Application for

Section 1915(b) (4) Waiver
Fee-for-Service
Selective Contracting Program

June 2012

Table of Contents

Application for Section 1915(b) (4) Waiver Fee-for-Service (FFS) Selective Contracting Program

Facesheet

The **State** of Connecticut requests a waiver/amendment under the authority of section 1915(b) of the Act. The Medicaid agency will directly operate the waiver.

The **name of the waiver program** is Connecticut Early Intervention Services ~~(EIS)~~ Pursuant to Early and Periodic Screening, Diagnostic and Treatment ~~(EPSDT)~~ Services Qualified Program Waiver (CT 07.R.043)
(List each program name if the waiver authorizes more than one program.).

Type of request. This is:
__ an initial request for new waiver. All sections are filled.
___ a request to amend an existing waiver, which modifies Section/Part ____
_X_ a renewal request

Section A is:
_X_ replaced in full
___ carried over with no changes
___ changes noted in **BOLD**.

Section B is:
_X_ replaced in full
___ changes noted in **BOLD**.

Effective Dates: This waiver/renewal/amendment is requested for a period of 2 years beginning 10/01/20253 and ending 09/30/20275.

State Contact: The State contact person for this waiver is Nicole Cossette and can be reached by telephone at (860) 500-4410 or e-mail at Nicole.Cossette@ct.gov. (List for each program)

Section A – Waiver Program Description

Part I: Program Overview

Tribal Consultation:
Describe the efforts the State has made to ensure that Federally-recognized tribes in the State are aware of and have had the opportunity to comment on this waiver proposal.

Connecticut seeks advice from the two federally recognized tribes in Connecticut, the Mashantucket Pequot Tribal Nation and the Mohegan Tribe, through periodic meetings with tribal health representatives and by ongoing written/electronic communications. In accordance with Connecticut's approved tribal consultation Medicaid State Plan Amendment, prior to submission of a Medicaid State Plan Amendment, waiver, waiver amendment, or demonstration project proposal submitted to CMS, the Department of Social Services (DSS), which is Connecticut's single state Medicaid agency, sends a copy of the public notice to both tribes by email. If the submission does not require public notice, DSS sends a brief summary of the proposed change to both tribes, again, via email.

On ~~March 28~~May 5, 202~~53~~, DSS sent notification to tribal representatives for the two tribes referenced above for this waiver (with a summary, plus the draft waiver application and the public notice attached). The tribal representatives did not send any comments on this waiver. This waiver does not have a unique or particular impact on tribal members.

Program Description:
Provide a brief description of the proposed selective contracting program or, if this is a request to amend an existing selective contracting waiver, the history of and changes requested to the existing program. Please include the estimated number of enrollees served throughout the waiver.

Connecticut's Birth to Three System, operated by the Office of Early Childhood (OEC), provides Early Intervention Services (EIS) pursuant to Medicaid Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements to families with infants and toddlers with developmental delays and disabilities. The intent of the program is to minimize developmental delays and prevent institutionalization through home and community-based services, including evaluation, assessment, Individualized Family Service Plans (IFSPs), early intervention services, and service coordination. The OEC contracts with highly qualified EIS programs and determines the towns that each contractor will serve. This assures choice for families and also limits the number of EIS programs in each town so that EIS programs can maintain high enough caseloads to be cost efficient and so that EIS providers will stay current with the many requirements of providing this federal entitlement.

Waiver Services:
Please list all existing State Plan services the State will provide through this selective contracting waiver.

The State provides EPSDT early intervention services covered in the Medicaid State Plan EPSDT benefit through this selective contracting waiver as a selective contracting service.

A. Statutory Authority

1. **Waiver Authority.** The State is seeking authority under the following subsection of 1915(b):

   _X_ **1915(b) (4) - FFS Selective Contracting program**

2. **Sections Waived.** The State requests a waiver of these sections of 1902 of the Social Security Act:

   a.___ **Section 1902(a) (1) - Statewideness**
   b.___ **Section 1902(a) (10) (B) - Comparability of Services**
   c. _X_ **Section 1902(a) (23) - Freedom of Choice**
   d.___ **Other Sections of 1902** – (please specify)

B. Delivery Systems

1. **Reimbursement.** Payment for the selective contracting program is:

   _X_ the same as stipulated in the State Plan
   ___ is different than stipulated in the State Plan (please describe)

2. **Procurement**. The State will select the contractor in the following manner:

   _X_ **Competitive** procurement
   ___ **Open** cooperative procurement
   ___ **Sole source** procurement
   ___ **Other** (please describe)

C. Restriction of Freedom of Choice

1. **Provider Limitations**.

