% to all homes for the month of June 2022. Medicaid funds will be used to extend the 10% temporary rate relief for April and May.
DEPARTMENT OF SOCIAL SERVICES	MyCT Resident One Stop	2,500,000	A Statement of Work for research and design support is under development. The Statement of Work seeks to resdesign the DSS consumer website and front-end portal, outbound notices and messages, and applications and renewal for benefits. All of this work is in preparation for the statewide MyCT digital platform. No funding obligated for this effort to date.
DEPARTMENT OF SOCIAL SERVICES	New Reach Life Haven Shelter	500,000	The MOA to transfer funds from DSS to Housing has been executed. Funds have been transferred to Department of Housing.
DEPARTMENT OF SOCIAL SERVICES	Mary Wade	750,000	The proposal has been received, reviewed and approved by DSS and OPM. Funds will be used to address revenue losses due to COVID-19. DSS has consulted with the OAG to ensure the proper contractual vehicle to issue the funds. Contract is under development.
DEPARTMENT OF SOCIAL SERVICES	Community Action Agencies	5,000,000	Contract template has been drafted and terms have been discussed and agreed to by the CAAs. The draft template is being pre-reviewed by the OAG. Once approved contracts will be executed and payments issued.

Appendix 2
State and Federal Approval Timelines for ARPA HCBS Plan Approval and Implementation

In order to implement ARPA HCBS, the state must be in compliance with two federal requirements.

1) American Rescue Plan Act of 2021 Section 9817 – establishes the rules for spending the ARPA dollars. The state must submit the spending plan and CMS reviews to ensure that the plan is consistent with the rules of Section 9817. Section 9817 is the 'authority' for ARPA. If the plan is consistent with the rules, the state receives full conditional approval.

2) Sections 1902, 1903, 1905, and 1915 of the Social Security Act – (Standard Medicaid Rules) – The conditional approval under ARPA is conditioned upon the state also having approval under the rules of the Medicaid program if the state wants to receive federal reimbursement. The various sections of the Social Security Act (including the authority for receiving federal matching funds under section 1903 of the Social Security Act) are generally called "Medicaid authorities." If a state proposed something new or different under ARPA, the state must not only have approval under Section 9817 but also obtain approval from CMS under the appropriate section(s) of the Social Security Act.

Timeline for Spending Plan Approval (requirement 1)

ARPA HCBS guidance provided to states	5/13/2021
CT plan submitted for federal review	7/12/2021
Federal approval of CT plan	12/23/2021

Timeline for Medicaid State Plan Amendment (SPA) and Waiver Approvals (requirement 2)

Home Health			**Waivers**	
SPA 21-0021 submitted to CMS for approval*	9/30/2021		Federal plan approval	12/23/2021
SPA 21-0021 approval received from CMS	12/17/2021		Legislative approval	1/13/2022
SPA 21-0034 submitted to CMS for approval **	9/30/2021		Submission to CMS for approval	1/13/2022
SPA 21-0034 approval received from CMS	12/20/2021		Round 1 CMS questions	1/20/2022
SPA rate increases implemented	12/27/2021		DSS responses to round 1	1/24/2022
Disaster SPA (21-0031) submitted to CMS***	12/21/2022		Round 2 CMS questions	1/25/2022

DSS updated SPA 21-0031 with clarifications	12/29/2021 & 2/2/2022		DSS responses to round 2	2/2/2022
Round 1 CMS questions	2/8/2022		Round 3 CMS questions	2/10/2022
DSS responses to round 1	2/8/2022		DSS responses to round 3	2/16/2022
Round 2 CMS questions	2/16/2022		Round 4 CMS questions	2/17/2022
DSS responses to round 2	2/17/2022		DSS responses to round 4	2/18/2022
			Round 5 CMS questions	2/18/2022
			DSS responses to round 5	2/22/2022
1915(i) CHCPE and 1915(k) CFC			Round 6 CMS request to finalize submission	2/24/42022
SPA 22-0003 submitted to CMS for approval	1/13/2022		DSS responds to round 6	2/26/2022
DSS updated SPA 22-0003 with clarifications	2/2/2022		DSS submits request for CMS urgency related to approval	2/26/2022
CMS questions	2/16/2022		Two additional rounds of questions, requests to CMS for approval, and responses to any remaining inquires have all been addressed but still pending CMS approval	3/7/022
DSS responds to CMS questions	2/24/2022			

