

# State of Connecticut Investment Plan for Implementation of the American Rescue Plan Act of 2021, Section 9817

Enhancing, Expanding, and Strengthening Medicaid Home and  
Community-Based Services (HCBS)

August 25, 2021



# What are Home and Community-Based Services?

- Home and community-based services (HCBS) are a range of supports that help individuals manage basic daily tasks such as bathing, dressing, toileting, transferring, housekeeping, meal prep, and medication administration
- HCBS help individuals that need long-term services and supports access care in the community rather than institutions or other isolated settings
- HCBS serve a variety of populations, including people with intellectual or developmental disability, physical disabilities, frail elderly individuals, and those with mental illnesses

## HCBS providers include:

Home Health  
Visiting Nurses  
Day Programs  
Adult Day Care  
Homemaker &  
Companion  
Residential Programs  
Group Home Providers  
Care Coordination  
Personal Care Assistants



# What Did ARPA Do For HCBS?

- Provides an additional 10% federal match on qualifying HCBS expenditures from April 1, 2021 – March 31, 2022
  - Federal match must be reinvested to enhance, expand, or strengthen home and community-based services under Medicaid
  - Funding must be reinvested within the 3-year period ending March 31, 2024



# Leveraging Federal Dollars

## ARPA HCBS Reinvestment Summary

### Available Reinvestment Funding

Estimated 10% enhanced federal reimbursement for qualifying services from 4/1/21 through 3/31/22

\$239,900,000

### Reinvestment Expenditures

	<u>Reinvestment Yr 1</u> <u>4/1/21-3/31/22</u>	<u>Reinvestment Yr 2</u> <u>4/1/22-3/31/23</u>	<u>Reinvestment Yr 3</u> <u>4/1/23-3/31/24</u>	<u>Total</u>
State share of reinvestment expenditures	\$51,200,000	\$90,100,000	\$98,600,000	\$239,900,000
Federal share to "match" state reinvestments	91,300,000	84,900,000	90,500,000	266,700,000
Total ARPA reinvestments including state and federal shares	\$142,500,000	\$175,000,000	\$189,100,000	\$506,600,000
Percentage of reinvestment - state share	35.9%	51.5%	52.1%	47.4%
Percentage of reinvestment - federal share	64.1%	48.5%	47.9%	52.6%



# Stakeholder Process

- The Medicaid Long-Term Services and Supports Rebalancing Initiatives Steering Committee<sup>1</sup> discussed the state's draft ARPA plan at the regular meeting on June 4. The meeting was open to the public and 63 people attended. The public was invited to comment on the plan during the meeting.
- The following organizations participated in the stakeholder process through public comment at the committee meeting, written submission of ideas or in-person meetings:
  - Home Care Association of America-CT
  - AARP
  - Leading Age
  - New England Healthcare Employees Union, District 1199
  - Connecticut Association for Healthcare at Home
  - Connecticut Association of Nonprofits



