

## NOTICE 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 21-V: Rate Increase for Certified Nurse-Midwife and Podiatrist Services; Adding Select Vaccine Codes to the Physician Office & Outpatient and Medical Clinic Fee Schedules; Physician Services HIPAA Compliance Billing Code Quarterly 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 July 1, 2021, SPA 21-V will amend Attachment 4.19-B of the Medicaid State Plan to the following changes.

First, this SPA increases the rates for nurse-midwife and podiatrist services to 100% of the physician fee schedule. Prior to this SPA, the rates were set at 90% of the applicable physician fee schedule rates. The purpose of this change is to comply with section 369 of Senate Bill 1202 of the June special session of the Connecticut General Assembly, as amended, which is anticipated to be signed into law shortly. Specifically, that state law provides that the Medicaid rates for nurse-midwife and podiatrist services will be set at the same rate as if they were performed by a physician.

Next, this SPA adds procedure codes for the influenza vaccine, ebolavirus vaccine and the meningococcal conjugate vaccine to the physician office and outpatient fee schedule and the medical clinic fee schedule effective July 1, 2021. The reimbursement rates for these vaccines are calculated on the formula of 100% of the 2021 July Medicare Average Sale Price (ASP) Drug file. The purpose of this change is to ensure that reimbursement is available for these vaccines when applicable.

Finally, this SPA also incorporates various Healthcare Common Procedure Coding System (HCPCS) updates (additions, deletions and description changes) from the most recent federal HCPCS quarterly update issued by CMS to the physician office and outpatient and medical clinic fee schedules. Codes that are being added are being priced using a comparable methodology to other codes in the same or similar category. The purpose of this change is 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", then Accept or Decline the Terms and Conditions and then select the applicable fee schedule.

#### **Fiscal Impact**

DSS estimates that the rate increase for certified nurse-midwives will increase annual aggregate expenditures by approximately \$607,000 in State Fiscal Year (SFY) 2022 and \$624,000 in SFY 2023.

DSS estimates that the rate increase for podiatrists will increase annual aggregate expenditures by approximately \$462,000 in SFY 2022 and \$477,000 in SFY 2023.

DSS does not anticipate that the billing code update component of this SPA will significantly change annual aggregate expenditures.

**Obtaining SPA Language and Submitting Comments**

The proposed SPA is posted on the DSS website at this link: <https://portal.ct.gov/DSS/Health-And-Home-Care/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 21-V: Rate Increase for Certified Nurse-Midwife and Podiatrist Services; Adding Select Vaccine Codes to the Physician Office & Outpatient and Medical Clinic Fee Schedules; Physician Services HIPAA Compliance Billing Code Quarterly 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 14, 2021.

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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 21-W: Independent Radiology Services – Adding Select Electroencephalogram Procedure Codes**

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, 2021, this SPA will amend Attachment 4.19-B of the Medicaid State Plan to adding select electroencephalogram (EEG) procedure codes to the independent radiology fee schedule. These newly added codes are being priced using a comparable methodology to the physician radiology fee schedule. The purpose of this change is to increase access to these services.

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 not significantly change annual aggregate expenditures in State Fiscal Year (SFY) 2022 and SFY 2023.

**Obtaining SPA Language and Submitting Comments**

This SPA is posted on the DSS web site at the following link: <https://portal.ct.gov/DSS/Health-And-Home-Care/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. Please reference “SPA 21-W: Independent Radiology Services – Adding Select Electroencephalogram Procedure Codes”.

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 14, 2021.

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**DEPARTMENT OF SOCIAL SERVICES****Notice of Proposed Medicaid State Plan Amendment (SPA)****SPA 21-X: Ambulance Rate Increase**

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, 2021, this SPA will amend Attachment 4.19-B of the Medicaid State Plan in order to increase the rates for emergency and non-emergency ambulance rates by 10% (excluding the mileage rate) and increase the ambulance mileage rates for all emergency and non-emergency transports by \$3.00.

The purpose of this SPA is to comply with section 376 of Senate Bill 1202 of the June special session of the Connecticut General Assembly, as amended, An Act Concerning Provisions Related to Revenue and Other Items to Implement the State Budget for the Biennium Ending June 30, 2023. That bill is anticipated to be signed into law shortly after this notice is submitted for publication in the Connecticut Law Journal. Specifically, that bill provides that the Medicaid rates for ambulance services must be increased in the manner and amounts set forth above.

Fee schedules are published at this link: <http://www.ctdssmap.com>, then select “Provider”, then select “Provider Fee Schedule Download”, then Accept or Decline the Terms and Conditions and then select the applicable fee schedule.

