

## NOTICES OF CONNECTICUT STATE AGENCIES

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### DEPARTMENT OF HOUSING

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#### **Notice Under the Affordable Housing Appeals Procedure Receipt of a Completed Application for a Moratorium in the Town of Westport**

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In accordance with C.G.S. 8-30-g, the Connecticut Department of Housing is in receipt of a completed application (December 12, 2018) for a Moratorium of Applicability for the Town of Westport. A copy of this completed application is available for viewing at the Connecticut Department of Housing during normal business hours. For additional information please call or write to Laura Watson, Economic and Community Development Agent, DOH, 505 Hudson Street, Hartford, CT 06106, (860) 270-8169.

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### Department of Social Services

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#### **Notice of Proposed Medicaid State Plan Amendment (SPA)**

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##### **SPA 19-A: Home Health Reimbursement – Rate Increase for Specified Services**

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 January 1, 2019, SPA 19-A will amend Attachment 4.19-B of the Medicaid State Plan to increase the rate paid to home health agencies for home health aide, nursing aide, and certified nursing assistant services by 2% (for services billed using codes T1004 and T1021). The purpose of this SPA is to increase the wages of home health aides, nursing aides, and certified nursing assistants who are providing services in home health agencies.

##### **Fiscal Impact**

Based on the information that is currently available, DSS estimates that this SPA will increase annual aggregate Medicaid expenditures by approximately \$157,000 in State Fiscal Year (SFY) 2019 and \$387,000 in SFY 2020.

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

This SPA is posted on the DSS web site at this link: <http://portal.ct.gov/dss>. Scroll down to the bottom of the webpage and click on “Publications” and then click on “Updates”. Then click on “Medicaid State Plan Amendments”. 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 “SPA 19-A: Home Health Reimbursement – Rate Increase for Specified Services”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than January 10, 2019.

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## DEPARTMENT OF SOCIAL SERVICES

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### Notice of Proposed Medicaid State Plan Amendment (SPA)

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#### **SPA 19-B: Dental Services – HIPAA Compliance and Reimbursement Update**

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).

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

Effective on or after January 1, 2019, SPA 19-B will amend Attachment 4.19-B of the Medicaid State Plan to update the dental fee schedules for adults and children as follows. First, this SPA will incorporate various 2019 Healthcare Common Procedure Coding System (HCPCS) (additions, deletions and description changes) to the adult and children’s dental fee schedules. Codes that are being added are being priced using a comparable methodology to other codes in the same or similar category and replacement codes are being priced in a manner designed to make the billing code updates cost-neutral. DSS is making these changes to ensure that these fee schedules remain compliant with the Health Insurance Portability and Accountability Act (HIPAA). In addition to the HIPAA compliance update, this SPA also various surgical codes to both the adult and children’s dental fee schedules.

Fee schedules are published at this link: <http://www.ctdssmap.com>, then select “Provider”, then select “Provider Fee Schedule Download” Accept or Decline the Terms and Conditions and go to the Adult or Children’s Dental Fee Schedule.

#### **Fiscal Impact**

DSS estimates that the addition of oral surgery codes will increase annual aggregate Medicaid expenditures by approximately \$16,000 in State Fiscal Year (SFY) 2019 and \$45,000 in SFY 2020. DSS anticipates that the HIPAA compliance update portions of this SPA will not substantially affect annual aggregate expenditures.

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

The proposed SPA is posted on the DSS website at this link: <http://portal.ct.gov/dss>. Scroll down to the bottom of the webpage and click on “Publications” and then click on “Updates.” Then click on “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](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 “SPA 19-B: Dental Services – HIPAA Compliance and Reimbursement Update”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than January 10, 2019.

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## DEPARTMENT OF SOCIAL SERVICES

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### Notice of Proposed Medicaid State Plan Amendment (SPA)

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#### **SPA 19-C: Physician Office and Outpatient, Physician Radiology, and Physician Surgery Fee Schedules; Independent Audiology Services; Psychologist Services; and Autism Spectrum Disorder Services – HIPAA Billing Code and Reimbursement Update**

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).

