



**TO: Access Agency and Fiduciary Providers**

**RE: New Support at Home Service Opportunities Under the Home and Community Based Services American Rescue Plan Initiatives for the Medicare Savings Program**

The Department of Social Services (DSS) is implementing new Support at Home Options (SHO) under the Home and Community Based Services (HCBS) American Rescue Plan (ARPA) initiatives for the Medicare Savings Program (MSP).

**Eligible SHO participants include:**

- MSP participants who have no benefit plan other than the Qualified Medicare Beneficiary (QMB), Specified Low Income Medicare Beneficiary (SLMB), or Additional Low Income Medicare Beneficiary (ALMB a.k.a. QI1) program.
- Dually eligible clients enrolled in QMB, SLMB, or QI1 and Medicaid.

**SHO Service Providers**

SHO service providers will include existing Home Health Agencies (Provider Type / Specialty 05/050), individual Occupational Therapists (Provider Type / Specialty 17/171), and Occupational Therapist groups (Provider Type / Specialty 87/171). These providers will not need to re-enroll to offer these SHO services. However, they will need to be certified to participate in the SHO program. Providers are required to timely re-enroll based on their re-enrollment due date.

**SHO Access Agency**

Participating Access Agencies (AAs) must enroll as a SHO Access Agency (i.e., Provider Type / Specialty 81/801) to create SHO Care Plans and provide case management services for MSP participants. Enrollment requirements will be discussed further in this bulletin.

**SHO Fiscal Intermediary**

The participating Fiscal Intermediary (FI) must enroll as a SHO FI (i.e., Provider Type / Specialty 81/802) to serve as an alternate billing provider for “self- directed” SHO respite services, Assistive Technology, and Environmental Modifications services. Enrollment requirements will be discussed further in this bulletin.

**SHO Programs and Services**

SHO Services include Case Management, Respite Care, Environmental Adaptations, Assistive Technology and two evidence-based programs. The two evidence-based programs are:

**Training and Counseling for Unpaid Caregivers Supporting Participants, a.k.a. Care of Older Persons in their Environment (“COPE”) and Confident Caregiver**, provides training and counseling for unpaid caregivers. Billing providers of “COPE” and “Confident Caregiver” services will be Home Health Agencies, individual Occupational Therapists, or Occupational Therapist groups. A “COPE” certificate will be required in order for providers to be reimbursed for these services.

**Community Aging in Place-Advancing Better Living for Elders (“CAPABLE”)** provides participant training and engagement and support at home. Billing providers for these “CAPABLE” services will be Home Health Agencies, individual Occupational Therapists, or Occupational Therapist groups. The “CAPABLE” program further provides for Environmental Accessibility and Assistive Technology devices to maintain the participant

in their home. Billing providers for these devices are the service providers noted above including the new SHO FI.

Home Health Agencies, individual Occupational Therapists, and Occupational Therapist groups must obtain “CAPABLE” certification in order to be reimbursed for the SHO services.

**SHO MSP additional services** provide participant assessment, status reviews, and case management. The new SHO AAs will be the billing providers for these services.

### SHO Enrollment Requirements

- Enrollment requirements for the SHO AAs and SHO FI will mirror their current enrollment requirements for the Connecticut Home Care Program, Access Agency (Provider Type / Specialty 57/541) and Fiscal Intermediary (Provider Type / Specialty 57/543) respectively.
- AAs must provide a copy of their contract with DSS, Contract Summary page only, showing the effective and expiration date of their contract.
- The FI must provide a copy of their contract with DSS.
- Enrollment for both specialties will be for a period of sixty (60) months, i.e., every five (5) years.
- The Taxonomy for both specialties will be “atypical” and providers will not be required to bill with a National Provider Identifier (NPI).
- Neither specialty will be subject to fingerprinting or application fees, nor will they be required to have a Department of Public Health (DPH) license or be enrolled in Medicare.
- All standard validations will be performed, such as Office of Inspector General (OIG) validation.

