

Request for an Amendment to a §1915(c) Home and Community-Based Services Waiver

I. Request Information

- A. The State of requests approval for an amendment to the following Medicaid home and community-based services waiver approved under authority of §1915(c) of the Social Security Act.
- B. Waiver Title (optional):
- C. CMS Waiver Number:
- D. Amendment Number (Assigned by CMS):
- E.1 Proposed Effective Date:
- E.2 Approved Effective Date (CMS Use):

II. Purpose(s) of Amendment

Purpose(s) of the Amendment. Describe the purpose(s) of the amendment:

The purpose of this amendment increase slots and add procedures to reserve capacity to accommodate persons transitioning from Money Follows the Person.

III. Nature of the Amendment

- A. **Component(s) of the Approved Waiver Affected by the Amendment.** This amendment affects the following component(s) of the approved waiver. Revisions to the affected subsection(s) of these component(s) are being submitted concurrently (*check each that applies*):

Component of the Approved Waiver		Subsection(s)
<input type="checkbox"/>	Waiver Application	
<input type="checkbox"/>	Appendix A – Waiver Administration and Operation	
<input checked="" type="checkbox"/>	Appendix B – Participant Access and Eligibility	B-1 b, B-3 a, B-3 b, B-3-c,
<input type="checkbox"/>	Appendix C – Participant Services	
<input type="checkbox"/>	Appendix D – Participant Centered Service Planning and Delivery	
<input type="checkbox"/>	Appendix E – Participant Direction of Services	
<input type="checkbox"/>	Appendix F – Participant Rights	
<input type="checkbox"/>	Appendix G – Participant Safeguards	
<input type="checkbox"/>	Appendix I – Financial Accountability	
<input checked="" type="checkbox"/>	Appendix J – Cost-Neutrality Demonstration	2-a

State:	Connecticut
Effective Date	01/01/2010

B. Nature of the Amendment. Indicate the nature of the changes to the waiver that are proposed in the amendment (check each that applies):

<input checked="" type="checkbox"/>	Modify target group(s)
<input type="checkbox"/>	Modify Medicaid eligibility
<input type="checkbox"/>	Add/delete services
<input type="checkbox"/>	Revise service specifications
<input type="checkbox"/>	Revise provider qualifications
<input checked="" type="checkbox"/>	Increase/decrease number of participants
<input type="checkbox"/>	Revise cost neutrality demonstration
<input type="checkbox"/>	Add participant-direction of services
<input type="checkbox"/>	Other (specify):

IV. Contact Person(s)

A. The Medicaid agency representative with whom CMS should communicate regarding this amendment is:

First Name:	Dorian
Last Name	Long
Title:	Program Administrative Manager
Agency:	CT Department of Social Services
Address 1:	25 Sigourney Street
Address 2:	
City	Hartford
State	CT
Zip Code	06106
Telephone:	860-424-5964
E-mail	dorian.long@ct.gov
Fax Number	860-424-5964

State:	Connecticut
Effective Date	01/01/2010

- B. If applicable, the operating agency representative with whom CMS should communicate regarding this amendment is:

First Name:	
Last Name	
Title:	
Agency:	
Address 1:	
Address 2:	
City	
State	
Zip Code	
Telephone:	
E-mail	
Fax Number	

V. Authorizing Signature

This document, together with the attached revisions to the affected components of the waiver, constitutes the State's request to amend its approved waiver under §1915(c) of the Social Security Act. The State affirms that it will abide by all provisions of the waiver, including the provisions of this amendment when approved by CMS. The State further attests that it will continuously operate the waiver in accordance with the assurances specified in Section V and the additional requirements specified in Section VI of the approved waiver. The State certifies that additional proposed revisions to the waiver request will be submitted by the Medicaid agency in the form of additional waiver amendments.

