

NOTICES OF CONNECTICUT STATE AGENCIES

DEPARTMENT OF SOCIAL SERVICES

Notice of Intent to Amend the Personal Care Assistant Medicaid 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 amend the Personal Care Assistant (PCA) waiver and proposes to add two additional services.

DSS proposes to add Personal Emergency Response Systems (PERS) and Home Delivered Meals (MOW) to the PCA waiver because these services are not currently available to individuals who opt for agency-based PCA services under the PCA waiver. These two services are currently available to persons who are self-directing their PCA Services under the 1915k state plan Community First Choice Option. By adding PERS and MOW to the PCA waiver, the services would be available to all individuals on the PCA waiver regardless of whether they choose to self-direct their PCA services or opt for agency-based PCA services.

The Department will be requesting a retroactive effective date of 10/1/19 to add these services.

A complete text of the waiver amendment is available, at no cost, upon request to the Community Options Unit, Department of Social Services, 55 Farmington Ave., Hartford, Connecticut 06106; email shirlee.stoute@ct.gov.

All written comments, questions, and concerns regarding these amendments may be submitted within 30 days of the publication of this notice to the Department of Social Services, Community Options Unit, 55 Farmington Ave, Hartford or to Kathy.a.bruni@ct.gov.

DEPARTMENT OF SOCIAL SERVICES

Notice of Intent to Renew the CT Home Care Program for Elders Medicaid Waiver and the 1915(b)-4 Selective Contracting Program

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 intends to renew the CT Home Care Program for Elders Medicaid Waiver and the 1915(b)-4 Selective Contracting Program effective 7/1/20. The 1915(b)-4 allows the state to select providers of care management under DSS' Medicaid waiver programs based on a competitive procurement.

The only change proposed in this renewal is to eliminate Support and Planning Coach as a Waiver Service. The Support and Planning Coach service is available under the state's 1915(k) Community First Choice program and is intended to assist persons in their efforts to self direct their services. Retaining the service in this waiver would be duplicative. No waiver participants will lose any services or be impacted negatively as a result of this change.

A complete text of the waiver amendment is available, at no cost, upon request to the Community Options Unit, Department of Social Services, 55 Farmington Ave., Hartford, Connecticut 06106; email shirlee.stoute@ct.gov.

All written comments, questions, and concerns regarding these amendments may be submitted within 30 days of the publication of this notice to the Department of Social Services, Community Options Unit, 55 Farmington Ave, Hartford or to Kathy.a.bruni@ct.gov.

DEPARTMENT OF SOCIAL SERVICES**Notice of Proposed Medicaid Waiver****Selective Provider Contracting Waiver
Pursuant to Section 1915(b)(4) of the Social Security Act
for
Connecticut Housing Engagement and Support Services (CHESS) Initiative
State Plan Home and Community-Based Services (HCBS)
Pursuant to Section 1915(i) of the Social Security Act**

In accordance with section 17b-8 of the Connecticut General Statutes, the State of Connecticut Department of Social Services (DSS), which is Connecticut's single state Medicaid agency, provides notice that DSS proposes to submit the following Medicaid waiver 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 June 1, 2020, the above-referenced waiver enables the state to limit to those who meet all CHESS requirements and also have been selected through the Department of Mental Health and Addiction Services (DMHAS) supportive housing provider competitive procurement process. The waiver includes assurances that the procurement is structured in a manner to ensure that there is sufficient access to services for all members, while also ensuring that each provider has sufficient caseloads to maintain efficiency, expertise, and high quality services. More detail is described in the draft waiver application.

This waiver does not affect Medicaid coverage, eligibility, or payment for CHESS, which are described in Medicaid State Plan Amendment (SPA) 20-K, which will implement CHESS through Medicaid State Plan HCBS services pursuant to section 1915(i) of the Social Security Act. The purpose of the CHESS Initiative is to improve housing stability and health outcomes for a targeted set of Medicaid members who have complex health conditions, have experienced homelessness, and have been determined to be likely to benefit from targeted tenancy sustaining services.

Fiscal Impact

This waiver does not affect payments to CHESS providers. By limiting the number of providers, the waiver is anticipated to reduce administrative expenditures for the state.

Obtaining Waiver Language and Submitting Comments

The proposed waiver 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 waiver from DSS or to send comments about the waiver, 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 (Phone: 860-424-5067). Please reference “CHESS Initiative – Section 1915(b)(4) Qualified Provider Waiver”.

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 30, 2020.