* Traditional SPA to implement the 1.7% for pediatric complex care with 7/1/2021 effective date
**Traditional SPA to implement the minimum wage increase, the 3.5% rate increase, 1% value-based payment and the 31.7% for pediatric complex care with 8/1/2021 effective date
***Covering the 7/1/2021-7/31/2021 retroactive rate period and 5% one-time stabilization payments

Appendix 3
Federally Qualified Health Centers

Medicaid payment rules for Federally Qualified Health Centers (FQHCs) differ sharply from those for other providers because federal law sets forth a very specific prospective payment system (PPS) prescribing how FQHCs are to be paid for each encounter or visit. The Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (P.L 106-554) ("BIPA") created the PPS for Medicaid FQHCs in all states and territories. Prior to the PPS established under BIPA, FQHCs were paid based on cost.

Pursuant to 42 USC § 1396a(bb), a state Medicaid agency may set rates in accordance with the prospective payment system (PPS) methodology or based on an alternative payment methodology (APM). Following the enactment of BIPA, DSS chose to follow the PPS rate methodology. In Fiscal Year 2001, PPS rates were set in accordance with the following:

> Subject to paragraph (4), for services furnished on and after January 1, 2001, during fiscal year 2001, the State plan shall provide for payment for such services in an amount (calculated on a per visit basis) that is equal to 100 percent of the average of the costs of the center or clinic of furnishing such services during fiscal years 1999 and 2000 which are reasonable and related to the cost of furnishing such services, or based on such other tests of reasonableness as the Secretary prescribes in regulations under section 1395l(a)(3) of this title, or, in the case of services to which such regulations do not apply, the same methodology used under section 1395l(a)(3) of this title, adjusted to take into account any increase or decrease in the scope of such services furnished by the center or clinic during fiscal year 2001. *See* 42 USC § 1396a (bb)(2).

The state and each FQHC may enter into an agreed APM and the APM must result in a payment that is at least equal to the Medicaid PPS rate. *See* 42 USC § 1396a (bb)(6). To date, no FQHC has sought an APM reimbursement methodology.

<u>How PPS Rates are Set:</u>

- Effective January 1, 2001, FQHC rates were set using the average of an FQHC's 1999 and 2000 costs and inflated annually thereafter using the Medicare Economic Index (MEI).

- CMS reviewed and approved SPA 16-015 on October 17, 2018, effective March 1, 2016.

- The Department's "Regulations Concerning Requirements for Payments to Federally Qualified Health Centers" were approved by the Legislative Regulation Review Committee of the Connecticut General Assembly on April 28, 2015, effective May 13, 2015.

- DSS established baseline encounter rates for each FQHC in existence during fiscal years 1999 and 2000 using cost reports for those years and has increased the encounter rate each year by the MEI. *See* 42 USC § 1396a (bb) (2) & (3).

- For FQHCs established subsequent to 2000, DSS used the average rate for FQHCs within the same peer grouping.

- Each FQHC has a specific encounter rate for every medical, dental, and behavioral health visit they provide.

- Federal law also provides that rates may only be adjusted based on an increase or decrease in the scope of services provided by an FQHC. *See* 42 USC § 1396a (bb)(3)(B),

The Department's Process for Review and Consideration of a Change of Scope Request:

- To initiate a change in scope request and seek an adjustment to the encounter rate, an FQHC must submit a written request to the Commissioner that includes a description of the change and reason for the change; the impact on capital and operating costs; and the requested change in rate. The FQHC must also provide the Department with all documentation submitted to the Health Resources and Services Administration (HRSA) regarding the change in scope. *See* Subsection (c) of 17b-262-1001

- Not later than 90-days after the submission of its request for a rate adjustment, the FQHC must submit a preliminary cost report to support its request. *See* Subsection (d) of 17b-262-1001

- When reviewing a request for an adjustment to the encounter rate, DSS is required to review the FQHC's Medicaid cost report; audited financial statements; and any other relevant documentation. *See* Subsection (h) of 17b-262-1001.