# Overview of Strategic Investments

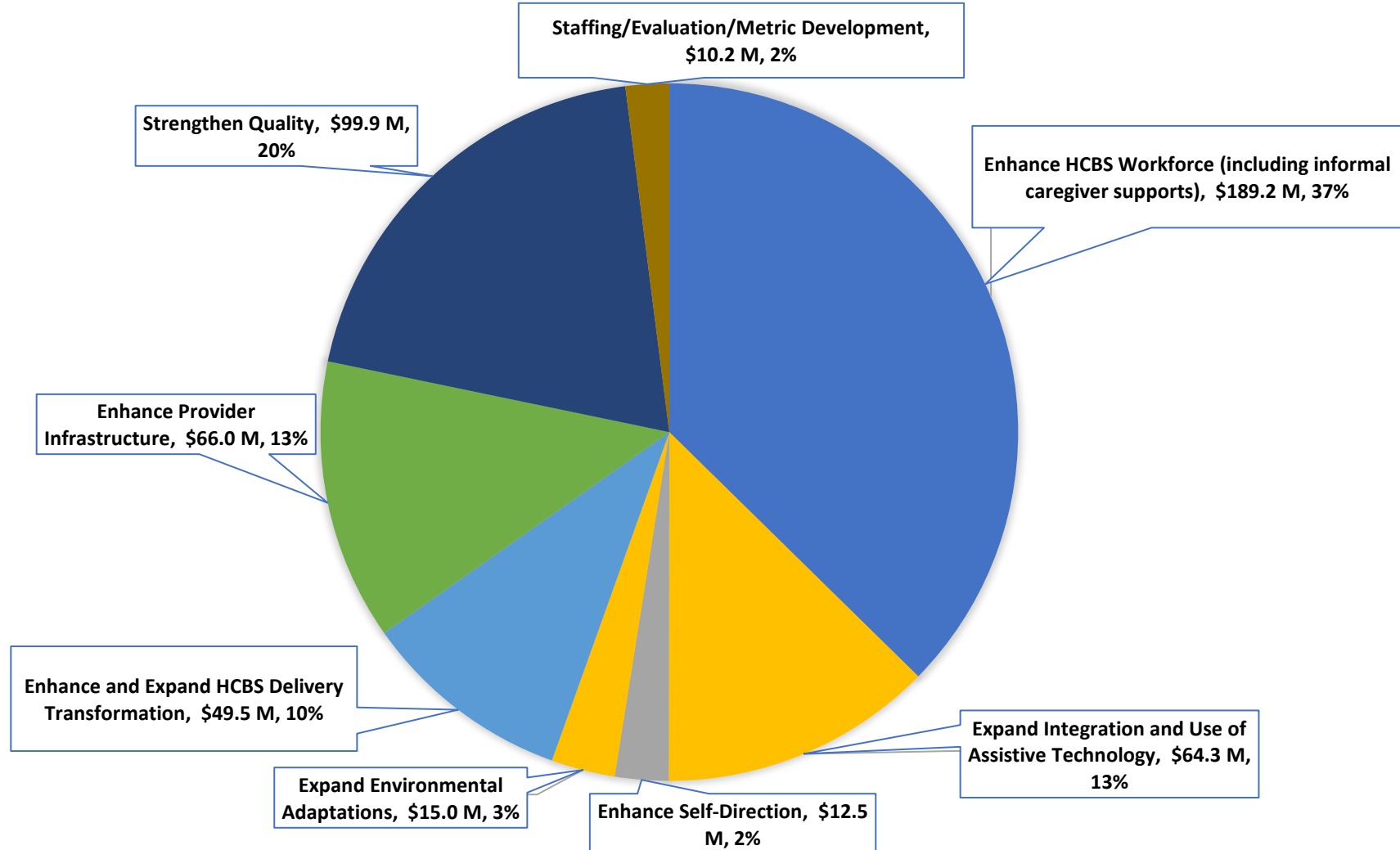
- Enhance HCBS Workforce
- Expand Integration and Use of Assistive Technology
- Expand Environmental Adaptations
- Enhance Self-Direction
- Expand and Enhance HCBS Delivery Transformation
- Enhance Provider Infrastructure
- Strengthen Quality