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

Effective on or after January 1, 2019, SPA 19-C will amend Attachment 4.19-B of the Medicaid State Plan as described below. First, this SPA will incorporate various 2019 Healthcare Common Procedure Coding System (HCPCS) (additions, deletions and description changes) to the Physician Office & Outpatient, Physician-Radiology, Physician-Surgery, Psychology and Autism Spectrum Disorder Services fee schedules. Codes that are being added are being priced using a comparable methodology to other codes in the same or similar category. DSS is making these changes to ensure that these fee schedules remain compliant with the Health Insurance Portability and Accountability Act (HIPAA).

Second, this SPA will also amend Attachment 4.19-B of the Medicaid State Plan to update the physician office and outpatient fee schedule to expand electronic consultations (e-consults) to add specified behavioral health professionals and restructure payment for e-consults. The purpose of these payment changes is to simplify and improve the payment methodology for e-consults and to encourage increased utilization of e-consults where clinically appropriate. The specific changes are as follows:

- Psychiatric/mental health advance practice registered nurses (APRNs) and psychiatrists have been added to the list of eligible specialists that can provide e-consults. DSS expects that these practitioners are likely to perform e-consults related to medication management.
- This SPA restructures payment for e-consults as follows:
  - The following CPT codes are added to the physician office and outpatient fee schedule (which replace the codes that are being removed, as described below):

<b>CPT Code</b>	<b>Description</b>	<b>Rates</b>
99451	Interprofessional telephone/Internet/EHR assessment and mgt by consultative physician, 5 mins or more	\$34.28
99452	Interprofessional telephone/Internet/EHR referral service(s) provided by a treating/requesting physician, 30 mins	\$17.34

- This SPA also removes the previous CPT codes for e-consults on the physician office and outpatient fee schedule (since they are being replaced with the codes described above).

<b>CPT Code</b>	<b>Description</b>
99446	Interprofessional telephone/internet assessment, 5-10 mins
99447	Interprofessional telephone/internet assessment, 11-20 mins
99448	Interprofessional telephone/internet assessment, 21-30 mins
99449	Interprofessional telephone/internet assessment, 31+ mins

All consults must be conducted through a secure internet exchange between the primary care or treating practitioner and the specialist. Telephonic consultations are not reimbursable under Connecticut Medical Assistance Program.

Third, DSS is increasing the reimbursement rate for the Liletta intrauterine device (IUD) on the physician office and outpatient fee schedule in order to remain at the wholesale acquisition cost as follows:

<b>Code</b>	<b>Description</b>	<b>Price</b>
J7297	Liletta 52 mg	\$684.38

Lastly, this SPA will also amend Attachment 4.19-B of the Medicaid State Plan to update the reimbursement methodology to 100% of the January 2019 Medicare Average Sales Price (ASP) Drug Pricing file for physician-administered drugs, immune globulins, vaccines and toxoids.

For procedure codes that are not priced on the January 2019 Medicare ASP Drug Pricing File and procedure codes that are described as “unclassified”, the drug will be priced at the lowest of:

- The usual and customary charge to the public or the actual submitted ingredient cost;
- The National Average Drug Acquisition Cost (NADAC) established by CMS;
- The Affordable Care Act Federal Upper Limit (FUL); or
- Wholesale Acquisition Cost (WAC) plus zero (0) percent when no NADAC is available for the specific drug.

This update applies to physician administered drugs (J- procedure codes and select A-, Q- and S- procedure codes), immune globulin (procedure codes 90281 – 90399), and vaccines and toxoids (procedure codes 90581 – 90748) that are listed as payable on the physician office and outpatient fee schedule.

Fee schedules are published at this link: <http://www.ctdssmap.com>, then select “Provider”, then select “Provider Fee Schedule Download.”

