

## **DEPARTMENT OF SOCIAL SERVICES**

### **Notice of Proposed Medicaid Waiver**

#### **Selective Provider Contracting Waiver Pursuant to Section 1915(b)(4) of the Social Security Act for Connecticut Housing Engagement and Support Services (CHESS) Initiative State Plan Home and Community-Based Services (HCBS) Pursuant to Section 1915(i) of the Social Security Act**

In accordance with section 17b-8 of the Connecticut General Statutes, the State of Connecticut Department of Social Services (DSS), which is Connecticut's single state Medicaid agency, provides notice that DSS proposes to submit the following Medicaid waiver 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 June 1, 2020, the above-referenced waiver enables the state to limit to those who meet all CHESS requirements and also have been selected through the Department of Mental Health and Addiction Services (DMHAS) supportive housing provider competitive procurement process. The waiver includes assurances that the procurement is structured in a manner to ensure that there is sufficient access to services for all members, while also ensuring that each provider has sufficient caseloads to maintain efficiency, expertise, and high quality services. More detail is described in the draft waiver application.

This waiver does not affect Medicaid coverage, eligibility, or payment for CHESS, which are described in Medicaid State Plan Amendment (SPA) 20-K, which will implement CHESS through Medicaid State Plan HCBS services pursuant to section 1915(i) of the Social Security Act. The purpose of the CHESS Initiative is to improve housing stability and health outcomes for a targeted set of Medicaid members who have complex health conditions, have experienced homelessness, and have been determined to be likely to benefit from targeted tenancy sustaining services.

#### **Fiscal Impact**

This waiver does not affect payments to CHESS providers. By limiting the number of providers, the waiver is anticipated to reduce administrative expenditures for the state.

## **Obtaining Waiver Language and Submitting Comments**

The proposed waiver is posted on the DSS website at this 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 waiver from DSS or to send comments about the waiver, please email: [Public.Comment.DSS@ct.gov](mailto:Public.Comment.DSS@ct.gov) or write to: Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5067). Please reference “CHESS Initiative – Section 1915(b)(4) Qualified Provider Waiver”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than January 30, 2020.

**Special Note: Deadline to submit public comments has been extended until February 7, 2020.**

**Application for**

**Section 1915(b) (4) Waiver**

**Fee-for-Service**

**Selective Contracting Program**

June, 2012

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

## Facesheet

The **State** of \_\_\_\_\_ 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 \_\_\_\_\_.  
(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 \_\_\_\_\_

a renewal request

Section A is:

replaced in full

carried over with no changes

changes noted in **BOLD**.

Section B is:

replaced in full

changes noted in **BOLD**.

**Effective Dates:** This waiver/renewal/amendment is requested for a period of dd years beginning \_\_\_\_\_ and ending \_\_\_\_\_.

**State Contact:** The State contact person for this waiver is \_\_\_\_\_ and can be reached by telephone at (\_\_\_\_) \_\_\_\_\_, or fax at (\_\_\_\_) \_\_\_\_\_, or e-mail at \_\_\_\_\_.  
(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 (if additional space is needed, please supplement your answer with a Word attachment).

#### **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 (if additional space is needed, please supplement your answer with a Word attachment).

#### **Waiver Services:**

Please list all existing State Plan services the State will provide through this selective contracting waiver (if additional space is needed, please supplement your answer with a Word attachment).

## A. Statutory Authority

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

**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.  **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:

- 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:

- 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.  
 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 (if additional space is needed, please supplement your answer with a Word attachment).

**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:

- Section 1931 Children and Related Populations
- Section 1931 Adults and Related Populations
- Blind/Disabled Adults and Related Populations
- Blind/Disabled Children and Related Populations
- Aged and Related Populations
- Foster Care Children
- 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 (if additional space is needed, please supplement your answer with a Word attachment)?

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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 (if additional space is needed, please supplement your answer with a Word attachment).

## **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 (if additional space is needed, please supplement your answer with a Word attachment).

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 (if additional space is needed, please supplement your answer with a Word attachment).

## **B. 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 (if additional space is needed, please supplement your answer with a Word attachment)?

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 (if additional space is needed, please supplement your answer with a Word attachment).

### **Part III: Quality**

#### **A. Quality Standards and Contract Monitoring**

1. Describe the State's quality measurement standards specific to the selective contracting program (if additional space is needed, please supplement your answer with a Word attachment).
  - 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.

2. Describe the State's contract monitoring process specific to the selective contracting program (if additional space is needed, please supplement your answer with a Word attachment).
  - 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.

## **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 (if additional space is needed, please supplement your answer with a Word attachment).