# HCBS Enhanced Match

## Proposed Uses

ARPA HCBS PLAN ALLOCATIONS - \$506.6M TOTAL



# HCBS Enhanced Match

## Proposed Uses

Spending Plan	Total Investment	Percent
<b>Enhance HCBS Workforce</b>		
Increase provider Rates	80,742,956	15.94%
Fund Temporary Workforce and Provider Stabilization	95,451,843	18.84%
Implement Informal Caregiver Initiative	10,800,000	2.13%
Training - Racial Equity	1,000,000	0.20%
Training - Support Evidence Based Models	125,000	0.02%
Training - Improve Medication Assisted Treatment and Mental Health	1,100,000	0.22%
<b>Total Enhance HCBS Workforce</b>	<b>189,219,799</b>	<b>37.35%</b>
<b>Expand Integration and Use of Assistive Technology</b>		
DDS-Expand assistive technology	13,000,000	2.57%
Expand Access to and Use of Assistive Technology for Older Adults and People with Disabilities	11,250,000	2.22%
Integrate Smart Home Technology into Subsidized Housing	40,000,000	7.90%
<b>Total Expand Integration and Use of Assistive Technology</b>	<b>64,250,000</b>	<b>12.68%</b>
<b>Enhance Self-Direction</b>		
Support Utilization of Electronic Visit Verification (call center)	2,100,000	0.41%
Implement Personal Care Assistant Employee Network including Back-up System	4,440,000	0.88%
Increase supports available through fiscal intermediary	6,000,000	1.18%
<b>Total Enhance Self-Direction</b>	<b>12,540,000</b>	<b>2.48%</b>
<b>Expand Environmental Adaptations</b>		
Implement CAPABLE Program across HCBS	15,000,000	2.96%
<b>Total Expand Environmental Adaptations</b>	<b>15,000,000</b>	<b>2.96%</b>
<b>Enhance and Expand HCBS Delivery Transformation</b>		
Fund innovative service and support model.	9,168,400	1.81%
Provide Technical Assistance to support innovative service and support model	1,000,000	0.20%
Expansion of supportive housing models - DDS	10,000,000	1.97%
Incentivize DDS system transformation towards more integrated and efficient settings	29,300,000	5.78%
<b>Total Enhance and Expand HCBS Delivery Transformation</b>	<b>49,468,400</b>	<b>9.76%</b>
<b>Enhance Provider Infrastructure</b>		
Stability and Infrastructure Improvements through Technology	66,000,000	13.03%
<b>Total Enhance Provider Infrastructure</b>	<b>66,000,000</b>	<b>13.03%</b>
<b>Strengthen Quality</b>		
Fund innovative quality improvement initiatives	20,000,000	3.95%
Create and implement quality management tool kit for HCBS participants	5,000,000	0.99%
Improve Universal Assessment (UA) System including DSS, DDS, DMHAS (SA,MH)	7,000,000	1.38%
Purchase/develop and implement a new case management system	34,000,000	6.71%
Critical Incidents Enhancements and Ongoing Maintenance - DDS	3,000,000	0.59%
Level of Care Assessments- consultant review -DDS	600,000	0.12%
Purchase of Business Intelligence Software	6,000,000	1.18%
Implement HCBS and home health Pay for Performance (P4P) Initiative	21,161,526	4.18%
Enhance Capacity Related to P4P: Add two new positions	825,000	0.16%
Consultant to create outcome-based payments - DDS	1,160,000	0.23%
Participant Survey Improvement and Expansion - DDS	1,200,000	0.24%
<b>Total Strengthen Quality</b>	<b>99,946,526</b>	<b>19.73%</b>
<b>Staffing/Evaluation/Metric Development</b>		
Contract support for state HCBS/home health metric development	1,375,000	0.27%
UCONN evaluation on DSS investments to determine impact	4,355,420	0.86%
Five DDS Durational Project Managers and two Durational Clerical Support Staff	2,887,500	0.57%
Five DSS durational staffing investments/structure	1,596,000	0.32%
<b>Total Staffing/Evaluation/Metric Development</b>	<b>10,213,920</b>	<b>2.02%</b>
<b>Total investment</b>	<b>506,638,645</b>	<b>100%</b>





# Enhance HCBS Workforce (\$189.2 million)

## 1) Temporary Workforce and Provider Stabilization

*Develop an incentive-based program to help with recruitment and retention of provider staff and fund one-time support to offset COVID-related impacts that destabilized the provider network*

**Investment:** \$95.5 million

## 2) Provider Rate Increases (Rate Adequacy)

*Level the playing field with comparable investments to other providers with a focus on improving consumer access. A 31.7% increase for pediatric complex care services and an increase of up to 4.5% (3.5% base increase plus value-based payment increase of up to 1%) for home health, and waiver providers (e.g., agency-based PCAs, homemaker-companion, adult day, respite, and chore services)*

**Investment:** \$80.7 million

## 3) Supports for Family Caregivers

*Provide tools and resources for families caring for older adults and close relatives with a disability. Support will include respite care, caregiver needs assessments, training, and care coordination*

**Investment:** \$10.8 million

## 4) Invest in Capacity Building and Training

*Establish a statewide train-the-trainer program for all HCBS providers to integrate a racial equity lens in care delivery. Training resources and content will include implicit bias, health literacy and self-management, racial microaggressions, and cultural humility. Build capacity to expand Medication Assisted Treatment (MAT) for substance abuse*