Signature: _____

Date: _____

State Medicaid Director or Designee

First Name:	Mark
Last Name	Schaefer
Title:	Director, Medical Operations
Agency:	CT Department of Social Services
Address 1:	25 Sigourney Street
Address 2:	
City	Hartford
State	CT
Zip Code	06112
Telephone:	860-424-5964
E-mail	Mark.schaefer@ct.gov
Fax Number	860-424-5114

State:	Connecticut
Effective Date	01/01/2010

Appendix B-1: Specification of the Waiver Target Group(s)

- a. **Target Group(s).** Under the waiver of Section 1902(a)(10)(B) of the Act, the State limits waiver services to a group or subgroups of individuals. *In accordance with 42 CFR §441.301(b)(6), select one waiver target group, check each subgroup in the selected target group that may receive services under the waiver, and specify the minimum and maximum (if any) age of individuals served in each subgroup:*

INCLUDED	TARGET GROUP/SUBGROUP	MINIMUM AGE	MAXIMUM AGE	
			MAXIMUM AGE LIMIT: THROUGH AGE –	NO MAXIMUM AGE LIMIT
<input type="radio"/> Aged or Disabled, or Both				
<input type="checkbox"/>	Aged (age 65 and older)			<input type="checkbox"/>
<input checked="" type="checkbox"/>	Disabled (Physical) (under age 65)	18	None*	
<input checked="" type="checkbox"/>	Disabled (Other) (under age 65)	18	None*	
Specific Aged/Disabled Subgroup				
<input checked="" type="checkbox"/>	Brain Injury	18	None*	<input type="checkbox"/>
<input type="checkbox"/>	HIV/AIDS			<input type="checkbox"/>
<input type="checkbox"/>	Medically Fragile			<input type="checkbox"/>
<input type="checkbox"/>	Technology Dependent			<input type="checkbox"/>
<input type="radio"/> Mental Retardation or Developmental Disability, or Both				
<input type="checkbox"/>	Autism			<input type="checkbox"/>
<input type="checkbox"/>	Developmental Disability			<input type="checkbox"/>
<input type="checkbox"/>	Mental Retardation			<input type="checkbox"/>
<input type="radio"/> Mental Illness				
<input type="checkbox"/>	Mental Illness (age 18 and older)			<input type="checkbox"/>
<input type="checkbox"/>	Serious Emotional Disturbance (under age 18)			

- b. **Additional Criteria.** The State further specifies its target group(s) as follows:

ABI Waiver applicants, including those making application for Money Follows the Person, must be age 18 through 64. ABI waiver applicants must have sustained a brain injury and complete the eligibility assessment process prior to age 65. Participants who turn age 65 would be offered a choice to remain on the ABI Waiver, access institutional placement, or transition to the Home and Community Based Services Elder Waiver, which serves clients age 65 and over.

Applicants to the ABI Waiver, including those making application for Money Follows the Person, must also meet the following program criteria:

1. The individual must have an Acquired Brain Injury, which is defined as any combination of focal and diffuse central nervous system dysfunctions, both immediate and/or delayed, at the brain stem level or above. These dysfunctions may be acquired through the interaction of any external forces and the body, as well as through oxygen deprivation, infection, toxicity, surgery and vascular disorders not associated with aging. These disorders are not developmental or degenerative.
2. The individual must meet the level of care criteria;
3. The individual must be able to participate in the development of a service plan that offers an alternative to institutionalization. Note: This provision allows for this role to be fulfilled by a

State:	Connecticut
Effective Date	01/01/2010

conservator for applicants who have been deemed incapable of managing their own affairs; and
The total cost of the individual's service plan, does not exceed 200% of the state's projected
expenditure if the individual had been placed in or remained in institutional care.

