

## NOTICES OF CONNECTICUT STATE AGENCIES

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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-S: CBCT Dental Fee Schedule Revisions and Addition of Composite Resin Fillings

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 July 1, 2019, SPA 19-S will amend Attachment 4.19-B of the Medicaid State Plan to adjust the procedure codes related to Cone Beam CT (CBCT) imaging found on the Medicaid dental fee schedules. Procedure code D0364 will be repriced, and procedure codes D0365, D0366, D0367 and D0368 will be added. In addition, posterior composite resin restorations codes D2991, D2992, D2993 and D2994 will be added to the dental fee schedule at the same rates currently set for the corresponding amalgam restorations for adults aged twenty-one and older.

Fee schedules are published at this link: <http://www.ctdssmap.com>, then select “Provider”, then select “Provider Fee Schedule Download”, then go to the Adult or Children’s Dental Fee Schedule, as applicable. The fees for the codes referenced above are as follows:

CDT Code	Description	Fee
D0364	Cone Beam CT Capture and Interpretation with limited field of - less than one whole jaw view	\$90.00
D0365	Cone Beam CT Capture and Interpretation with field of view of one full dental arch – mandible	\$125.00
D0366	Cone Beam CT Capture and Interpretation with field of view of one full dental arch - maxilla, with or without cranium	\$125.00

D0367	Cone Beam CT Capture and Interpretation with field of view of both jaws; with or without cranium	\$170.00
D0368	Cone Beam CT Capture and Interpretation for TMJ series including two or more exposures	\$200.00
D2391	Resin-Based Composite - One Surface Posterior Tooth	\$49.40
D2392	Resin-Based Composite – Two Surfaces Posterior Tooth	\$59.28
D2393	Resin-Based Composite – Three Surfaces Posterior Tooth	\$75.40
D2394	Resin-Based Composite– Four or More Surfaces Posterior Tooth	\$104.00

### **Fiscal Impact**

DSS estimates that this SPA will increase aggregate annual expenditures by approximately \$4,500 in State Fiscal Year (SFY) 2020 and \$5,000 in SFY 2021.

### **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-S: CBCT Dental Fee Schedule Revisions and Addition of Composite Resin Fillings”.

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 3, 2019.

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**DEPARTMENT OF SOCIAL SERVICES****Notice of Proposed Medicaid State Plan Amendment****SPA 19-T: Updates to the Access for Baby Care to Dental Examination and Fluoride Program on the Physician Office & Outpatient Fee Schedule**

The State of Connecticut Department of Social Services (DSS) proposes to submit the following amendment to the Medicaid State Plan 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 July 1, 2019, Medicaid State Plan Amendment (SPA) 19-T will amend Attachment 4.19-B of the Medicaid State Plan to update the physician office and outpatient fee schedule as follows:

This SPA will restructure the payment methodology for pediatric medical providers who apply fluoride varnish to the teeth of HUSKY Health members as follows:

- Expand the age range to include individuals ages 4-7 years with no preventative dental history who could receive an oral health assessment and/or an application of fluoride varnish by a pediatric medical provider;
- Remove a duplicative procedure code (D1206) for the application of topical fluoride listed on the physician office and outpatient fee schedule;
- Remove Current Dental Terminology (CDT) code D0145 from the physician office and outpatient fee schedule; and
- Add a fixed fee when modifier DA - Oral health assessment by an eligible, licensed non-dental provider is billed with select evaluation/management procedure codes, which is paid at \$25.00 (in addition to the existing payment for the select evaluation/management procedure codes).

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

**Fiscal Impact**

DSS estimates that this SPA will increase annual aggregate expenditures by approximately \$175,000 in State Fiscal Year (SFY) 2020 and \$196,000 in SFY 2021.

**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-T: Updates to the Access for Baby Care

to Dental Examination and Fluoride Program on the Physician Office & Outpatient Fee Schedule”.

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 3, 2019.