**Investment:** \$2.2 million

- *Temporary stabilization funds for HCBS providers that were hit hard by COVID-19 and rate increases will help ensure providers can meet growing consumer demand and retain a quality workforce*
- *Enhanced family caregiver supports will reduce caregiver “burn-out,” improve quality of life, supplement the need for paid caregivers, and help reduce unnecessary or premature reliance on Medicaid*
- *Addresses critical access issue associated with pediatric skilled nursing to help children with high needs return home from the hospital*



# Expand and Integrate Use of Assistive Technology (\$64.3 million)

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## 1) Integrate Smart Home Technology into Subsidized Housing

*Update affordable housing stock to promote independence through smart home upgrades and features*

*Examples:*

- Set up apartments to monitor a senior's patterns and identify when their pattern changes, such as not opening the refrigerator around lunch time or toileting regularly*
- Installing a system to enhance hearing devices in group areas of housing*
- Converting TVs into video chat*
- Smart doorbells*
- Smart lighting to improve visibility and avoid falls*

**Investment:** \$40 million

## 2) Expand Access and Use of Assistive Technology

*Establish a Medicaid assistive technology initiative to oversee integration of technology into care plans, in coordination with existing HCBS care planning team, and provide in-home training on proper use of technology*

*Examples:*

*Automatic medication dispensers and reminders, talking microwaves and voice-activated devices, and smart wearable devices such as watches*

**Investment:** \$24.3 million

*Facilitates communication with health care providers, supplements the demand for informal and formal caregivers, and promotes social connectedness, ultimately leading to greater independence in the community*



# Enhance Self-Direction (\$12.5 million)

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## 1) Create and Implement Employment Network

*Employment network will help connect direct care workers seeking employment with individuals trying to find staff and will help individuals and families quickly locate backup staff*

**Investment:** \$4.4 million

## 2) Support Electronic Visit Verification (EVV) Call Center

*A consumer call center will provide centralized resources for consumer-employers and PCAs to ask questions related to EVV and provide technical support to correct time entries electronically into the system. This resource will also help with adoption of federally mandated EVV system for PCAs*

**Investment:** \$2.1 million

## 3) Expanded Self-Direction Support Available through the Fiscal Intermediary

*Through added supports for fiscal intermediaries, consumers will be able to review and manage their individual care budgets in real time. System improvements will help ensure that PCAs working for consumer-employers are paid on time for their services*

**Investment:** \$6 million

*Addresses barriers for over 7,000 consumers who prefer to hire and manage their own staff. Self-directed programs like Community First Choice offer the greatest degree of autonomy, personal control and customization, but administrative burdens and barriers make it difficult for consumer-employers. Investments will help consumers identify emergency back-up support, adopt EVV and process PCA timesheets, making it easier for those consumers*



# Expand Environmental (Home) Adaptations (\$15 million)

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## 1) Implement CAPABLE Model in Medicaid HCBS

*Adopt Johns Hopkins' evidence-based CAPABLE model for HCBS waiver participants and those at risk of nursing home placement to ensure their home surroundings promote function and independence. The approach teams nurses, occupational therapists and handy workers to address the home environment and complement the strengths of older adults to improve safety and function*

*Home modifications / equipment could include:*

- *Grab bars*
- *Stair chairs*
- *Ramps*
- *Hand railings*
- *Raised toilet seats*
- *Basic safety repairs*
  - *Stapling loose wall-to-wall carpeting*

*Generate more than a 6x return on investment*

**Investment:** \$15 million

*Improves function through environmental modifications that enable older individuals and those with disabilities to remain at home*



# Incentives to Expand HCBS Options (\$49.5 million)

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## 1) RFP to Support Community Partnerships for Local Respite, Housing and Workforce Development

*(Create and Implement Innovative Service and Support Model for Older Adults and People with Disabilities )*

*Seek applications from providers who work in partnership with local communities to address local needs for 24-hour backup, local respite, local housing development and local workforce needs*

**Investment:** \$9.2 million

## 2) Supportive Housing

*Ten to twenty housing developments providing subsidized housing and wrap-around supportive services for 100-120 DDS placements. Also increases resources for individuals already in supportive housing.*

**Investment:** \$10 million

## 3) Technical Assistance for Innovative Models

*Consultants for Medicaid technical assistance to ensure that innovative models are designed to be sustainable within Medicaid*