State:	Connecticut
Effective Date	01/01/2010

Appendix B-3: Number of Individuals Served

- a. **Unduplicated Number of Participants.** The following table specifies the maximum number of unduplicated participants who are served in each year that the waiver is in effect. The State will submit a waiver amendment to CMS to modify the number of participants specified for any year(s), including when a modification is necessary due to legislative appropriation or another reason. The number of unduplicated participants specified in this table is basis for the cost-neutrality calculations in Appendix J:

Table: B-3-a	
Waiver Year	Unduplicated Number of Participants
Year 1	369
Year 2	369
Year 3	369
Year 4 (renewal only)	379
Year 5 (renewal only)	404

- b. **Limitation on the Number of Participants Served at Any Point in Time.** Consistent with the unduplicated number of participants specified in Item B-3-a, the State may limit to a lesser number the number of participants who will be served at any point in time during a waiver year. Indicate whether the State limits the number of participants in this way: *(select one)*:

<input checked="" type="radio"/>	The State does not limit the number of participants that it serves at any point in time during a waiver year.
<input type="radio"/>	The State limits the number of participants that it serves at any point in time during a waiver year. The limit that applies to each year of the waiver period is specified in the following table:

Table B-3-b	
Waiver Year	Maximum Number of Participants Served At Any Point During the Year
Year 1	
Year 2	
Year 3	
Year 4 (renewal only)	
Year 5 (renewal only)	

State:	Connecticut
Effective Date	01/01/2010

- c. **Reserved Waiver Capacity.** The State may reserve a portion of the participant capacity of the waiver for specified purposes (e.g., provide for the community transition of institutionalized persons or furnish waiver services to individuals experiencing a crisis) subject to CMS review and approval. The State (*select one*):

<input type="radio"/>	Not applicable. The state does not reserve capacity.	
<input checked="" type="radio"/>	The State reserves capacity for the following purpose(s). For each purpose, describe how the amount of reserved capacity was determined:	
	Reserved Capacity for MFP	
	The State reserves capacity of 25 slots to cover consumers transitioning off of the Money Follows the Person Demonstration (MFP) and onto the ABI Waiver from January 2010 through December 31, 2011. The reservation of these ABI Waiver slots is required to maintain continuity of care post the MFP demonstration for consumers targeted for the ABI Waiver.	
	The capacity that the State reserves in each waiver year is specified in the following table:	
	Table B-3-c	
	Purpose:	Purpose:
	Money Follows The Person	
Waiver Year	Capacity Reserved	Capacity Reserved
Year 1	0	
Year 2	0	
Year 3	0	
Year 4 (renewal only)	10	
Year 5 (renewal only)	25	

- Scheduled Phase-In or Phase-Out.** Within a waiver year, the State may make the number of participants who are served subject to a phase-in or phase-out schedule (*select one*):

<input checked="" type="radio"/>	The waiver is not subject to a phase-in or a phase-out schedule.
<input type="radio"/>	The waiver is subject to a phase-in or phase-out schedule that is included in Attachment #1 to Appendix B-3. This schedule constitutes an <i>intra-year</i> limitation on the number of participants who are served in the waiver.

- e. **Allocation of Waiver Capacity.** *Select one:*

<input checked="" type="radio"/>	Waiver capacity is allocated/managed on a statewide basis.
<input type="radio"/>	Waiver capacity is allocated to local/regional non-state entities. Specify: (a) the entities to which waiver capacity is allocated; (b) the methodology that is used to allocate capacity and how often the methodology is reevaluated; and, (c) policies for the reallocation of unused capacity among local/regional non-state entities:

State:	Connecticut
Effective Date	01/01/2010

f. **Selection of Entrants to the Waiver.** Specify the policies that apply to the selection of individuals for entrance to the waiver:

A recipient of medical assistance benefits who applies for coverage of acquired brain injury services and applicants for acquired brain injury services shall meet all requirements for eligibility in the Department's medical assistance program that are applicable to disabled adults as stated in the regulations promulgated by the Department and contained in its Uniform Policy Manual pursuant to Section 17b-10 of the Connecticut General Statutes, including, without limitation, all regulations establishing medical assistance eligibility requirements related to the filing of applications for assistance, verifications, redeterminations, existence of a disabling condition, citizenship status, residency, institutional status, assistance unit composition and income and asset limits.