## **Part IV: Program Operations**

### **A. Beneficiary Information**

Describe how beneficiaries will get information about the selective contracting program (if additional space is needed, please supplement your answer with a Word attachment).

### **B. Individuals with Special Needs.**

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

## 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 (if additional space is needed, please supplement your answer with a Word attachment).

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

Year 1 from: \_\_/\_\_/\_\_\_\_ to \_\_/\_\_/\_\_\_\_

Trend rate from current expenditures (or historical figures): 0.00% %

Projected pre-waiver cost \_\_\_\_\_

Projected Waiver cost \_\_\_\_\_

Difference: \_\_\_\_\_

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Year 2 from: \_\_/\_\_/\_\_\_\_ to \_\_/\_\_/\_\_\_\_

Trend rate from current expenditures (or historical figures): 0.00% %

Projected pre-waiver cost \_\_\_\_\_

Projected Waiver cost \_\_\_\_\_

Difference: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_



**ADDITIONAL TEXT: Application for Section 1915(b)(4) Waiver Fee-for-Service Selective Contracting Program – Connecticut Housing and Engagement Support Services (CHESS) Program**

**Part I: Program Overview; Program Description**

The Connecticut Housing and Engagement Support Services (CHESS) program, which is a State Plan Home and Community-Based Services (HCBS) program pursuant to section 1915(i) of the Social Security Act, aims to identify Medicaid Participants who are experiencing homelessness and a higher rate of hospitalizations than otherwise expected based on their diagnosis and other risk factors. Once the Participant is identified, CHESS services are designed to support the Participant with a range of housing stabilization services, healthcare coordination services, services to support community participation, ongoing engagement, and housing maintenance.

CHESS is a new program beginning implementation on the effective date set forth in the Medicaid State Plan (Attachment 3.1-i), which is also the same effective date as this waiver, but is based on the State's long successful history with Supportive Housing initiatives as well as the State's Money Follows the Person Demonstration (MFP). Both the previously existing Supportive Housing initiatives and MFP demonstration work with providers who assist with housing search and stabilization. The selective provider contracting program for CHESS is based on the State's existing process for Requests for Proposals for Supportive Housing Providers, which were procured in 2014 and will be re-procured on a periodic basis in accordance with the State's standard contracting rules and procedures to ensure a robust, quality network of skilled providers. That procurement process is designed to ensure that the selected providers meet high standards of quality. More specifically providers have a minimum of 5 years of experience, organizational capacity sufficient to address the estimated demand for services in their geographic area, project planning skills, community engagement, involvement of peers and other factors that are associated with high quality service delivery. The State determines the towns that each contractor will serve. This assures choice for CHESS participants and also limits the number of CHESS providers in each town so that CHESS agencies can maintain high enough caseloads to be cost efficient and so that CHESS providers will stay current with the many requirements of providing CHESS services.

As detailed in the Medicaid State Plan (Attachment 3.1-i), the State projects that CHESS will serve approximately 100 individuals in year 1, 300 individuals in year 2, and 850 individuals in year 3 and each year thereafter. The estimates for years 1 and 2 are based on anticipated delays in locating individuals choosing to enroll in CHESS.

**Part I: Program Overview; Waiver Services:**

The services are set forth in the Medicaid State Plan (Attachment 3.1-i). This initiative is being added to the State Plan through an initial Medicaid State Plan Amendment with the same effective date as this section 1915(b)(4) selective provider contracting waiver. Any future changes to the Medicaid State Plan

*Additional Text: Application for Section 1915(b)(4) Waiver Fee-for-Service Selective Contracting Program  
– Connecticut Housing and Engagement Support Services (CHESS)*

through later SPAs are incorporated by reference into this waiver, as this waiver will continue to follow the services as set forth in Attachment 3.1-i of the Medicaid State Plan.

**Part II: Access, Provider Capacity and Utilization Standards; A. Timely Access Standards**

The State proposes to measure the timeliness of providers' services to Medicaid Participants by monitoring key performance targets, including, but not limited to: 1) First contact with Participant within 3 days of referral; 2) First face-to-face meeting with Participant within 10 days of referrals; 3) Service plan submitted for approval within 30 days of referrals; 4) Lease-up of housing within 90 days of approved service plan.

Additional details are set forth in the quality assurance section of Attachment 3.1-i of the Medicaid State Plan.

**Part II: Access, Provider Capacity and Utilization Standards; B. Provider Capacity Standards**

*In addition to the text included in the waiver template:*

All of these parameters are sufficient to assure capacity, which the State will continue to monitor as set forth in detail in Attachment 3.1-i of the Medicaid State Plan.