**Investment:** \$1 million

## 4) Bridge Funding to Promote Transition to Less Restrictive Settings

*(System Transformation)*

*Develop an incentive payment program to encourage providers to consolidate current vacancies in congregate settings and redistribute the savings to individuals on the state's residential waiting lists. Temporary payments to move individuals to more independent settings or competitive-based employment. Provider training to move toward more efficient, community integration models*

**Investment:** \$29.3 million

*Expands service array and consumer options for more integrated and efficient care settings*



# Enhance Provider Infrastructure (\$66 million)

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## 1) Stability and Infrastructure Improvements through Technology

*Streamline and modernize antiquated processes to increase efficiency and support consumers as active participants in their own care*

- *More appropriate service planning and improved service delivery*
- *Improved billing accuracy to minimize negative auditing outcomes*
- *Electronic health records*
- *Billing system enhancements*
- *Quality reporting*
- *Improve public reporting*

**Investment:** \$66 million

*Enhanced technology infrastructure promotes active participation in individual care plans*



# Strengthen Quality (\$70.2 million)

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## 1) Innovative Quality Improvement Fund

*Seek innovative ideas from stakeholders to improve quality. Proposals will be assessed based on immediate impact, ability to replicate statewide and sustainability*

**Investment:** \$20 million

## 3) Improve and Expand Universal Assessment System

*Expand the use of universal assessment tool to participants who receive services through DDS and DMHAS, resulting in more consistent needs assessments across the system*

**Investment:** \$7 million

## 5) Critical Incident Management System Enhancements

*Add data into the current system to improve critical incident detection and allow the state to better identify, address and mitigate incidents in the future*

**Investment:** \$3 million

## 2) Quality Management Tool Kit for HCBS Participants

*Develop web-based tools and printed materials to empower consumers with a strong awareness of the expectations for community service providers, who to contact when those expectations are not met, and a safe way to report concerns*

**Investment:** \$5 million

## 4) Modernize Antiquated Case Management System

*(Case Management System)*

*DDS case management that takes a “no wrong door” approach, allows access to real time information and data to analyze and approve service delivery*

**Investment:** \$34 million

## 6) Consumer Quality Satisfaction Survey

*(Participant Survey Improvement and Expansion)*

*Implement National Core Indicators (NCI) survey to collect feedback about the quality and satisfaction of services for participants served by DDS*

**Investment:** \$1.2 million





# Strengthen Quality (Continued)

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## 7) Value-Based Payment Initiative

*Create a value-based model that provides incentive payments to HCBS providers that achieve clearly defined outcomes*

**Investment:** \$21.2 million

## 8) Outcome-Based Incentive Program

*Consultant to develop metrics that DDS qualified providers must meet to achieve incentive payments*

**Investment:** \$1.2 million

*Quality measures align financial incentives to higher quality performance and empower consumers with self-advocacy tools*





# Historic Opportunity

- The enhanced 10% HCBS federal match in ARPA provides an unprecedented opportunity for Connecticut to leverage more than \$500 million over three years, with ongoing cost to the state of less than \$25 million
- A transformational opportunity to:
  - Offer individuals and their families greater choice and independence
  - Expand access to high quality services and supports so people can receive care at home, in an inclusive setting, or from a family caregiver
  - Strengthen and stabilize the workforce and provider network hit hard by the pandemic