- In 2011, Generations Family Health Center submitted a change in scope request for their medical PPS rate. The request was granted by the Department, resulting in a rate increase from $147.47 to $147.95. The 2011 request was the last request submitted by Generations.

- The Department has received five change of scope requests since 2011. Three were approved resulting in rate increases to medical and dental rates.

- 2022 PPS rates for Generations are: Medical $164.87; Dental $162.02; Behavioral Health $184.00

- All FQHC PPS rates are post to the Department website: https://portal.ct.gov/DSS/Health-And-Home-Care/Reimbursement-and-Certificate-of-Need/FQHC-Medicaid-Reimbursement/FQHC-Medicaid-Rates

Appendix 4
Summary of Rate Adjustments

	---------- Medicaid ----------									------Other------	
Fiscal Year	**Nursing Homes**	**Hospital Inpatient**	**Hospital Outpatient**	**Specialists (Excl Obstetricians)**	**Primary Care Physicians**	**FQHC**	**Home Health**	**Waiver Services**	**ICF/IID**	**RCHs**	**CLAs**
2008	2.9%	37.0%	11.4%	To 57.5% of 2007 Medicare	12.3% (to 57.5% of 2007 Medicare)	Per Federal Requirement Annual Rate Increase Indexed to Medicare Economic Index	3.0%	3.0%	2.9%	Cost Based Rates	
2009			2.75%						Rate freeze 0%	Cost Based Rates	Rate freeze 0%
2010	Rate freeze 0%								Rate freeze 0%	Rate freeze 0%	Rate freeze 0%
2011	Rate freeze 0%								Rate freeze 0%	Rate freeze 0%	Rate freeze 0%
2012	3.7%*								6.835%*	Rate freeze 0%	Rate freeze 0%
2013	0.33%*				100% of 2013 Medicare				2.0%*	Rates updated for inflation, with 1% additional increase 1/1/13	Rates updated for inflation

	---------- Medicaid ----------									------Other------	
Fiscal Year	**Nursing Homes**	**Hospital Inpatient**	**Hospital Outpatient**	**Specialists (Excl Obstetricians)**	**Primary Care Physicians**	**FQHC**	**Home Health**	**Waiver Services**	**ICF/IID**	**RCHs**	**CLAs**
2014	*0.273% Rate Reduction*				100% of 2014 Medicare	Per Federal Requirement Annual Rate Increase Indexed to Medicare Economic Index			*1% Rate Reduction*	Rates updated for inflation, greater of cost based rate or prior year	Rates updated for inflation
2015	Rate freeze 0%, fair rent add on only						1.0%	1.0%	Rate freeze 0%, fair rent add on only	Rates updated for inflation with 0.45% increase	Rates updated for inflation
2016	3.0%			Please see break out below			*15% Med Admin Reduc-tion*		Rate freeze 0%, fair rent add on only	Rate freeze 0%, fair rent add on only	Rate freeze 0%
2017	Wage enhancem ent fund $35.6 m; fair rent add on			Please see detail below					Rate freeze 0%, fair rent add on only	Rate freeze 0%, fair rent add on only	Rate freeze 0%

	---------- Medicaid ----------									------Other------	
Fiscal Year	**Nursing Homes**	**Hospital Inpatient**	**Hospital Outpatient**	**Specialists (Excl Obstetricians)**	**Primary Care Physicians**	**FQHC**	**Home Health**	**Waiver Services**	**ICF/IID**	**RCHs**	**CLAs**
2018	1.6% stop loss, overall rates decreased 1.2%	31.7%	6.5%	Please see detail below	*Reduced to 95% of 2014 Medicare*	Per Federal Requirement Annual Rate Increase Indexed to Medicare Economic Index			Rate freeze 0%, fair rent add on only	Rate freeze 0%, fair rent add on only	Rate freeze 0%
2019	2.0%						2.0%	2.0%	4.5%	Rate freeze 0%, fair rent add on only	Rate freeze 0%
2020	2.0% **	2.0%	2.0%				***	***	Rate freeze 0%, fair rent add on only	Rate freeze 0%, fair rent add on; temp. COVID increase	Rate freeze 0%
2021	2.0%	2.0%	2.0%				***	***	Rate freeze 0%, fair rent add on only	Rate freeze, fair rent add on, 0.47% minimum wage add on	Rate freeze 0%