### **Fiscal Impact**

DSS anticipates that the HIPAA compliance updates portions of this SPA will not substantially affect annual aggregate expenditures. DSS estimates that the changes to reimbursement of e-consults will result in an increase in utilization of e-consults (and thereby a decrease in avoided in-person visits), which would result in an overall reduction in annual aggregate expenditures by approximately \$65,000 in State Fiscal Year (SFY) 2019 and approximately \$161,000 in SFY 2020. DSS estimates that the changes to Liletta reimbursement will result in a modest increases in annual aggregate expenditures. Finally, based on the data that is available at this time, DSS does not anticipate significant changes in annual aggregate expenditures as a result of updating the physician-administered drugs to the January 2019 Medicare ASP Drug Pricing File.

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

The proposed SPA is posted on the DSS website at this link: <http://portal.ct.gov/dss>. Scroll down to the bottom of the webpage and click on “Publications” and then click on “Updates.” Then click on “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](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 “SPA 19-C: Physician, Independent Audiology, Psychologist, and Autism Spectrum Disorder Services – HIPAA Billing Code and Reimbursement Update”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than January 10, 2019.

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**DEPARTMENT OF SOCIAL SERVICES****Notice of Proposed Medicaid State Plan Amendment (SPA)****SPA 19-D: Independent Radiology and Independent Laboratory –  
HIPAA Billing Code and Reimbursement Update**

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).

**Changes to Medicaid State Plan**

Effective on or after January 1, 2019, SPA 19-D will amend Attachment 4.19-B of the Medicaid State Plan to incorporate the 2019 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) to the Independent Radiology and Independent Laboratory fee schedules to remain compliant with the Health Insurance Portability and Accountability Act (HIPAA), as described below. Codes that are being added are being priced using a comparable methodology to other codes in the same or similar category.

**Independent Radiology**

This SPA does not make any additional changes to reimbursement for independent radiology services other than the HIPAA compliance update described above.

**Independent Laboratory**

In addition to the HIPAA update described above, this SPA makes the following additional changes to reimbursement for independent laboratory services, effective January 1, 2019. There will be 49 new molecular pathology codes and 2 Chemistry codes added to the 2019 Independent Laboratory fee schedule. Also, the following codes will be removed from the current 2018 Independent Laboratory fee schedule:

- 81211 - BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants in BRCA1 (ie, exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon 8-9 del 7.1kb)
- 81213 - BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; uncommon duplication/deletion variants
- 81214 - BRCA1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants (ie, exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon 8-9 del 7.1kb)

Fee schedules are published at this link: <http://www.ctdssmap.com>, then select “Provider”, then select “Provider Fee Schedule Download.”

**Fiscal Impact**

Based on the information that is available at this time, DSS does not anticipate that the independent radiology portion of this SPA will substantially affect annual aggregate expenditures. DSS estimates that the portion of this SPA regarding inde-

pendent laboratory services will not substantially affect annual aggregate expenditures for State Fiscal Year (SFY) 2018 and SFY 2019.

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

This SPA is posted on the DSS web site at the following link: <http://portal.ct.gov/dss>. Scroll down to the bottom of the webpage and click on “Publications” and then click on “Updates.” Then click on “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](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 “SPA 19-D: Independent Radiology and Independent Laboratory – HIPAA Billing Code and Reimbursement Update”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than January 10, 2018.

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### **DEPARTMENT OF SOCIAL SERVICES**

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#### **Notice of Proposed Medicaid State Plan Amendment (SPA)**

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##### **SPA 19-E: Medical Clinic, Family Planning Clinic, Behavioral Health Clinic and Rehabilitation Clinic – HIPAA Billing Code and Reimbursement Update**

The State of Connecticut Department of Social Services (DSS) proposes to submit the following Medicaid State Plan Amendment to the Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health and Human Services (HHS).