# APPENDIX



# Provider Rate Increases

## Long-Term Services and Supports / Private Providers / Other

	FY 22	FY 23	Comments
<b>Nursing Homes</b>			
Temporary Rate Increase	10.0%	0.0%	
Wage Increases	4.5%	4.5%	
Health and Pension	0.0%	2.8%	
<b>Self-Directed PCAs</b>	TBD	TBD	<i>Dependent on outcome of collective bargaining negotiations</i>
<b>Home Health</b>			
Pediatric Skilled Nursing	31.7%	0.0%	<i>Increase to address access issues</i>
Other Skilled Nursing	4.5%	0.0%	
Non-Skilled	4.5%	0.0%	<i>Increases will be higher and for both years if at minimum wage</i>
<b>DSS Waiver Providers</b>	4.5%	0.0%	
<b>DDS Providers</b>			
Wage Increases	4.5%	4.5%	
Health and Pension Pool	TBD	TBD	<i>Dependent on requests received</i>
<b>ICFs</b>			
DDS Settlement	4.5%	4.5%	<i>Some will receive higher increases due to establishment of minimum rate</i>
<b>RCHs</b>	2.4%	2.5%	<i>Statutory rate increases to be determined based on GDP deflator</i>
<b>DMHAS Private Providers</b>	4.4%	0.0%	<i>Also received \$10 million in each year for provider infrastructure improvements</i>
<b>Other Private Providers</b>	4.1%	0.0%	
<b>Other Providers</b>			
Hospitals			
Inpatient	2.0%	2.2%	<i>Significant increases over seven-year period pursuant to hospital settlement</i>
Outpatient	2.0%	2.2%	<i>Significant increases over seven-year period pursuant to hospital settlement</i>
Chronic Disease Hospitals	4.0%	0.0%	

Note: Rate increases allocated through the ARPA HCBS Reinvestment plan are in addition to the minimum wage increase pursuant to PA 19-4 for applicable home health aide and waiver services effective 8/1/21 and 7/1/22. The 8/1/21 increase in rates will be 6% for applicable services.



# Provider Rate Increases – Enacted Budget

## Long-Term Services and Supports / Private Providers / Other

	FY 22					FY 23				
	Overall Increase	General Fund		ARPA Funding	Total Funding	Add'l Increase	General Fund		ARPA Funding	Total Funding
		Appropriated	Carryforward				Appropriated	Carryforward		
<b>Nursing Homes</b>										
Temporary Rate Increase	10.0%		40,000,000		40,000,000	0.0%				0
Wage Increases	4.5%	22,300,000			22,300,000	4.5%	51,100,000			51,100,000
Health and Pension	0.0%	0			0	2.8%	15,400,000			15,400,000
Nursing Home Facility Support				10,000,000	10,000,000					0
<b>Self-Directed PCAs</b>					0					0
<b>Home Health</b>										
Pediatric Skilled Nursing	1.7%	250,000			250,000	0.0%	250,000			250,000
Other Skilled Nursing					0					0
Non-Skilled					0					0
<b>DSS Waiver Providers</b>	1.7%	4,750,000			4,750,000	0.0%	4,750,000			4,750,000
Add'l Rate Increases										
<b>DDS Waiver Providers</b>										
<b>DDS Providers</b>										0
Wage Increases	Approx. 4.5%	25,000,000	2,000,000	30,000,000	57,000,000	Approx. 4.5%	40,000,000	21,700,000	30,000,000	91,700,000
Health and Pension Pool		5,000,000			5,000,000		30,000,000			30,000,000
<b>ICFs</b>										
DDS Settlement	4.5%	700,000			700,000	4.5%	1,500,000			1,500,000
Establish Minimum Rate		1,600,000			1,600,000		1,600,000			1,600,000
<b>DMHAS Private Providers</b>										
COLAs				15,000,000	15,000,000				15,000,000	15,000,000
Infrastructure				10,000,000	10,000,000				10,000,000	10,000,000
<b>Other Private Providers</b>	4.1%	10,000,000	13,150,000		23,150,000	0.0%	10,000,000	13,150,000		23,150,000
Total Costs		69,600,000	55,150,000	65,000,000	189,750,000	0	154,600,000	34,850,000	55,000,000	244,450,000
Recurring Costs										234,450,000

Note: Rate increases allocated through the ARPA HCBS Reinvestment plan are in addition to the minimum wage increase pursuant to PA 19-4 for applicable home health aide and waiver services effective 8/1/21 and 7/1/22. The 8/1/21 increase in rates will be 6% for applicable services.