AAs and FI providers are encouraged to begin enrolling upon receipt of this bulletin to obtain their SHO Automated Voice Response System (AVRS) IDs. These IDs will enable providers to test the upload of their Prior Authorization (PA) input file to create SHO Care Plans.

### Provider Enrollment

To enroll, providers must go to the [www.ctdssmap.com](http://www.ctdssmap.com) Web site Home page and select “Provider Enrollment” from the drop-down “Provider” menu to access the Enrollment Wizard.

- Providers are encouraged to read all instructions prior to proceeding with the online enrollment process.
- Providers should gather all data required prior to beginning the enrollment process, as an incomplete application cannot be saved.
- Provider applications remaining idle for more than 20 minutes will disconnect the provider from the Enrollment Wizard.
- Changes cannot be made via the Web portal once the application is submitted.
- Additional changes must be submitted on paper to the Gainwell Technologies Provider Enrollment Unit.
- The Application Tracking Number (ATN) of the online application should be indicated in the upper right-hand corner of all additional documentation submitted to expedite the enrollment/re-enrollment process.

**Once the online application is submitted, providers should take note of the ATN.** The ATN will allow providers to track the status of their enrollment application by selecting “Provider Enrollment Tracking” from the “Provider” menu on the [www.ctdssmap.com](http://www.ctdssmap.com) Web site Home page. After submitting the

application, providers are encouraged to download a copy of the submitted application to retain for their records.

### Post Enrollment Activities

Successfully enrolled providers will receive both a Welcome and PIN letter to set up their Secure Web Account for the SHO program. The setup of a Secure Web Account allows the provider access to multiple on-line functionalities to maintain an updated enrolled provider file, in addition to multiple functionalities to support client eligibility, PA and successful claim submission.

### Provider Re-enrollment

Re-enrollment for the SHO AAs and FI will occur every sixty (60) months, i.e., every five (5) years. Six (6) months prior to their re-enrollment due date, providers will receive a notification via e-delivery from Gainwell Technologies that it is time to re-enroll along with an ATN.

Prior to re-enrolling, the SHO AAs and FI must **successfully re-contract with DSS**. Providers should re-contract and re-enroll as soon as possible as **applications must be in a finalized status by their re-enrollment due date to prevent being dis-enrolled from the program**.

SHO AAs must provide a copy of the Contract Summary Page, of their re-contract with DSS, showing the effective and end dates of their new contract. The SHO FI must include a copy of their contract with DSS. Both providers must include the ATN in the upper right-hand corner of their document copies to ensure association to their on-line application.

To re-enroll, providers must go to the [www.ctdssmap.com](http://www.ctdssmap.com) Web site and select “Provider Re-enrollment” from the drop down

“Provider” menu. Providers will enter the ATN provided and their AVRS ID. The ATN expedites the re-enrollment process by allowing the provider access to prior enrollment data. Providers should carefully review the data for accuracy, making updates as applicable before submitting their re-enrollment application.

Once the re-enrollment application is submitted, additional changes must be submitted on paper to the Gainwell Technologies Provider Enrollment Unit. **The ATN of the online application should be indicated on all additional documentation submitted.**

### Service Authorization

The AAs are responsible for creating Care Plans for all SHO services except assessments and status reviews.

Care Plans for MSP participants will be created with the SHO Access Agency AVRS ID at the Care Plan Header.

A SHO Procedure Code Crosswalk will be created with the applicable procedure code(s) to be authorized for MSP SHO services.

### Additional Future Communications will include the following Bulletins:

- Certification Criteria for Home Health Agencies, individual Occupational Therapists, and Occupational Therapist group providers.
- SHO Procedure Code Crosswalk
- SHO PA and Claim Submission Requirements for AAs, FI, Home Health Agencies, individual Occupational Therapists, and Occupational Therapist group providers.