	---------- Medicaid ----------									------Other------	
Fiscal Year	**Nursing Homes**	**Hospital Inpatient**	**Hospital Outpatient**	**Specialists (Excl Obstetricians)**	**Primary Care Physicians**	**FQHC**	**Home Health**	**Waiver Services**	**ICF/IID**	**RCHs**	**CLAs**
2022	4.5% wage increase	2.0%	2.0%			Per Federal Requirement Annual Rate Increase Indexed to Medicare Economic Index	3.5%; 1% VBP; 5% stabiliza-tion pmt; 31.7% pediatric complex care	3.5%; 1% VBP; 5% stabiliza-tion pmt	4.5% increase; Increase to $501 for facilities below that rate	Inflation update 3.1%, fair rent add-on; 0.47% minimum wage add-on	Inflation update 2.1% GDP update, fair rent add-on

Notes:

*Reflects adjustments associated with implementation of the user fee

**Excludes the impact of rebasing

***To be adjusted to account for minimum wage increases

****Table does not include temporary rate increases related to the COVID-19 pandemic

SFY 2016, 2017, 2018 & 2019 Budget Changes Related to Specialists Rates, Dental, Radiologists, Physician, Obstetrical, Pathologists, Medication Administration

NOTE: Information obtained from narratives as included in the OFA budget books for the periods identified

SFY 2016 & 2017 Biennial Budget

Reflect Annualization of Savings - Reimbursement Codes

Background

In response to the projected FY 15 Medicaid deficiency, DSS undertook several initiatives to lower Medicaid expenditures.

Governor

Reduce funding by $4,390,000 in FY 16 and $4.6 million in FY 17 to reflect the annualization of savings from reimbursement changes for certain laboratory, x-ray and mammography screening codes.

Legislative

Same as Governor

Reflect Annualization of Savings – Radiology

Background

In response to the projected FY 15 Medicaid deficiency, DSS undertook several initiatives to lower Medicaid expenditures.

Governor

Reduce funding by $3,730,000 in FY 16 and $3,870,000 in FY 17 to reflect the annualization of savings from changing physician radiology rates. This represents a reduction in rates to 57.5% of the 2007 Medicare professional rate levels.

Legislative

Same as Governor

Adjust Funding for Physician Rates

Background

In response to the projected FY 15 Medicaid deficiency, DSS undertook several initiatives to lower Medicaid expenditures.

Governor

Reduce funding by $2,170,000 in FY 16 and FY 17 to reflect the annualization of savings from changing physician reimbursement based on facility type code.

Legislative

Same as Governor.

Adjust Current Obstetrical Rates

Background

In response to the projected FY 15 Medicaid deficiency, DSS undertook several initiatives to lower Medicaid expenditures.

Governor
Reduce funding by $5,170,000 in FY 16 and $5,350,000 in FY 17 to reflect the annualization of savings from changing obstetrical rates.
Legislative
Reduce funding by $2,085,000 in FY 16 and $2,175,000 in FY 17. This funding reflects a restoration of half of the FY 15 obstetrical rate reduction, as well as funding to support obstetricians' involvement in high-risk pregnancy imaging.

Achieve Medication Administration Savings
Background
The 2014-15 Biennial Budget assumed gross savings of $20 million in savings as a result of nurse delegation and greater use of assistive technology for medication administration.
Governor
Reduce funding by $10 million in FY 16 and FY 17 to reflect reducing nursing rates to achieve the savings included in the enacted budget. No savings are anticipated in FY 14 or FY 15.
Legislative
Reduce funding by $10 million in both FY 16 and FY 17 to reflect anticipated medication administration programmatic savings. Should the current efforts be shown to not achieve the anticipated savings, DSS may reduce rates after January 1, 2016 to meet the budgeted savings. Section 387 of PA 15-5 JSS, a budget implementer, is related to this change.