# Stabilize and Enhance the HCBS Provider Network and Workforce

## Impact

COVID-19 has sharply increased the demand for home and community-based alternatives to nursing home and other institutional settings. Temporary stabilization funds for HCBS providers that were hit hard by COVID-19 will help ensure providers can meet growing consumer demand and retain a quality workforce

- \$95 million for temporary stabilization payments and workforce recruitment and retention bonuses
- 31.7% rate increase for pediatric skilled nursing care in recognition of critical access issues to help children with complex care needs return home from the hospital
- 4.5% rate increase for certain HCBS providers to help level the playing field with recent investments in providers of individuals with intellectual disability, behavioral health and other private providers and nursing homes

# Promote and Facilitate the Use of Assistive Technology (AT)

## Impact

AT facilitates communication with health care providers, reduces the demand for informal and formal caregivers, and promotes social connectedness, leading to greater independence in the community

- Funding for in-home training to consumers and their family caregivers to ensure proper use of technology and provide training to HCBS providers
- AT will support greater quality and safety in the community when family caregivers or formal supports are not readily available
- AT can also help take the pressure off family caregivers, helping to avoid caregiver burnout

# Integrate Smart Home Technology into Subsidized Housing

## Impact

Connecticut's subsidized housing provides housing security to thousands of older adults and people with disabilities. This initiative will increase independence through installation of smart home technology.

- Update affordable housing stock and increase independence for those who live there by investing in smart home technology for up to 40 affordable housing units, including:
  - HUD Section 202 and 236 and Assisted Living Conversion Program housing
  - Low Income Housing Tax Credit projects
  - State-funded assisted living

# Environmental Adaptations

## Impact

Improve function through environmental modifications that enable older individuals and those with disabilities to remain at home

- Adopt Johns Hopkins' evidence-based CAPABLE model for HCBS waiver participants and those at risk of nursing home placement to ensure their home surroundings promote function and independence
- The approach teams nurses, occupational therapists and handy workers to address the home environment and complement the strengths of older adults to improve safety and function
- Generate more than a 6x return on investment

# Family Caregiver Supports

## Impact

Family Caregivers are the foundation for all HCBS in Connecticut—providing an estimated \$5.9 billion in unpaid care annually. The role of family caregivers was even more important during the COVID-19 public health emergency when many people provided services to family members at home instead of having them enter nursing homes

Enhanced family caregiver supports will reduce caregiver “burn-out,” improve quality of life, supplement the need for paid caregivers, and help reduce unnecessary or premature reliance on Medicaid.

- Provide access to caregiver needs assessments, dementia supports, care coordination, respite, and training
- State will implement evidence-based COPE (Care of Persons with Dementia in their Environments) model

# Enhance Self-Direction

## Impact

Addresses barriers for over 7,000 consumers who prefer to hire and manage their own staff. Self-directed programs like Community First Choice offer the greatest degree of autonomy, personal control and customization, but administrative burdens and barriers make it difficult for consumer employers. Investments will help consumers identify emergency back-up support, adopt EVV and process PCA timesheets, making it easier for those consumers

- Establish an employment network to help connect direct care workers seeking employment and individuals trying to find staff
- A consumer call center will provide centralized resources to help consumer-employers and PCAs with adoption of EVV
- Through added supports for fiscal intermediaries, consumers will be able to review and manage their individual care budgets in real time
- System improvements will help ensure that PCAs working for consumer-employers are paid on time for their services

# Modernize Provider Infrastructure

## Impact

Modernize antiquated systems that build provider capacity, improve efficiencies and promote consumer engagement in their own care

- Fund technology upgrades that digitize and automate administrative processes and improve accuracy
- Enhance incident reporting tools to monitor quality
- Facilitate consumer engagement as active participants in their own care plan

# Promoting Health Equity

## Impact

Integrate trauma response and equity training for HCBS providers to address health equity

- Establish a statewide train-the-trainer program for all HCBS providers to integrate a racial equity lens in care delivery
- Training resources and content will include implicit bias, health literacy and self-management, racial microaggressions, and cultural humility



# Leveraging Federal Dollars

The ARPA HCBS reinvestment opportunity allows states to earn an extra 10% federal reimbursement on a range of waiver and related services from April 1, 2021 through March 31, 2022. This extra federal reimbursement (approximately \$240 million for Connecticut) must be reinvested in new qualifying services which support the community-based long-term services and supports. This reinvestment must occur over a three-year period beginning April 1, 2021 through March 31, 2024.

The reinvestment of any funds must either be the state share of qualifying Medicaid costs or the full cost for any state-only funded expenditures such as the state-funded CT Home Care program (expenditures outside of existing Medicaid authorities may be eligible for reinvestment but not for federal reimbursement). As most of Connecticut's proposed reinvestments are in Medicaid-supported services, the state share of costs can be used to leverage federal matching reimbursement. For example, for most of the reinvestment period, the state share reinvestment will be matched with an equivalent federal share, to essentially double any state reinvestment.