   ___ Beneficiaries will be limited to a single provider in their service area.
   _X_ Beneficiaries will be given a choice of providers in their service area.

   (NOTE: Please indicate the area(s) of the State where the waiver program will be implemented)

2. **State Standards.**

   Detail any difference between the state standards that will be applied under this waiver and those detailed in the State Plan coverage or reimbursement documents.

There will be no changes to the State standards currently applied to EPSDT EIS as a result of this waiver. State standards will be applied in the same manner as those outlined in the State Plan coverage and reimbursement pages.

D. Populations Affected by Waiver

(May be modified as needed to fit the State's specific circumstances)

1. **Included Populations**. The following populations are included in the waiver:

_X_ Section 1931 Children and Related Populations
___ Section 1931 Adults and Related Populations
___ Blind/Disabled Adults and Related Populations
_X_ Blind/Disabled Children and Related Populations
___ Aged and Related Populations
_X_ Foster Care Children
_X_ Title XXI CHIP Children

2. **Excluded Populations.** Indicate if any of the following populations are excluded from participating in the waiver:

___ Dual Eligibles
___ Poverty Level Pregnant Women
___ Individuals with other insurance
___ Individuals residing in a nursing facility or ICF/MR
___ Individuals enrolled in a managed care program
___ Individuals participating in a HCBS Waiver program
___ American Indians/Alaskan Natives
___ Special Needs Children (State Defined). Please provide this definition.
___ Individuals receiving retroactive eligibility
___ Other (Please define):

Part II: Access, Provider Capacity and Utilization Standards

A. Timely Access Standards

Describe the standard that the State will adopt (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State has adopted) defining timely Medicaid beneficiary access to the contracted services, *i.e.*, what constitutes timely access to the service?

1. How does the State measure (or propose to measure) the timeliness of Medicaid beneficiary access to the services covered under the selective contracting program?

There will be no changes to the State standards currently applied to EPSDT EIS as a result of this waiver. State standards will be applied in the same manner as those outlined in the Medicaid State Plan coverage and reimbursement pages.
Through federal statute and regulations (Individuals with Disabilities Education Act (IDEA), 42 U.S.C. § 1435 and 34 C.F.R. § 303.310), contracts, and procedures, Connecticut has established the standard for timely access to EIS~~Early Intervention Services~~. Families will be contacted within 48 hours, a comprehensive evaluation, assessment and initial IFSP meeting will be held within 45 days from referral, and all new services will begin within 45 days from the parent's consent on the IFSP.

2. Describe the remedies the State has or will put in place in the event that Medicaid beneficiaries are unable to access the contracted service in a timely fashion.

All families are given a toll-free number to call with any questions or concerns. As needed, OEC staff contact the EIS program to determine the cause for the delay and to facilitate a resolution. Families can also choose another EIS program that serves their town. Through its transactional database, ~~the~~ OEC regularly monitors timely access to services. When services are not timely, findings of noncompliance are issued. Connecticut has consistently reported over 95% compliance with the IDEA requirement for timely access to services.

B. Provider Capacity Standards

Describe how the State will ensure (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State has ensured) that its selective contracting program provides a sufficient supply of contracted providers to meet Medicaid beneficiaries' needs.

1. Provide a detailed capacity analysis of the number of providers (e.g., by type, or number of beds for facility-based programs), or vehicles (by type, per contractor for non-emergency transportation programs), needed per location or region to assure sufficient capacity under the selective contracting program.

In 2019, the state issued a~~n~~ Request for Proposals (RFP) and decreased the number of providers from 32 to 19. Since 2019, two programs have closed. The remaining17~~9~~ EIS p~~P~~rograms serve over 14~~1~~,000 children annually, roughly 64% of those children are insured by Medicaid. On any given day approximately 7~~6~~,35~~0~~0 children receive ~~Early Intervention Services (~~EIS~~)~~. The state has not had any issues with capacity since 2008 when it created new EIS p~~P~~rograms. In 2012, the state issued 3 statewide RFPs and established that there is no limit to the number of children an EIS p~~P~~rogram can serve.

