

**STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES**

Notice of Proposed Medicaid State Plan Amendment (SPA)

**SPA 26-AA: Community First Choice - Reimbursement Updates to Implement Personal
Care Attendant Collective Bargaining Agreement**

The State of Connecticut Department of Social Services (DSS) proposes to submit the following Medicaid State Plan Amendment (SPA) to the Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health and Human Services (HHS). Public comment information is at the bottom of this document.

Changes to Medicaid State Plan

Effective on or after July 1, 2026, SPA 26-AA will amend Attachment 4.19-B of the Medicaid State Plan in order to make the reimbursement increases described below for the Community First Choice (CFC) benefit pursuant to section 1915(k) of the Social Security Act.

The CFC self-directed personal care attendant (PCA) rates are being increased to comply with the [Collective Bargaining Agreement](#) (CBA) between the state's PCA Workforce Council and the union representing self-directed PCAs, which, after approval by the Connecticut General Assembly on April 30, 2026, was recently amended and extended through June 30, 2027. As required by the CBA, the state is to increase the payment rates for applicable CFC services, incorporating all of the relevant changes as detailed in the CBA, including, but not limited to: (1) wage increases, which comprise of specified hourly wage increases.

As detailed in the current approved Medicaid State Plan, the payment rates are calculated for each PCA to reflect all applicable components of the rate set forth in the Medicaid State Plan, including, but not limited to, applicable wage, employer taxes, and workers' compensation coverage (which are final components of the rate), plus the interim components of the rate, which include paid time off and rate add-on to support PCA's health care expenses. The calculation of the rate also incorporates all provisions required by applicable state and federal law, including minimum wage and other applicable labor law, which may result in adjustment of the overall analysis of the fiscal impact.

The purpose of this SPA is to implement the CBA referenced above and to support ongoing access to quality CFC services for Medicaid members.

Fee schedules are published at this link: <http://www.ctdssmap.com> (select “Provider,” then “Provider Fee Schedule Download,” accept the terms and conditions, and select the applicable fee schedule).

Fiscal Impact

DSS estimates this SPA will increase annual aggregate expenditures by approximately \$9,762,459 in State Fiscal Year (SFY) 2026 and \$12,247,449 in State Fiscal Year (SFY) 2027.

Obtaining SPA Language and Submitting Comments

The proposed SPA is posted on the DSS website at this link: <https://portal.ct.gov/DSS/Health-And-Home-Care/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 SPA from DSS or to send comments about the SPA, please email: Public.Comment.DSS@ct.gov or write to: Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105. Please reference “SPA 26-AA: Community First Choice - Reimbursement Updates to Implement Personal Care Attendant Collective Bargaining Agreement”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than July 14, 2026.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: Connecticut

Community First Choice State Plan Option Pursuant to Section 1915(k) of the Social Security Act

The payment methodology described below applies to all services and supports provided under Connecticut's Community First Choice (CFC) State Plan Option pursuant to section 1915(k) of the Social Security Act, as described in and provided in accordance with Attachment 3.1-K of the Medicaid State Plan.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of CFC services pursuant to section 1915(k) of the Social Security Act. Except as otherwise provided below, CFC services are paid pursuant to the current fee schedule for CFC. The agency's fee schedule rates were set as of ~~January 1, 2026~~ July 1, 2026, and are effective for services provided on or after that date. All rates are published on the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page, go to "Provider," then to "Provider Fee Schedule Download," then select the applicable fee schedule. Medicaid payment under CFC does not include payment for room and board. Payments are made by the Medicaid agency directly to the providers of State Plan services or to the fiscal intermediary to disburse payments. Payments for all State Plan services are made through the state's Medicaid Management Information System (MMIS). As set forth on the fee schedule referenced above, the following CFC services are reimbursed as described below:

Attendant Care: Attendant care rates are billed under five distinct payment methodologies, each of which is based on the plan of care and the specific circumstances of the services provided, as follows:

1. Hourly Rate: When care is provided over a period of time which is neither live-in care for a continuous 24-hour period, nor a 12-hour overnight shift, a quarter-hour rate is used.
2. Per Diem Rate: When care is provided for a continuous 24-hour period by a live-in attendant, a per diem rate is billed, which assumes that the attendant receives at least eight hours of sleep, at least five of which is uninterrupted.
3. Pro-Rated Per Diem Rate: When the 24-hour shift is not completed; services are billed at a pro-rated per-diem rate.
4. Overnight Rate: When care is provided overnight for a 12-hour period, services are billed under an overnight rate, which assumes that the attendant sleeps for half of the hours.

TN # 26-AA
Supersedes
TN # 26-0007

Approval Date _____

Effective Date 07/01/2026