Entrance into the Waiver is on a first come-first served basis for those who meet eligibility criteria. The exception to this first come-first served policy is those individuals who meet these criteria and participants in the Connecticut's Money Follows the Person (MFP) initiative. Twenty-five slots are reserved for people coming from MFP in 10 slots in Waiver Year 4, and 15 in Waiver Year 5.

Entry into the Waiver is offered to individuals based on their date of application for the Waiver. Individuals who are referred in excess of the allocated Waiver capacity within any given year are placed on a waiting list.

Waiting List:

If an individual applies for ABI waiver services at a time when the participant cap has been reached, his or her application shall be reviewed and processed for financial eligibility and fulfillment of the level of care criteria. An otherwise eligible individual who is denied solely because of the program quota shall be placed on the Department's waiting list for the ABI program.

1. Individuals who are eligible to be placed on the waiting list include:
 - a) those whose service plans have been reviewed but exceed the aggregate cap;
 - b) those whose service plans would cause the Department to exceed the funding limit; and
 - c) those who are denied solely due to program quotas.

2. Individuals on the waiting list shall be considered in the order of the completion of their service plans. In the event that there are limited program funds, individuals shall be prioritized based on their date of request for waiver services (i.e., first come first serve), which shall be the date the Department receives the individual's Waiver Request Form. An individual may be passed over on the waiting list if the plan exceeds the aggregate cap, or causes the program to exceed funding limitations; however, the individual shall retain his/her place on the waiting list and shall be reconsidered every time there is a program vacancy.

3. An individual shall be removed from the waiting list if:
 - a) the applicant asks to be removed; or
 - b) the applicant moves out of state; or
 - c) the applicant reaches age 65; or
 - d) he or she dies; or
 - e) his or her condition has changed and they no longer meet the financial or clinical criteria for the program.

State:	Connecticut
Effective Date	01/01/2010

The following supports the selection of individuals to the ABI Waiver:

- The Connecticut General Statutes 17b-260a-1 and proposed amended regulations
- ABI Waiver Desk Guide
- ABI Waiver Procedural Bulletins
- W-953 DSS Assessment for Adult Community Based Services, PCA or ABI Waiver Services

State:	Connecticut
Effective Date	01/01/2010

Appendix J: Cost Neutrality Demonstration

Appendix J-1: Composite Overview and Demonstration of Cost-Neutrality Formula

Composite Overview. Complete the following table for each year of the waiver.

Level(s) of Care (<i>specify</i>):							
Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8
Year	Factor D	Factor D'	Total: D+D'	Factor G	Factor G'	Total: G+G'	Difference (Column 7 less Column 4)
1	80,784	6,182	86,967	96,243	6,065	102,308	15,341
2	84,447	6,398	90,847	99,611	6,278	105,889	15,042
3	88,275	6,622	94,900	103,098	6,498	109,595	14,695
4	95,131	11,069	106,200	106,706	6,725	113,431	7,231
5	101,016	11,423	111,439	110,441	6,960	117,401	5,962

State:	Connecticut
Effective Date	01/01/2010

Appendix J-2 - Derivation of Estimates

- a. **Number Of Unduplicated Participants Served.** Enter the total number of unduplicated participants from Item B-3-a who will be served each year that the waiver is in operation. When the waiver serves individuals under more than one level of care, specify the number of unduplicated participants for each level of care:

Table J-2-a: Unduplicated Participants			
Waiver Year	Total Number Unduplicated Number of Participants (From Item B-3-a)	Distribution of Unduplicated Participants by Level of Care (if applicable)	
		Level of Care:	Level of Care:
		ICF/MR	NF
Year 1	369	22	195
Year 2	369	22	195
Year 3	369	22	195
Year 4 (renewal only)	379	15	214
Year 5 (renewal only)	404	16	227

Table J-2-a: Unduplicated Participants			
Waiver Year	Total Number Unduplicated Number of Participants (From Item B-3-a)	Distribution of Unduplicated Participants by Level of Care (if applicable)	
		Level of Care:	Level of Care:
		ABI/NF	CDH
Year 1	369	41	111
Year 2	369	41	111
Year 3	369	41	111
Year 4 (renewal only)	379	45	105
Year 5 (renewal only)	404	48	113

- b. **Average Length of Stay.** Describe the basis of the estimate of the average length of stay on the waiver by participants in Item J-2-d.