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

Effective on or after January 1, 2017, SPA 17-D will amend Attachment 4.19-B of the Medicaid State Plan to revise the Medical Clinic, Family Planning Clinic, Behavioral Health Clinic, Rehabilitation Clinic, and Ambulatory Surgical Center fee schedules. These revisions incorporate the 2019 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) to remain compliant with the Health Insurance Portability and Accountability Act (HIPAA). Codes that are being added are being priced using a comparable methodology to other codes in the same or similar category. For newly added codes that are replacing codes that are being deleted, they are being priced in a manner designed to be cost-neutral to the previous overall payment methodology.

In addition, SPA 19-E will also amend Attachment 4.19-B of the Medicaid State Plan to update the reimbursement methodology to 100% of the January 2019 Medicare Average Sales Price (ASP) Drug Pricing file for physician-administered drugs, immune globulins, vaccines and toxoids. This update applies to physician administered drugs (J- procedure codes and select A-, Q- and S- procedure codes), immune globulin (procedure codes 90281 – 90399), and vaccines and toxoids (procedure codes 90581 – 90748) that are listed as payable on each of the following fee schedules: medical clinic, family planning clinic, dialysis clinic, and free-standing

behavioral health clinic. For procedure codes that are not priced on the January 2019 Medicare ASP Drug Pricing File and procedure codes that are described as “unclassified”, the drug will be priced at the lowest of:

- The usual and customary charge to the public or the actual submitted ingredient cost;
- The National Average Drug Acquisition Cost (NADAC) established by CMS;
- The Affordable Care Act Federal Upper Limit (FUL); or
- Wholesale Acquisition Cost (WAC) plus zero (0) percent when no NADAC is available for the specific drug.

Fee schedules are published at this link: <http://www.ctdssmap.com>, then select “Provider”, then select “Provider Fee Schedule Download.”

#### **Fiscal Impact**

Based on the information that is available at this time, DSS does not anticipate that this SPA will substantially affect annual aggregate expenditures.

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

The proposed SPA is posted on the DSS website at this link: <http://portal.ct.gov/dss>. Scroll down to the bottom of the webpage and click on “Publications” and then click on “Updates.” Then click on “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](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 “SPA 17-D: Clinics – HIPAA Compliance and Reimbursement Update”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than January 10, 2019.

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## **DEPARTMENT OF SOCIAL SERVICES**

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### **Notice of Proposed Medicaid State Plan Amendment (SPA)**

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#### **SPA 19-H: Person-Centered Medical Home Plus (PCMH+) Program Reimbursement Update**

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).

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

Effective on or after January 1, 2019, SPA 19-H will amend Attachment 4.19-B of the Medicaid State Plan to increase the total amount available for care coordination add-on payments to Federally Qualified Health Centers (FQHCs) that are Participat-



ing Entities in the PCMH+ program to approximately \$6.6 million for calendar year 2019. The PCMH+ program is codified in the Medicaid State Plan as an Integrated Care Model within section 1905(a)(29) of the Social Security Act (Act), which is the Medicaid benefit category for “any other medical care, and any other type of remedial care recognized under State law, specified by the [HHS] Secretary.” PCMH+ involves shared savings payments and care coordination add-on payments for primary care case management (PCCM) services, as defined by section 1905(t) of the Act. The purpose of this SPA is to enable more consistent payment of care coordination add-on payments to FQHC that are PCMH+ Participating Entities throughout calendar year 2019, which is likely to result in an increase in total care coordination add-on payments being made compared to the previous methodology.

#### **Fiscal Impact**

Based on the information that is available at this time, DSS estimates that this SPA will increase annual aggregate expenditures by approximately \$600,000 in calendar year 2019.

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

This SPA is posted on the DSS web site at the following link: <http://portal.ct.gov/dss>. Scroll down to the bottom of the webpage and click on “Publications” and then click on “Updates.” Then click on “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](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 “SPA 19-H: PCMH+ Reimbursement Update”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than January 10, 2018.

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