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**DEPARTMENT OF SOCIAL SERVICES**

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**Notice of Proposed Medicaid State Plan Amendment**

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**SPA 19-U: Medical Equipment Devices and  
Supplies (MEDS) Fee Schedule Update**

The State of Connecticut Department of Social Services (DSS) proposes to submit the following amendment to the Medicaid State Plan 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 July 1, 2019, Medicaid State Plan Amendment (SPA) 19-U will amend Attachment 4.19-B of the Medicaid State Plan in order to add three procedure codes to the MEDS fee schedule, which will allow for correct coding of services that are already covered and reimbursed by the Department, each of which is specified below. This SPA will also revise the reimbursement methodology for procedure code E0635 (patient lift, electric with seat or sling) in order to improve access to this type of patient lift, which is generally associated with improved safety outcomes compared to certain other types of lifts.

The Department will be adding the following procedure codes to the Medical Surgical Supply Fee Schedule:

- A4459 (Manual pump-operated enema system, includes balloon, catheter and all accessories, reusable, any type);
- A9274 (External ambulatory insulin delivery system, disposable, each includes all supplies and accessories); and
- A9283 (Foot pressure off loading/ supportive device, any type, each).

All three procedure codes will be manually priced at the lesser of actual acquisition cost (AAC) plus 25% or list price minus 15%.

In addition, the Department will be revising the purchase and rental fees for procedure code E0635. Procedure code E0635 will be manually priced at the lesser of Actual Acquisition Cost plus 35% or list price minus 15%. A capped amount of \$1,694.85 has been established for the purchase of this item. Please note the repair fee will remain at the same rate of \$624.06.

<b>Code</b>	<b>Description</b>	<b>Modifier</b>	<b>New Fee</b>
E0635	Patient lift, electric with seat or sling	NU	Manually Priced
E0635	Patient lift, electric with seat or sling	RR	Manually Priced
E0635	Patient lift, electric with seat or sling	RB	\$624.06

**Fiscal Impact**

DSS estimates that this SPA will increase annual aggregate expenditures by approximately \$6,400 in State Fiscal Year (SFY) 2020 and \$7,200 in SFY 2021.

**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-U: Medical Equipment Devices and Supplies (MEDS) Fee Schedule 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 July 3, 2019.

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**DEPARTMENT OF SOCIAL SERVICES****Notice of Intent to Renew the Acquired Brain Injury II Waiver  
and to Amend the Acquired Brain Injury Waiver**

In accordance with the provisions of section 17b-8 of the Connecticut General Statutes, notice is hereby given that the Commissioner of the Department of Social Services (DSS) intends to renew the Acquired Brain Injury II Waiver (ABI II), and amend the Acquired Brain Injury Waiver (ABI I) to align with proposed changes in the ABI II renewal. The current ABI II waiver expires on November 30, 2019. There are no changes to eligibility or rates.

The proposed changes to both the ABI I and ABI II Waivers are as follows:

- A Board Certified Behavioral Analyst credential is being added to the list of authorized providers of cognitive behavioral services;
- An annual training requirement of six hours of continuing education for Independent Living Skills Training (ILST) providers has been added;
- A new provider credential, Certified Adult Day Health Provider, is being added to the list of authorized providers of ABI Group Day Services;
- Credentials to provide ABI Group Day have been expanded to include providers beyond those with a CARF certification or JCAHO accreditation;
- The name of the “Specialized Medical Equipment and Supplies” service has been replaced with “Assistive Technology,” which more accurately describes the service being provided. Medically-necessary medical equipment is already covered under the Medicaid state plan;
- The new “Assistive Technology” service will prohibit the replacement of smartphones, tablets or computers at the Department’s expense within a three year period from delivery to the participant. In addition, the \$10,400 per person annual limit for this service will be replaced with a \$15,000 limit over 3 years to align with other Medicaid waiver programs.

The following change is proposed for the ABI II Waiver only:

- 10 reserve slots are being added for current ABI I participants who are unable to self-direct their Personal Care Services and wish to transition to ABI II in order to obtain access to the agency-based Personal Care Services that are available only on ABI II.

A complete text of the waiver renewal and amendment is available, at no cost, upon request to the Community Options Unit, Department of Social Services, 55 Farmington Ave., Hartford, Connecticut 06105; 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 “News and Press,” as well as the following direct link: <http://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Waiver-Applications/Medicaid-Waiver-Applications>.

Any written comments regarding this waiver renewal and amendment must be submitted by **July 18, 2019** 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).

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