Through its transactional database, OEC can determine the number of cases in each EIS p~~P~~rogram at any time. Each referral is assigned to an EIS p~~P~~rogram on a rotating basis though an electronic transactional database from a central intake system. EIS p~~P~~rograms can withdraw from rotation at any time. Regardless of whether there are

any EIS pPrograms generally accepting new referrals through the rotation system for a given municipality, the contract between the OEC and the EIS pPrograms states that the central intake office will send referrals to the next EIS pProgram in the queue without delay.

Should there be insufficient capacity in a given town, EIS pPrograms that serve neighboring towns are offered the opportunity to expand their catchment area. In the case where there is ongoing insufficient capacity and existing qualified EIS pPrograms are not able to meet the needs, a ~~Request for Proposals (~~RFP~~)~~ would be published to create new qualified EIS pPrograms.

2. Describe how the State will evaluate and ensure on an ongoing basis that providers are appropriately distributed throughout the geographic regions covered by the selective contracting program so that Medicaid beneficiaries have sufficient and timely access throughout the regions affected by the program.

OEC has an electronic transactional database with all EIS programs and a central intake office. Using this data, EIS programs are assigned to cover every municipality in the state with at least two EIS programs, whenever possible, to afford families choice. Each town will have a sufficient number of EIS programs to meet both the quantitative and qualitative aspects of the services required and are designed to ensure high--quality services are provided.

Ongoing real--time data analysis and risk assessments, including fiscal audits, quality monitoring and complaint management, are completed by the OEC. Changes to the towns served by each EIS program can be made quickly as it is not tied to the EIS program provider contract and requires only a change in the data system. The change is also published on the OEC website.

C. Utilization Standards

Describe the State's utilization standards specific to the selective contracting program.

1. How will the State (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State) regularly monitor(s) the selective contracting program to determine appropriate Medicaid beneficiary utilization, as defined by the utilization standard described above?

OEC, DSS, and EIS programs share responsibility for utilization management functions. EIS programs have a contract with the OEC and a provider agreement with DSS. They are monitored annually using a comprehensive system of general supervision, including responding to complaints to a central toll-free number, real-time data analyses and dashboard reports in a transactional database, cyclical monitoring of compliance, on-site records reviews, focused monitoring, self-assessments, and fiscal audits.

2. Describe the remedies the State has or will put in place in the event that Medicaid beneficiary utilization falls below the utilization standards described above.

The OEC monitors the timeliness of initial evaluations and IFSPs and new services annually using all instances during the fiscal year. In addition, OEC staff conduct annual audits of each EIS program and on-site reviews as needed. If EIS programs are found to be out of compliance or fail to meet the needs of families as well as the contractual requirements, the OEC issues findings of noncompliance and tracks timely correction (as soon as possible but no later than one year). EIS programs are required to develop improvement plans to report progress on timely correction. When correction is not timely or when the noncompliance is pervasive, the OEC develops a corrective action plan to ensure that problems are corrected. If the issues identified are still not corrected, a compliance agreement is developed that includes sanctions such as limiting referrals and withholding funds until correction is verified. If, after that intervention, no correction can be verified, the contract is terminated, and a new provider is offered in the towns previously served by the closed EIS program.

Part III: Quality

A. Quality Standards and Contract Monitoring

1. Describe the State's quality measurement standards specific to the selective contracting program.

   a. Describe how the State will (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State):

      i. Regularly monitor(s) the contracted providers to determine compliance with the State's quality standards for the selective contracting program.
      ii. Take(s) corrective action if there is a failure to comply.

OEC monitors EIS programs to uphold ~~EIS~~ program compliance with state and federal law as well as contractual compliance and quality standards. Specifically, the OEC monitors EIS program utilization and compliance annually through a transactional database and a dedicated complaint line, as well as through on-site record reviews, self-assessments, and fiscal audits. Corrective action plans are described in the previous section as well.

2. Describe the State's contract monitoring process specific to the selective contracting program.

   a. Describe how the State will (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State):

i. Regularly monitor(s) the contracted providers to determine compliance with the contractual requirements of the selective contracting program.
ii. Take(s) corrective action if there is a failure to comply.