DEPARTMENT OF SOCIAL SERVICES**Notice of Proposed Medicaid State Plan Amendment (SPA)****SPA 20-A: Physician and Psychologist Services – HIPAA
Compliance Billing Code and Reimbursement Updates**

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, 2020, SPA 19-C will amend Attachment 4.19-B of the Medicaid State Plan as described below. First, this SPA will incorporate various 2020 Healthcare Common Procedure Coding System (HCPCS) updates (additions, deletions and description changes) to the Physician Office & Outpatient, Physician-Radiology, Physician-Surgery, and Psychology 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 reimbursement rate type and reimbursement methodology for Mifepristone and Misoprostol. Effective for dates of services January 1, 2020 and forward, the reimbursement rates for these physician-administered drugs will be priced off the National Drug Code (NDC) of these drugs in accordance with the existing federally approved methodology for physician-administered drugs in the Medicaid State Plan.

Lastly, in accordance with the existing federally approved methodology for physician-administered drugs in the Medicaid State Plan, this SPA will also amend Attachment 4.19-B of the Medicaid State Plan to update the reimbursement methodology to 100% of the January 2020 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.

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

Fiscal Impact

Overall, DSS estimates that HIPAA compliance changes will increase annual aggregate expenditures by approximately \$26,000 in State Fiscal Year (SFY) 2020 and \$63,000 in SFY 2021. 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 2020 Medicare ASP Drug Pricing File as required by the existing approved Medicaid State Plan payment methodology for physician-administered drugs.

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 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 20-A: Physician and Psychologist Services – HIPAA Compliance Billing Code and Reimbursement Updates”.

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 15, 2020.

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

**SPA 20-B: Clinics – HIPAA Compliance Billing Code
and Reimbursement Updates**

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, 2020, SPA 20-B 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 as described below. These revisions incorporate the 2020 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 to the HIPAA compliant update, this SPA will also add the following codes to the Family Planning Clinic fee schedule:

CPT Code	Description	Rates
17110	Destruct b9 lesion 1-14	\$79.20
17111	Destruct lesion 15 or more	\$93.12
46924	Destruction anal lesion(s)	\$402.26
99408	Screening and Brief Intervention (SBI) services for alcohol and/or substance misuse or abuse other than tobacco; 15 to 30 minutes	\$22.40
99409	Screening and Brief Intervention services greater than 30 minutes	\$43.01

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 HIPAA compliance updates portions of this SPA will substantially affect annual aggregate expenditures.

The addition of the codes specified above on the Family Planning Clinic fee schedule will result in an increase of annual aggregate expenditures by approximately \$15,000 in State Fiscal Year (SFY) 2020 and \$36,000 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 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 20-B: Clinics – HIPAA Compliance Billing Code and Reimbursement Updates”.

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 15, 2020.

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

**SPA 20-C: Independent Radiology and Independent Laboratory
– HIPAA Compliance Billing Code 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, 2020, SPA 20-C will amend Attachment 4.19-B of the Medicaid State Plan to incorporate the 2020 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). Codes that are being added are being priced using a comparable methodology to other codes in the same or similar category.

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

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 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 20-C: Independent Radiology and Independent Laboratory – HIPAA Compliance Billing Code 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 15, 2020.

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 20-D: Dental Services – HIPAA Compliance Billing Code 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, 2020, SPA 20-D will amend Attachment 4.19-B of the Medicaid State Plan to update the dental fee schedules for adults and children as follows. This SPA will incorporate various 2020 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).

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 anticipates that 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 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 20-D: Dental Services – HIPAA Compliance Billing Code 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 15, 2020.

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

**SPA 20-E: Audiology and Speech & Language Pathology, Physical
and Occupational Therapies – HIPAA Compliance
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, 2020, SPA 20-E will amend Attachment 4.19-B of the Medicaid State Plan to incorporate the 2020 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) to the Audiology and Speech & Language Pathology and the Independent Physical and Occupational Therapy fee schedules. The Department is making these changes to remain compliant with the Health Insurance Portability and Accountability Act (HIPAA). New codes are being priced in accordance with the same methodology as existing codes, priced at 57.5% of the 2020 Medicare physician fee schedule.

In addition to the HIPAA compliant updates, this SPA also adds the following code to the Independent Physical and Occupational Therapy fee schedule:

Procedure Code	Description	Rate
97535	Self-care management	\$17.92

It is necessary to add this in order to ensure the fee schedules incorporate medically necessary services rendered in that setting.

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 estimates that overall, this SPA will increase annual aggregate expenditures by approximately \$10,000 in State Fiscal Year (SFY) 2020 and \$24,000 in SFY 2021.

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 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 20-E: Audiology and Speech & Language Pathology, Physical and Occupational Therapies – HIPAA Compliance 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 15, 2020.