For the first year, this leveraging effect is even greater, as any new reinvestment expenses prior to March 31, 2022 will also receive the enhanced 10% ARPA-related federal reimbursement, increasing the traditional federal share to 60%. Further, expenses prior to the end of the federal public health emergency, currently projected to be December 31, 2021, will also receive an additional 6.2% federal reimbursement.

As a result, the \$240 million in new federal ARPA funding, once reinvested as the state share, will leverage over \$266 million in new federal reimbursement to “match” those expenditures, resulting in total ARPA expenditures of over \$506 million over the full three-year period.



# ARPA 10% Enhanced HCBS Match Funding

Connecticut Working Model Calculation of Supplemental Funding from 10% FMAP Increase and Proposed Investments					
Funds Available for Reinvestment (10% EFMAP)	239,908,700	Target Ongoing Commitment (State Share)			\$ 25,000,000
	Year 1	Year 2	Year 3	Total	Ongoing
Family Caregiver & Workforce: Innovation	6,050,000	13,500,000	16,250,000	35,800,000	-
Workforce: Provider Stabilization	69,451,843	13,000,000	13,000,000	95,451,843	-
Assistive Technology & Environmental Modifications	8,450,000	38,670,000	38,670,000	85,790,000	1,420,000
Build & Transition Models of Care	3,725,000	10,172,800	12,895,600	26,793,400	100,000
Provider Infrastructure	12,000,000	24,000,000	30,000,000	66,000,000	2,500,000
Rate Increases	18,367,890	31,091,067	31,283,999	80,742,956	31,283,999
Quality	22,996,526	40,300,000	42,550,000	105,846,526	13,850,000
Evaluation / Metrics / Staffing	1,473,500	4,264,640	4,475,780	10,213,920	-
<b>Total</b>	<b>142,514,760</b>	<b>174,998,507</b>	<b>189,125,379</b>	<b>506,638,645</b>	<b>49,153,999</b>
Total State Share/Reinvestment	51,220,698	90,124,253	98,562,689	239,907,640	23,951,999
Total Federal Share	91,294,062	84,874,253	90,562,689	266,731,005	25,201,999



# ARPA 10% Enhanced HCBS Match

## Ongoing Commitment

Connecticut Working Model Calculation of Supplemental Funding from 10% FMAP Increase and Proposed Investments					
Funds Available for Reinvestment (10% EFMAP)	239,908,700	Target Ongoing Commitment (State Share)			\$ 25,000,000
	Year 1	Year 2	Year 3	Total	Ongoing
Workforce innovation/transformation	6,050,000	13,500,000	16,250,000	35,800,000	-
Workforce-Provider stabilization	69,451,843	13,000,000	13,000,000	95,451,843	-
Assistive Technology	8,450,000	31,170,000	31,170,000	70,790,000	1,420,000
Environmental Modifications	-	7,500,000	7,500,000	15,000,000	-
Build/transition models of care	3,725,000	10,172,800	12,895,600	26,793,400	100,000
Provider infrastructure	12,000,000	24,000,000	30,000,000	66,000,000	2,500,000
Rate increases (excluding P4P)	18,367,890	31,091,067	31,283,999	80,742,956	31,283,999
Quality (rate increases tied to P4P)	5,446,526	8,850,000	8,850,000	23,146,526	8,850,000
Quality (non-P4P)	17,550,000	31,450,000	33,700,000	82,700,000	5,000,000
Evaluation/Metrics/Staffing	1,473,500	4,264,640	4,475,780	10,213,920	-
<b>Total</b>	<b>142,514,760</b>	<b>174,998,507</b>	<b>189,125,379</b>	<b>506,638,645</b>	<b>49,153,999</b>
<b>Total State Share/Reinvestment</b>	<b>51,220,698</b>	<b>90,124,253</b>	<b>98,562,689</b>	<b>239,907,640</b>	<b>23,951,999</b>
<b>Total Federal Share</b>	<b>91,294,062</b>	<b>84,874,253</b>	<b>90,562,689</b>	<b>266,731,005</b>	<b>25,201,999</b>