State:	Connecticut
Effective Date	01/01/2010

Request for Amendment to a §1915(c) HCBS Waiver
HCBS Waiver Application Version 3.5

Average Length of Stay (LOS) was derived by the following method:
Dividing the annual summary of client days by the annual unduplicated caseload (factor c). The client day count was derived by multiplying the total beginning of the month client caseload by the number of days in the month. Data is based on actual data reported in the CMS 372 reports.

Because the unduplicated participant counts have been revised, the average length of stay has been adjusted to reflect the assumed increase number of enrollment and the increased client days.

The based count was adjusted to include the admissions of individuals transitioning from Money Follows the Person. A phase-in of MFP clients began transitioning to the ABI Waiver in May, 2010.

c. **Derivation of Estimates for Each Factor.** Provide a narrative description for the derivation of the estimates of the following factors.

- i. **Factor D Derivation.** The estimates of Factor D for each waiver year are located in Item J-2-d. The basis for these estimates is as follows:

The estimates of factor D are based on actual utilization of services for both the existing ABI clients and clients transitioning from the Money Follows the Person (MFP) Demonstration prorated for estimates of increased enrollment.

- ii. **Factor D' Derivation.** The estimates of Factor D' for each waiver year are included in Item J-1. The basis of these estimates is as follows:

Factor D' was based on the CMS-372S report for the ABI Waiver for renewal year 2. The historic cost data were trended forward using actual CPI trends for medical care. Factor D' was based on 372 reports that exclude dual eligible clients pharmacy expenditures; therefore, Factor D' did not require additional adjustment.

State:	Connecticut
Effective Date	01/01/2010

Request for Amendment to a §1915(c) HCBS Waiver
HCBS Waiver Application Version 3.5

iii. **Factor G Derivation.** The estimates of Factor G for each waiver year are included in Item J-1. The basis of these estimates is as follows:

Estimates based on HCFA 372T & 372S -- ABI Waiver Lag Reports: CY 2002, CY 2003, CY 2004 and Initial Report 1/01/2005 through 12/31/2005

iv. **Factor G' Derivation.** The estimates of Factor G' for each waiver year are included in Item J-1. The basis of these estimates is as follows:

Source: HCFA 372T & 372S -- ABI Waiver Lag Reports: CY 2002, CY 2003, CY 2004 and Initial Report 1/01/2005 through 12/31/2005

State:	Connecticut
Effective Date	01/01/2010

Request for Amendment to a §1915(c) HCBS Waiver
HCBS Waiver Application Version 3.5

d. **Estimate of Factor D.** *Select one:* Note: Selection below is new.

<input checked="" type="radio"/>	The waiver does not operate concurrently with a §1915(b) waiver. Complete Item J-2-d-i
<input type="radio"/>	The waiver operates concurrently with a §1915(b) waiver. Complete Item J-2-d-ii

i. **Estimate of Factor D – Non-Concurrent Waiver.** Complete the following table for each waiver year

State:	Connecticut
Effective Date	01/01/2010

Request for Amendment to a §1915(c) HCBS Waiver
 HCBS Waiver Application Version 3.5