DEPARTMENT OF SOCIAL SERVICES**Notice of Proposed Medicaid State Plan Amendment (SPA)****SPA 20-I: Person-Centered Medical Home Plus
(PCMH+) Program Updates**

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, 2020, SPA 20-I will amend Attachments 3.1-A, 3.1-B, and 4.19-B of the Medicaid State Plan to implement the various program changes in Wave 3 of the PCMH+ program as described in brief below and in detail in the SPA pages and to set forth the total amount available for care coordination add-on payments to Federally Qualified Health Centers (FQHCs) that are Participating Entities in the PCMH+ program for calendar years 2020 and 2021. 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. All of the changes are described in more detail in the SPA pages, which are summarized as follows:

Electronic Health Records (EHR) Requirements: Each PCMH+ participating entity (PE) must have either a unified system using one single EHR among practice sites or an established system that fully integrates multiple EHRs into one unified system, so that care coordinators in any part of the PE have access to relevant information for members for whom they are providing care coordination services.

Provider Qualifications: Wave 3 eliminates the 18-month period to obtain PCMH certification and now requires all primary care providers within a PCMH+ PE to have full PCMH status at the time of attribution and assignment for each performance year.

Care Coordination: Enhanced care coordination requirements will be amplified in Wave 3. PEs must develop fully integrated, dynamic, interdisciplinary care teams that work in collaboration across the organization and at each service location where members are seen. All members of the care team are to have access to the member records to support seamless care coordination.

Quality Measures: The Department has refined the core set of quality measures. The Department has developed several elective measures, for use in the quality scoring of the Challenge Pool.

Quality Measurement Scoring: The Department has modified the shared savings payment scoring methods for the purpose of rewarding both high performers and significant improvement. Performance gates have been added in W3 that will require PEs to improve year-over-year in avoidable hospitalizations and ED visits prior to qualifying for the Challenge Pool component of shared savings.

Challenge Pool Gate: The requirement to participate in the Challenge Pool is based on level of adoption of care management interventions, care delivery and other measurable action tied to member care.

The purpose of this SPA is to enable implementation of PCMH+ Wave 3, including the various changes described in brief above and in more detail in the SPA pages.

Fiscal Impact

Based on the information that is available at this time, by enabling the continuation of the implementation of PCMH+ into Wave 3, DSS estimates that this SPA will increase annual aggregate expenditures by up to the amount authorized in the state budget or approximately \$6.6 million each year in calendar years 2020 and 2021 for the per-member per-month care coordination add-on payments to PEs that are FQHCs. Other changes described above may also affect annual aggregate expenditures for the program in various ways, including potentially changing the individual and challenge pool shared savings payments, but it is not possible to quantify those amounts at this time.

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 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 20-I: PCMH+ Program Updates”.

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 15, 2020.

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

**SPA 20-J: Publicly Operated Nursing Facility
Reimbursement**

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

Changes to Medicaid State Plan

Effective on or after February 1, 2020, SPA 20-J will amend Attachment 4.19-D of the Medicaid State Plan to add a reimbursement methodology for a publicly operated Chronic and Convalescent Nursing Home (CCNH) operated by the State of Connecticut Department of Veterans Affairs. This reimbursement methodology will be cost-based and will be based on cost reports and cost reimbursement methodology described in the state plan pages.

Fiscal Impact

Based currently available data, DSS estimates that this SPA will increase annual aggregate Medicaid expenditures by approximately \$6.4 million in State Fiscal Year (SFY) 2020 and \$18.3 million in SFY 2021.

Obtaining SPA Language and Submitting Comments

This SPA is posted on the DSS website 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 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 20-J: Publicly Operated Nursing Facility Reimbursement”.

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 30, 2020.

DEPARTMENT OF SOCIAL SERVICES**Notice of Proposed Medicaid State Plan Amendment (SPA)****SPA 20-K: Connecticut Housing Engagement and Support Services (CHES) Initiative
State Plan Home and Community-Based Services (HCBS)
Pursuant to Section 1915(i) of the Social Security Act**

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 June 1, 2020, SPA 20-K will amend Attachments 2.2-A, 3.1-i, and 4.19-B of the Medicaid State Plan to implement CHES through Medicaid State Plan HCBS services pursuant to section 1915(i) of the Social Security Act. The purpose of the CHES Initiative is to improve housing stability and health outcomes for a targeted set of Medicaid members who have complex health conditions, have experienced homelessness, and have been determined to be likely to benefit from targeted tenancy sustaining services.

Service Categories: This SPA would establish four service categories: care plan development and monitoring, pre-tenancy and transition assistance, housing and tenancy sustaining services, and transportation.

