

## NOTICES OF CONNECTICUT STATE AGENCIES

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### Connecticut Higher Education Supplemental Loan Authority

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#### Notice of Intent to Adopt CHESLA Scholarship Programs Program Manual

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In accordance with the provisions of Connecticut General Statutes § 1-121, notice is hereby given that the Connecticut Higher Education Supplemental Loan Authority (“CHESLA”), pursuant to Connecticut General Statutes § 10a-224(f)(6), intends to adopt the CHESLA Scholarship Programs Program Manual (“Manual”) to set forth the guidelines, procedures and eligibility criteria for its scholarship programs.

The Manual shall be deemed adopted and effective on the date determined by the CHESLA Executive Director; provided that such date shall be no sooner than thirty (30) days after notice thereof has been published in the Connecticut Law Journal, unless the Executive Director, in her sole discretion, shall determine based on comments received from members of the public during such thirty (30) day period that it would be desirable or appropriate to defer the adoption and effective date so that the CHESLA Board of Directors (“Board”) may reconsider the proposed Manual in light of such comments, such determination to be conclusively evidenced by the Executive Director’s written notice thereof to the Board.

A copy of the proposed Manual is available upon request by contacting Jeanette W. Weldon, Executive Director, Connecticut Higher Education Supplemental Loan Authority, 10 Columbus Boulevard, 7<sup>th</sup> Floor, Hartford, CT 06106, via email at [jweldon@chesla.org](mailto:jweldon@chesla.org) or by telephone at (860) 520-4700.

All written comments, questions, and concerns regarding the proposed Manual may be submitted within thirty (30) days of the publication of this notice in the Connecticut Law Journal to Jeanette W. Weldon, Executive Director, Connecticut Higher Education Supplemental Loan Authority, 10 Columbus Boulevard, 7<sup>th</sup> Floor, Hartford, CT 06106 or via email at [jweldon@chesla.org](mailto:jweldon@chesla.org).

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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-K: Medical Equipment Devices and Supplies (MEDS) Fee Schedule Update and Special Services - Birth to Three Years Fee Schedule 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 March 1, 2019, SPA 19-K will amend Attachment 4.19-B of the Medicaid State Plan in order to make the changes described below. This SPA will incorporate the 2019 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) to the MEDS Fee Schedule and to the Special Services - Birth to Three Years fee schedule. These revisions are necessary to ensure that the fee schedules remain compliant with the Health Insurance Portability and Accountability Act (HIPAA). In addition, the MEDS fee schedule also includes several pricing changes to several procedure codes, as described below. These changes apply to all MEDS reimbursed under the HUSKY Health programs (HUSKY A, B, C and D).

#### **Special Services - Birth to Three Years**

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

#### **MEDS**

The Department has added the following codes to the medical surgical supply fee schedule and the orthotic and prosthetic fee schedule:

<b>Procedure Code</b>	<b>Procedure Code Description</b>	<b>Fee</b>
A5514	Mult density insert dir carv/cam	\$40.10
A9286	Hygienic item or device, any type	Manually priced
L8701	Power upper extremity . . . rom device . . . custom fabricated	Manually priced
L8702	Power upper extremity . . . rom device . . . finger..custom fabricated	Manually priced
L5859	Knee-shin pro flex/ext cont	\$11,271
L6715	Term device, multi art digit	\$2,452
L6880	Elec hand ind art digits	\$18,559

The Department has discontinued several contralateral hearing aid codes and added the replacements codes that more accurately describe current hearing aid technology used to treat patients with single sided deafness or patients with some degree of hearing loss in one ear and an unaidable hearing loss in the other which reflects coding set revisions by the Centers for Medicare & Medicaid Services (CMS). Below is a list of the discontinued (D) codes and the replacement contralateral hearing aid codes which are being added (A):