Waiver Year: Year 4					
Waiver Service	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5
	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Total Cost
1. Case Management Individual	Hour	38.00	123.46	\$18.43	\$86,474
2. Chore	Qtr Hour	8.00	102.36	\$4.21	\$3,448
3. Community Living	12 hours	67.00	339.03	\$66.97	\$1,521,154
4. Companion	Qtr Hour	286.00	6,937.29	\$3.75	\$7,432,621
5. Environmental Mods.	Item	16.00	0.75	\$10,000.00	\$120,167
6. Homemaker	Qtr Hour	42.00	821.63	\$4.21	\$145,300
7. Ind. Living Indiv.	Hour	357.00	1,187.82	\$37.20	\$15,776,255
8. Cognitive Behavioral	Hour	370.00	26.00	\$85.04	\$818,006
9. Home Delivered Meals	Meal	7.00	233.34	\$9.04	\$14,766
10. Personal Care Svcs.	Qtr Hour	76.00	7,985.61	\$3.56	\$2,160,830
11. Pers. Emer. Response	Month	73.00	13.07	\$36.12	\$34,462
12. Prevocational	Hour	198.00	666.77	\$37.51	\$4,952,486
13. Respite Care	Hour	9.00	88.46	\$11.96	\$9,522
14. Special Med Equip	Item	55.00	0.29	\$10,000.00	\$160,183
15. Substance Abuse Day	Day	0.00	0.00	\$51.60	
15.1 Substance Abuse Hrly	Hour	0.00	0.00	\$43.81	
16. Supp. Employment	Hour	83.00	890.05	\$37.51	\$2,771,254
17. Transportation	Mile	25.00	4,581.74	\$0.26	\$29,552
18. Vehicle Mods.	Item	3.00	0.60	\$10,000.00	\$17,980
19. Transitional Living	Day	0.00	0.00	\$203.30	\$0
GRAND TOTAL:					\$36,054,460
TOTAL ESTIMATED UNDUPLICATED PARTICIPANTS (from Table J-2-a)					379
FACTOR D (Divide grand total by number of participants)					95,131
AVERAGE LENGTH OF STAY ON THE WAIVER					339

State:	Connecticut
Effective Date	01/01/2010

Request for Amendment to a §1915(c) HCBS Waiver
 HCBS Waiver Application Version 3.5

Waiver Year: Year 5					
Waiver Service	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5
	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Total Cost
1. Case Management Individual	Hour	43.00	116.13	\$19.02	\$94,981
2. Chore	Qtr Hour	8.00	103.89	\$4.35	\$3,612
3. Community Living	12 hours	69.00	343.20	\$69.11	\$1,636,547
4. Companion	Qtr Hour	309.00	7,079.53	\$3.87	\$8,457,248
5. Environmental Mods.	Item	23.00	0.86	\$10,000.00	\$198,373
6. Homemaker	Qtr Hour	46.00	853.67	\$4.35	\$170,634
7. Ind. Living Indiv.	Hour	381.00	1,193.09	\$38.39	\$17,452,673
8. Cognitive Behavioral	Hour	395.00	27.00	\$87.76	\$935,827
9. Home Delivered Meals	Meal	7.00	236.84	\$9.33	\$15,467
10. Personal Care Svcs.	Qtr Hour	90.00	7,965.07	\$3.67	\$2,633,969
11. Pers. Emer. Response	Month	83.00	14.92	\$37.28	\$46,175
12. Prevocational	Hour	212.00	674.50	\$38.71	\$5,535,840
13. Respite Care	Hour	9.00	89.79	\$12.34	\$9,975
14. Special Med Equip	Item	61.00	0.38	\$10,000.00	\$229,289
15. Substance Abuse Day	Day	0.00	0.00	\$53.25	
15.1 Substance Abuse Hrly	Hour	0.00	0.00	\$45.21	
16. Supp. Employment	Hour	85.00	889.22	\$38.71	\$2,926,132
17. Transportation	Mile	28.00	4,224.96	\$0.27	\$31,498
18. Vehicle Mods.	Item	4.00	0.70	\$10,000.00	\$28,100
19. Transitional Living	Day	0.00	0.00	\$209.81	\$0
GRAND TOTAL:					40,406,340
TOTAL ESTIMATED UNDUPLICATED PARTICIPANTS (from Table J-2-a)					404
FACTOR D (Divide grand total by number of participants)					101,016
AVERAGE LENGTH OF STAY ON THE WAIVER					330

State:	Connecticut
Effective Date	01/01/2010