Targeting Criteria: This benefit would be available only to Medicaid members who meet all of the following targeting criteria: age 18 and over, documentation of homelessness in accordance with federal Department of Housing and Urban Development regulations, have relevant diagnoses and Medicaid claims to have a risk score as defined by the Healthcare Effectiveness Data and Information Set (HEDIS) Plan All-Cause Readmissions measure, and be determined based on the methodology described in the SPA pages that the individual is experiencing more significant inpatient services than would be predicted based on the individual's risk score.

Payment Methodology: Care plan development will be paid as a fixed fee of \$200. Pre-tenancy and transition assistance, and housing and tenancy sustaining services will each be paid as a per-member per-month payment calculated based on the average salary and related costs for relevant provider staff, with a withhold of 25% from the rate that will be paid based on the provider's performance on specified outcome measures.

Provider Qualifications: The provider entity and individual staff qualifications are described in more detail in the SPA pages. Provider entities are limited to those who meet all CHES requirements and also have been selected through the Department of Mental Health and Addiction Services (DMHAS) supportive housing provider competitive procurement process. DSS also plans to submit a Selective Provider Contracting Waiver pursuant to section 1915(b)(4) of the Social Security Act in order to enable the incorporation of the DHMAS competitive procurement.

More details on all aspects of the SPA are detailed in the SPA pages. In addition, more information regarding the CHES Initiative is posted on the DSS website at this link: <https://portal.ct.gov/DSS/Health-And-Home-Care/Connecticut-Housing-Engagement-and-Support/Connecticut-Housing-Engagement-and-Support>.

Fiscal Impact

Based on the information that is available at this time, DSS anticipates that this SPA will increase annual aggregate expenditures by approximately \$1.7 million in State Fiscal Year (SFY) 2021 and \$5.4 million in SFY 2022.

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 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 20-K: CHES Initiative – Section 1915(i) State Plan HCBS”.

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 30, 2020.

DEPARTMENT OF SOCIAL SERVICES**Notice of Proposed Medicaid State Plan Amendment (SPA)****SPA 20-L: Updates to Alternative Benefit Plan (ABP) for the Medicaid Coverage Group for Low-Income Adults Regarding Connecticut Housing Engagement and Support Services (CHESS) Initiative State Plan Home and Community-Based Services (HCBS) Pursuant to Section 1915(i) of the Social Security Act**

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), which will amend the Alternative Benefit Plan (ABP) at Attachment 3.1-L of the Medicaid State Plan.

The ABP is the benefit package that, effective January 1, 2014, is provided to the Medicaid low-income adult population under section 1902(a)(10)(A)(i)(VIII) of the Social Security Act (also known as HUSKY D). Pursuant to section 2001 of the Affordable Care Act, effective January 1, 2014, Connecticut expanded Medicaid eligibility to low-income adults with incomes up to and including 133% of the federal poverty level. The expanded coverage group is referred to as Medicaid Coverage for the Lowest-Income Populations.

Changes to Medicaid State Plan

Effective on or after June 1, 2020, SPA 20-L will amend the ABP (Attachment 3.1-L of the Medicaid State Plan) in order to add CHESS through Medicaid State Plan HCBS services pursuant to section 1915(i) of the Social Security Act. The purpose of the CHESS Initiative is to improve housing stability and health outcomes for a targeted set of Medicaid members who have complex health conditions, have experienced homelessness, and have been determined to be likely to benefit from targeted tenancy sustaining services. All details regarding the CHESS Initiative, which are being incorporated by reference into the ABP are described in SPA 20-K.

This SPA will not make any other changes to the ABP than as described above, which will continue to reflect the same coverage in the ABP for HUSKY D Medicaid members as in the underlying Medicaid State Plan. Accordingly, the ABP will continue to provide full access to Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services to beneficiaries under age twenty-one. This includes informing them that EPSDT services are available and of the need for age-appropriate immunizations. The ABP also provides or arranges for the provision of screening services for all children and for corrective treatment as determined by child health screenings. These EPSDT services are provided by the DSS fee-for-service provider network. EPSDT clients are also able to receive any additional health care services that are coverable under the Medicaid program and found to be medically necessary to treat, correct or reduce illnesses and conditions discovered regardless of whether the service is covered in Connecticut's Medicaid State Plan.

Likewise, this SPA will not make any changes to cost sharing for the services provided under the ABP. Connecticut does not currently impose cost sharing on Medicaid beneficiaries. Because there are no Medicaid cost sharing requirements for Connecticut beneficiaries, no exemptions are necessary in order to comply with the cost sharing protections for Native Americans found in section 5006(e) of the American Recovery and Reinvestment Act of 2009.

Fiscal Impact

This SPA will not change 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 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 20-L: Update to Alternative Benefit Plan (ABP) for the Medicaid Coverage Group for Low-Income Adults to Add CHES Initiative Section 1915(i) State Plan HCBS”.

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 30, 2020.