The OEC monitors each EIS program using a variety of methods described above and, as needed, EIS programs are required to develop improvement plans to report progress on timely correction. When correction is not timely or when the noncompliance is pervasive, the OEC develops a corrective action plan to ensure that problems are corrected. If the issues identified are still not corrected, a compliance agreement is developed that includes sanctions such as limiting referrals and withholding funds until correction is verified. If, after that intervention, no correction can be verified, the contract is terminated, and a new EIS program is offered to serve the towns previously served by the closed EIS program.

B. Coordination and Continuity of Care Standards

Describe how the State assures that coordination and continuity of care is not negatively impacted by the selective contracting program.

The services in a family's IFSP are required by law to be provided as listed. If the contract between OEC and an EIS program is canceled, an end date is selected that will have the least impact on service delivery, and some programs are offered the opportunity to stay in operation until all the enrolled children turn age 3. If the end date is before all children turn age 3, the families are transferred without any delay to another EIS program serving the town where the family resides using an electronic transactional data system. The lead agency maintains sufficient capacity in each town by issuing RFPs as needed. RFPs are staggered over time as part of a procurement plan to assure continuity from year to year and to prevent any potential delays.

Part IV: Program Operations

A. Beneficiary Information

Describe how beneficiaries will get information about the selective contracting program.

There are multiple systems in place to make the public aware of Connecticut's services for children with delays and disabilities under age 3. All referrals are received at a ~~central~~single point of entry ~~intake~~ office ~~(the state's Child Development Infoline)~~. If the parent of the child being referred is not the referral source, the parent is contacted. If the parent elects to proceed with an evaluation, ~~they are asked if they have a preference of EIS program. If they have no preference, they are given the names of the EIS programs that cover their town and if they still have no preference,~~ an EIS program is selected based on a rotating list (rotation). ~~After the evaluation and at the initial and annual IFSP meetings, the family is reminded about other EIS program options.~~

Choice in programs is one of the options provided to families when they are sent to a program in their town, or when they contact the lead agency with a complaint.

B. Individuals with Special Needs.

_X_ The State has special processes in place for persons with special needs (Please provide detail).

All EPSDT EIS clients have special needs. To meet these needs, the IFSP is a requirement to provide EIS. Therefore, by virtue of its operation, the EIS programs, through the IFSP, meet the needs of persons with special needs.

Section B – Waiver Cost-Effectiveness & Efficiency

Efficient and economic provision of covered care and services:

1. Provide a description of the State's efficient and economic provision of covered care and services.

Rates are statewide and set based on the cost of early intervention. The number of programs does not impact rates. Capping the number of EIS programs in each town enables the state to administer the system more efficiently by reducing administrative costs, specifically by~~:~~ limiting the number of contracts developed and monitored, the number of staff trained, and other administrative activities, which all will result in lower administrative costs. Because waiver savings are calculated based on administrative costs (the waiver is not expected to affect service expenditures), figures listed below are projected administrative expenditures. Administrative expenditures are expected to rise due to staffing increases as the system is currently understaffed. However, regardless of the expenditure increase, with the waiver in place there will still be influential cost differences.

2. Project the waiver expenditures for the upcoming waiver period.

Year 1 from: 10/01/20253 to 09/30/20264

Trend rate from current expenditures (or historical figures): 84.60%

Projected pre-waiver cost $5,068,1683,514,220
Projected wWaiver cost $2,660,7881,844,965
Difference: $2,407,3801,669,255

Year 2 from: 10/01/20264 to 09/30/20275

Trend rate from current expenditures (or historical figures): 31.350.6%

Projected pre-waiver cost $2,731,2834,914,533
Projected wWaiver cost $3,494,7791,942,246
Difference: $1,419,754789,037

Year 3 (if applicable) from: / / to / /
(*For renewals, use trend rate from previous year and claims data from the CMS-64*)
Projected pre-waiver cost _____
Projected Waiver cost _____
Difference: _____

Year 4 (if applicable) from: / / to / /
(*For renewals, use trend rate from previous year and claims data from the CMS-64*)
Projected pre-waiver cost _____
Projected Waiver cost _____
Difference: _____

Year 5 (if applicable) from: / / to / /
(*For renewals, use trend rate from previous year and claims data from the CMS-64*)
Projected pre-waiver cost _____
Projected Waiver cost _____
Difference: _____