<b>Code</b>	<b>Modifier</b>	<b>Description</b>	<b>D = Discontinued A = Added</b>	<b>Fee</b>
V5170	RB	Within ear cros hearing aid	D	Cost + 75
V5170		Within ear cros hearing aid	D	\$ 410
V5171		Hearing aid monaural ite	A	\$ 410
V5172		Hearing aid monaural itc	A	\$ 410
V5180		Behind ear cros hearing aid	D	\$ 410
V5180	RB	Behind ear cros hearing aid	D	Cost + 75
V5181		Hearing aid monaural bte	A	\$ 410
V5210	RB	In ear bicros hearing aid	D	Cost + 75
V5210		In ear bicros hearing aid	D	\$ 516
V5211		Hearing aid binaural ite/ite	A	\$ 516
V5212		Hearing aid binaural ite/itc	A	\$ 516
V5213		Hearing aid binaural ite/bte	A	\$ 516
V5214		Hearing aid binaural itc/itc	A	\$ 516
V5215		Hearing aid binaural itc/bte	A	\$ 516
V5220		Behind ear bicros hearing aid	D	\$ 516
V5220	RB	Behind ear bicros hearing aid	D	Cost + 75

V5221	Hearing aid binaural bte/bte	A	\$ 516
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These revisions to the contralateral hearing aids codes are anticipated to be cost neutral, as the Department priced the replacement codes at the same fee that was previously established for these contralateral hearing aid codes. Providers are allowed to submit prior authorization requests if the actual acquisition cost for the CROS hearing aid is greater than these previously established fees. In addition, repairs performed by the manufacturer's or third party vendor's continue to be limited to the manufacturer or third party vendor actual costs plus \$75.

Effective on or after March 1, 2019, the Department has established fees for the following prosthetic procedure codes that used to be manually priced:

Code	Description	Fee
L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system . . . includes any type motors(s)	\$11,271
L6715	Terminal device, multiple articulating digit . . . initial issue or replacement	\$ 2,452
L6880	Electric hand, switch or myoelectric controlled, independently articulating digits . . . includes motor(s)	\$18,559

#### Manually Priced Items

Complex rehab technology (CRT) items are paid at list price minus 18% as specified on the DSS Pricing Policy for MEDS Items. For procedure codes that are manually priced, providers refer to the DSS Pricing Policy for MEDS Items which is posted on the HUSKY Health Web Site at [www.ct.gov/husky](http://www.ct.gov/husky). To access the link, click on "For Providers" followed by "Policies, Procedures and Guidelines" under the "Medical Management" menu item. Scroll down to the "Clinical Policies" and click on the "DSS Pricing Policy for MEDS Items".

Several procedure codes which have the "Lst-15" fee listed under the repair modifier segment will be revised as the repairs require prior authorization and these codes are manually priced: E1009, E1011, E2295; E2512; E2599; E2609, E2617, E8000, E8001, E8002, K0669 and K0900.

Effective on or after March 1, 2019, the Department is creating a new modifier, "UC – Upon Strict Review of the Department" which will be used when reviewing medically necessary pediatric wheelchair trays requiring special consideration and will be covered pursuant to Early and Periodic Screening, Diagnostic and Treatment Services (EPSDT) for HUSKY children under age 21. These specialty pediatric wheelchair trays will require prior authorization and will be reviewed for medical necessity and will be priced as determined by the Department. Please refer to the "DSS Pricing Policy for MEDS Items" for information on the UC modifier.

Fee Schedules are published at this link: <https://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 \$9,600 in State Fiscal Year (SFY) 2019 and \$40,000 in SFY 2020.

**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: Medical Policy Unit, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5067). Please reference “SPA 19-K: MEDS Fee Schedule Update and Special Services - Birth to Three Years Fee Schedule Update”.

Anyone may send DSS written comments about this SPA, including comments about access to the services for which this SPA proposes to reduce rates or restructure payments in a manner that could affect access. Written comments must be received by DSS at the above contact information no later than March 13, 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-N: 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 April 1, 2019, SPA 19-N 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 \$3.9 million in State Fiscal Year (SFY) 2019 and \$26.8 million in SFY 2020.

**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: [christoper.lavigne@ct.gov](mailto:christoper.lavigne@ct.gov) or write to: Christopher LaVigne, Office of Certificate of Need and Rate Setting, Department of Social Services, 55 Farmington Avenue, Hartford, CT 06105-3730 (Phone: 860-424-5719, Fax: 860-424-4812). Please reference “SPA 19-N: 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 March 28, 2019.

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