SFY 2017 Budget Adjustments

Reduce Medicaid Dental Rates
Final
Reduce funding by $2,670,000 to reflect a reduction in Medicaid rates for dental services.

SFY 2018 & 2019 Biennial Budget

Reduce Enhanced Reimbursement for Primary Care Providers
Legislative
Reduce funding by $2,750,000 in FY 18 and $3,800,000 in FY 19 to reflect a reduction in the reimbursement rate for primary care providers.

Cap Annual Benefit Amount for Medicaid Adult Dental Services
Governor
Reduce funding by $2 million in FY 18 and $2.5 million in FY 19 to reflect establishing an annual dental benefit of $1,000 for Medicaid adults. This change will reduce total Medicaid expenditures (both the state and federal share) by $6.4 million in FY 18 and $7.9 million in FY 19 and is anticipated to impact approximately 16,200 Medicaid

enrollees or 2.2% of the total average membership in FY 16. The cap does not apply to denture related costs and other services determined to be medically necessary.

Legislative

Same as Governor. Section 49 of PA 17-2 JSS, the biennial budget act, implements this change.

Reduce Home Health Add-On Services

Legislative

Reduce funding by $2.1 million in FY 18 and $1.7 million in FY 19 to reflect the elimination of enhanced reimbursement rates for certain home health services. Sections 558-572 of PA 17-2 JSS, the biennial budget act, are related to this change.

Appendix 5
Nursing Home Supports During the Public Health Emergency

Period	Description	Amount
Start of the Public Health Emergency	**In-kind support** for testing of residents and staff and PPE	**$150,000,000**
Start of the Public Health Emergency to August 2021	**COVID recovery facilities** $600 per diem	**$11,300,000**
Start of the Public Health Emergency	**Hardship grants** to nursing homes facing a substantial deterioration in their finances, which could adversely affect resident care and the continued operation of the facility	**$500,000**
March & April 2020	**10% Medicaid rate increase** for employee wages, staff retention bonuses, overtime, shift incentive, costs related to visitor screening, PPE, cleaning housekeeping supplies, other COVID-related costs	**$23,100,000**
May & June 2020	**Coronavirus Relief Fund (CRF) grant payments** approximating the value of **20% rate increase**	**$48,000,000**
November & December 2020	**CRF grant payments** approximating the value of **10% rate increase**	**$19,400,000**
January & March 2021	**5% Medicaid rate increase** for the months of January and February 2021 and **10% Medicaid rate increase** for the month of March 2021	**$18,800,000**
April - June 2021	**5% Medicaid rate increase**	**$14,100,000**
July 2021 - March 2022	**10% Medicaid rate increase**	**$85,800,000**
April – June 2022	**Extension of the 10% Medicaid rate increase** to the end of the state fiscal year	**$29,000,000**
SFY 2022	**Social worker rate increase** to meet DPH minimum staffing requirements of one full time social worker per sixty beds	**$5,000,000**
SFY 2022	**Direct care rate increase** to meet DPH minimum staffing requirement of three hours of direct care per resident per day	**$1,000,000**
SFY 2022	**4.5% wage enhancement** rate increase for the purpose of enhancing employee wages	**$47,300,000**
SFY 2023	**4.5% wage enhancement** rate increase for the purpose of enhancing employee wages	**$102,200,000**
SFY 2023	**Health and pension enhancement program** for the purpose of adjusting nursing home rates for facilities that provide enhanced health care and pension benefits for facility employees	**$30,800,000**

Three-Year Phase-in of **Acuity Reimbursement** effective July 1, 2022	Over the three-year period, the state will invest $90 million total (state and federal share) to rebase nursing home rates to 2019 and support the transition to acuity reimbursement. The 3-year phase-in will provide predictability and time for nursing homes to make adjustments to business models. The Governor's budget includes $25.6 million (state and federal share) to support the first year of hold-harmless implementation, which will guarantee that no nursing home will receive a decrease in their rate because of acuity during that first year.	**$90,000,000**

