

## NOTICES OF CONNECTICUT STATE AGENCIES

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### DEPARTMENT OF SOCIAL SERVICES

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#### Notice of Intent to Submit Waiver Renewal

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In accordance with the provisions of section 17b-8(c) of the Connecticut General Statutes, notice is hereby given that the Commissioner of Social Services intends to submit a renewal of the Home and Community Supports Waiver for Persons with Autism to the Centers for Medicare and Medicaid Services, to be effective January 1, 2018.

The Department of Social Services proposes the following substantive changes:

1. Change the operating agency for the waiver from the Department of Developmental Services to the Department of Social Services, in accordance with C.G.S. 17a-215 and 17a-215c;
2. Reduce the individual service cost cap from \$60,000 per year to \$50,000 per year. No current waiver participants are expected to experience a service reduction. While three participants are authorized to receive more than \$50,000 in services per year, none of these participants have actually utilized more than \$50,000 in services;
3. Require providers to enroll as waiver providers and bill their services directly through the state's Medicaid Management Information System; and
4. Eliminate Community Companion Homes and Live-in Companion services from the waiver as these services have had no utilization since inception of the waiver in January 2013.

A copy of the complete text of the waiver is available, at no cost, upon request to the Department of Social Services, 55 Farmington Ave., Hartford, CT 06105, Attention Shirlee Stoute; or via email to [shirlee.stoute@ct.gov](mailto:shirlee.stoute@ct.gov). It is also available on the Department's website, [www.ct.gov/dss](http://www.ct.gov/dss), under "Latest News."

All written comments regarding this renewal application may be submitted by August 10, 2017 to the Department of Social Services, Community Options Unit, 55 Farmington Ave., Hartford, CT 06105; Attention: Kathy Bruni, Director; or via email to [kathy.a.bruni@ct.gov](mailto:kathy.a.bruni@ct.gov).

### DEPARTMENT OF SOCIAL SERVICES

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#### Notice of Proposed Medicaid State Plan Amendment (SPA) Reduction to Primary Care Provider Increased Payments (SPA 17-AC)

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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.

### **Changes to Medicaid State Plan**

Effective on or after August 11, 2017, SPA 17-AC will amend Attachment 4.19-B of the Medicaid State Plan to reimburse at 90% of the calculated 2014 Medicare physician fee schedule facility and non-facility rates for specified primary care services and vaccine administration provided under the Vaccines for Children program. These payments apply to specific primary care services described in the Medicaid State Plan and as identified in Provider Bulletin 2014-75 and which can be accessed by going to <http://www.ctdssmap.com>; go to “Information,” then to “Publications”.

This SPA is necessary in order to implement the reimbursement methodology update specified in the Governor’s Executive Order Resource Allocation Plan that implements Governor Malloy’s Executive Order No. 58, which authorizes state expenditures for state fiscal year 2018 in the absence of an appropriations act enacted by the General Assembly. This SPA represents a reduction in reimbursement from the methodology currently in effect, which reimburses at 100% of the calculated 2014 Medicare physician fee schedule facility and non-facility rates for specified primary care services and vaccine administration provided under the Vaccines for Children program.

Pursuant to federal regulations at 42 C.F.R. § 447.205, public notice is required at this time. Accordingly, this public notice reflects proposed changes that are required in accordance with the Governor’s Executive Order Resource Allocation Plan. However, this SPA is subject to change based on the terms of a final state budget that is scheduled to be adopted in an upcoming special legislative session.

### **Fiscal Impact**

Based on available information, DSS estimates that this SPA will decrease annual aggregate Medicaid expenditures by approximately \$14.4 million in state fiscal year (SFY) 2018 and \$18.5 million in SFY 2019.

### **Compliance with Federal Access Regulations**

In accordance with federal regulations at 42 C.F.R. §§ 447.203 and 447.204, DSS is required to ensure that there is sufficient access to Medicaid services, including services where payment rates are proposed to be reduced or where payment rates or methodologies are being restructured in a manner that may affect access to services. Those federal regulations also require DSS to have ongoing mechanisms for Medicaid members, providers, other stakeholders, and the public to provide DSS with feedback about access. In addition to other available procedures, anyone may send DSS comments about the potential impact of this SPA on access to primary care services as part of the public comment process for this SPA. Contact information and the deadline for submitting public comments are listed below.

### **Obtaining SPA Language and Submitting Comments**

This SPA is posted on the DSS web site at this link: <http://www.ct.gov/dss>. Go to “Publications” and then “Updates.” The proposed SPA may also be obtained at any DSS field office or 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](mailto:Public.Comment.DSS@ct.gov) or write to: Medical Policy Unit, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105

(Phone: 860-424-5067). Please reference “SPA 17-AC – Reduction to Primary Care Provider Increased Payments”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than August 10, 2017.

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## DEPARTMENT OF SOCIAL SERVICES

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### **Notice of Proposed Medicaid State Plan Amendment (SPA) Elimination of Home Health Add-On Payments (SPA 17-AD)**

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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.

#### **Changes to Medicaid State Plan**

Effective on or after August 11, 2017, SPA 17-AD will amend Attachment 4.19-B of the Medicaid State Plan in order to remove the description of home health agency add-on fees in the Medicaid State Plan and also to revise the home health agency fee schedule accordingly to implement the removal of home health agency rate add-ons. All home health add-on fees will be eliminated, which includes the following specific procedure/revenue center codes: 421, 424, 431, 434, 441, 444, G0162, G0163, H0033, S9123, S1924, S5185, T1001, T1002, T1003, T1004, T1016, T1021, T1502, and T1502. In addition to other applicable authority, this SPA implements the elimination of the home health add-on fees in accordance with the Governor’s Executive Order Resource Allocation Plan that implements Governor Malloy’s Executive Order No. 58, which authorizes state expenditures for state fiscal year 2018 in the absence of an appropriations act enacted by the General Assembly.

#### **Fiscal Impact**

DSS estimates that this SPA will decrease annual aggregate Medicaid expenditures by approximately \$4.9 million in state fiscal year (SFY) 2018 and \$6.0 million in SFY 2019.

#### **Compliance with Federal Access Regulations**

In accordance with federal regulations at 42 C.F.R. §§ 447.203 and 447.204, DSS is required to ensure that there is sufficient access to Medicaid services, including services where payment rates are proposed to be reduced or where payment rates or methodologies are being restructured in a manner that may affect access to services. Those federal regulations also require DSS to have ongoing mechanisms for Medicaid members, providers, other stakeholders, and the public to provide DSS with feedback about access. In addition to other available procedures, anyone may send DSS comments about the potential impact of this SPA on access to home health services as part of the public comment process for this SPA. Contact information and the deadline for submitting public comments are listed below.

**Obtaining SPA Language and Submitting Comments**

This SPA is posted on the DSS web site at this link: <http://www.ct.gov/dss>. Go to “Publications” and then “Updates”. The proposed SPA may also be obtained at any DSS field office or 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](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 “SPA17-AD – Elimination of Home Health Add-on Payments”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than August 10, 2017.

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