Appendix 6
Substance Use Disorder Demonstration Waiver Financials

Expenditure Adjustments - SUD Waiver	SFY 2023
State Comptroller - Fringe Benefits	
12011 - Employers Social Security Tax	189,138
12012 - State Employees Health Service Cost	621,000
12018 - Other Post Employment Benefits	74,172
12608 - SERS Defined Contribution Match	24,724
Subtotal	909,034
Department of Mental Health and Addiction Services	
10010 - Personal Services	2,006,742
10020 - Other Expenses	5,175,000
12220 - General Assistance Managed Care	(24,630,463)
16003 - Grants for Substance Abuse Services	11,698,978
Subtotal	(5,749,743)
Department of Social Services	
10010 - Personal Services	196,357
10020 - Other Expenses	3,000,000
12xxx - Substance Use Disorder Waiver Reserve Account	3,269,396
16020 - Medicaid	23,133,122
Subtotal	29,598,875
Department of Children and Families	
10010 - Personal Services	101,063
16116 - Substance Abuse Treatment	500,000
Subtotal	601,063
Judicial Department	
10010 - Personal Services	168,232
Total	25,527,461

Appendix 7
DSS Positions

- Total number of currently approved General Fund positions – **1,897**
- Total number of filled FTE's as of 12/30/2021 payroll – **1,560**
- Total number of approved positions for refill – **308 (includes 116 Positions with automatic refill)**
- Total number of positions pending approval for refill – **29**
- Total number of positions currently posted for recruitment – **10 (postings may be for multiple vacancies for the same position type-our upcoming Connecticut Career Trainee posting for field staff will likely be for over 140 vacant positions)**
- Total number of closed position postings for active recruitment **– 24 (see below)**
- Total number of applications received for closed position postings for active recruitment – **2442 (see below)**
- How long does it take to get people in place to actually work/perform a job they are hired for in your agency? **Average of 4 to 5 months (based on data obtained from recent hires)**

Active Recruitments	Total Number of Apps Received
Health Program Associate	11
SS Med Admin Mgr	45
Principal Health Care Analyst	13
Associate Health Care Analyst	80
Social Services Program Manager	158
PA Consultant	27
PA Consultant	29
Supvr Comm Nurse Coord	10
Supvr Comm Nurse Coord	6
Developmental Services Case Manager	471
Clinical SW Associate	23
Administrative Assistant	52
Fiscal/Admin Manager 1	60
Fiscal/Admin Manager 2	14
Health Program Assistant 2	15
Social Services Program Assistance Technician 2	9
Accounts Examiner	126
Accountant	104
Office Assistant	912
SSI-CS	69
SSI-CS	84
SSI-Fraud and Resources	38
SSI-Fraud and Resources	30
Supervising Accountant	56

Total Applications Received	2442

- Retirement
  - Number of people able to retire by July 1, 2022 - **392**
  - Number of DSS employees who submitted Intent to Retire to the Retirement Pod as of 2/1/22 – **71**

Appendix 8
Temporary Assistance for Needy Families (TANF) Expenditures

Total TANF Expenditures Claimed - Grant Year 2021 - FFY 2021 Through September 30, 2021 (Filed 12/29/21)			
All State Agencies by Program			
Agency/Program	*TANF Block Grant Amount Claimed*	*State MOE Amount Claimed*	*Total TANF BG & State MOE Amt Claimed*
Department of Children and Families			
Case Management - In Home Svcs	*64,236,240*	*-*	*64,236,240*
Case Management - Out of Home Svcs	*13,395,430*	*-*	*13,395,430*
Early Childhood Development	*4,526,540*	*-*	*4,526,540*
Extended Day Treatment	*7,261,858*	*-*	*7,261,858*
Family Preservation - In Home Svcs	*3,855,810*	*-*	*3,855,810*
Family Preservation - Out of Home Svcs - PRIOR LAW	*1,138,200*	*-*	*1,138,200*
IPV Intimate Partner Violence	*1,409,826*	*-*	*1,409,826*
Investigations Svcs	*61,202,157*	*-*	*61,202,157*
Care Coordination	*3,296,566*	*-*	*3,296,566*
Community Support for Families	*6,690,617*	*-*	*6,690,617*
Mobile Crisis Intervention Services (formerly EMPS)	*6,769,219*	*-*	*6,769,219*
Multidimensional Family Therapy MDFT	*4,194,511*	*-*	*4,194,511*
Parenting Support Prog/Svcs (formerly Triple P)	*2,561,293*	*-*	*2,561,293*
Therapeutic Child Care	*647,112*	*-*	*647,112*
Yth Svcs Bureau & Enhanced (SIDs 17052 & 17107)	*2,916,744*	*-*	*2,916,744*
Case Management Admin	*9,784,174*	*-*	*9,784,174*
Investigations Admin	*5,615,937*	*-*	*5,615,937*
DCF Total	*199,502,235*	*-*	*199,502,235*
Department of Education			
Family Resource Center (SID 16110)	*5,490,859*	*-*	*5,490,859*
LEAP - Leadership Educ & Athl Prog (SID 12211)	*280,990*	*-*	*280,990*
Neighborhood Youth Ctr (SID 12318)	*539,244*	*-*	*539,244*
Priority School Districts (SID 17043/Program 82052)	*9,757,586*	*-*	*9,757,586*
Young Parents Program (SID 17044)	*-*	*-*	*-*
Yth Svcs Bureau & Enhanced (SIDs 16201 &17052)	*-*	*-*	*-*
Ext School Hrs(was SID 17043,Prg 82054/new SID 17108)	*2,797,261*	*-*	*2,797,261*
SDE Total	*18,865,940*	*-*	*18,865,940*
Department of Mental Health & Addiction Services			
Special Populations (YAS)	*4,452,801*	*-*	*4,452,801*
DMHAS Total	*4,452,801*	*-*	*4,452,801*
Department of Labor			
DOL-JFES-Contractual & Direct Svcs	*-*	*9,982,111*	*9,982,111*
DOL-JFES-Admin	*-*	*1,564,717*	*1,564,717*
DOL-JOB FUNNEL-Contractual	*-*	*178,537*	*178,537*
DOL-OWC-JOB FUNNEL-Admin	*-*	*4,550*	*4,550*
DOL Total	*-*	*11,729,914*	*11,729,914*

Agency/Program	TANF Block Grant Amount Claimed	State MOE Amount Claimed	Total TANF BG & State MOE Amt Claimed
Department of Corrections			
Education and Training	708,905	-	708,905
Addiction Svc for Non-Custodial Parents	14,389,712	-	14,389,712
DOC Total	15,098,616	-	15,098,616
Department of Developmental Services			
Respite Centers	26,100	-	26,100
DDS Total	26,100	-	26,100
Office of Early Childhood			
Child Care Certificate (CCDF Required & Excess MOE)	-	22,858,275	22,858,275
Employment Services (CCDF Required & Excess MOE)	-	1,143,629	1,143,629
Transitional (CCDF Required & Excess MOE)	-	4,110,568	4,110,568
ImpaCT-Formerly CCMIS(CCDF Required&Excess MOE)	-	4,475,716	4,475,716
School Readiness (CCDF Required & Excess MOE)	-	68,592,598	68,592,598
OEC Total	-	101,180,786	101,180,786
Department of Revenue Services			
Refundable Earned Income Tax Credits (EITC)	-	52,700,088	52,700,088
DRS Total	-	52,700,088	52,700,088
Department of Social Services			
Safety Net Services	-	1,199,918	1,199,918
Teen Pregnancy Prev. (SIDs 16177 & 17032)	1,246,769	-	1,246,769
Fatherhood (SID 16259, 16128, 16270 & 16174)	-	388,123	388,123
Temporary Assistance to Families	5,181,329	25,624,510	30,805,839
TFA Administration	36,435	15,937,644	15,974,079
DOL Employment Services Benefit Pmts	-	17,977	17,977
DAS/DSS Collections & Reinvestment Adjustment	(5,181,329)	-	(5,181,329)
Child Support Disregard	-	748,372	748,372
Non-Citizen & Time Limit Cash Assistance	-	474,289	474,289
DSS Total	1,283,204	44,390,831	45,674,035
Grand Total	**239,228,896**	**210,001,619**	**449,230,515**