**Fiscal Impact**

DSS estimates that this SPA will increase annual aggregate expenditures by approximately \$7.7 million in State Fiscal Year (SFY) 2022 and \$8.4 million in SFY 2023.

**Obtaining SPA Language and Submitting Comments**

The proposed SPA is posted on the DSS website at this link: <https://portal.ct.gov/DSS/Health-And-Home-Care/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. Please reference “Ambulance Rate Increase.”

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 14, 2021.

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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 21-Y: Chronic Disease Hospitals and Natchaug Hospital – Rate Increases**

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, 2021, this SPA will amend Attachment 4.19-A of the Medicaid State Plan in order to make the following changes.

First, this SPA will implement a 4% increase in the inpatient per diem rates for free-standing chronic disease hospitals.

Second, this SPA will maintain the inpatient per diem rate for Natchaug Hospital at \$975. Under the current approved Medicaid State Plan (as required by section 315 of Public Act 19-117), this rate would have applied only during State Fiscal Year (SFY) 2021 and, effective July 1, 2021, would have reverted to the lower rate in effect as of June 30, 2020 unless a new SPA is submitted.

The purpose of these changes is to comply with sections 378 and 379, respectively of Senate Bill 1202 of the June special session of the Connecticut General Assembly, as amended, An Act Concerning Provisions Related to Revenue and Other Items to Implement the State Budget for the Biennium Ending June 30, 2023. That bill is anticipated to be signed into law shortly after this notice is submitted for publication in the Connecticut Law Journal. Specifically, that bill requires DSS to make the rate changes set forth above.

**Fiscal Impact**

DSS estimates that the chronic disease hospital rate increase will increase annual aggregate expenditures by approximately \$2.7 million in State Fiscal Year (SFY) 2022 and \$3 million in SFY 2023.

DSS estimates that maintaining Natchaug Hospital's per diem rate at \$975 will increase annual aggregate expenditures (compared to the rate in effect prior to July 1, 2020) by approximately \$1 million in SFY 2022 and \$1 million in SFY 2023.

**Obtaining SPA Language and Submitting Comments**

This SPA is posted on the DSS web site at this link: <https://portal.ct.gov/DSS/Health-And-Home-Care/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: Medical Policy Unit, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5067). Please reference "SPA 21-Y: Chronic Disease Hospitals and Natchaug Hospital – Rate Increases".

Anyone may send DSS written comments about the SPA. Written comments must be received by DSS at the above contact information no later than July 29, 2021.

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**DEPARTMENT OF SOCIAL SERVICES****Notice of Proposed Medicaid State Plan Amendment (SPA)****SPA 21-Z: Home Health – Rate Increase for Select 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 (HHS).

**Changes to Medicaid State Plan**

Effective on or after July 1, 2021, based on the information available at this time, this SPA will amend Attachment 4.19-B of the Medicaid State Plan to update the home health services fee schedule by increasing the rates by 1.7% for complex cases for pediatric skilled nursing services provided by home health agencies. Skilled nursing services are billed with Healthcare Common Procedure Coding System (HCPCS) codes S9123 (skilled nursing RN) with the appropriate modifier(s) or with HCPCS Code S9124 (skilled nursing LPN) with the appropriate modifier(s) by licensed home health agencies.

The purpose of this SPA is to comply with section 374 of Senate Bill 1202 of the June special session of the Connecticut General Assembly, as amended, An Act Concerning Provisions Related to Revenue and Other Items to Implement the State Budget for the Biennium Ending June 30, 2023. That bill is anticipated to be signed into law shortly after this notice is submitted for publication in the Connecticut Law Journal. Specifically, that bill provides for a rate increase for pediatric skilled nursing services provided by home health agencies, including allocating the funding for the state share of this increase. This SPA also reflects the acuity of these services and helps ensure sufficient access to this service.

Fee schedules are published at this link: <http://www.ctdssmap.com>, then select “Provider”, then select “Provider Fee Schedule Download”, then Accept or Decline the Terms and Conditions and then select the applicable fee schedule.

**Fiscal Impact**

DSS estimates that this SPA will increase annual aggregate expenditures by approximately \$335,000 in State Fiscal Year (SFY) 2022 and \$335,000 in SFY 2023.

**Obtaining SPA Language and Submitting Comments**

The proposed SPA is posted on the DSS website at this link: <https://portal.ct.gov/DSS/Health-And-Home-Care/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. Please reference “SPA 21-Z: Home Health – Rate Increase for Select 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 July 14, 2021.

**Department of Social Services****Notice of Proposed Medicaid State Plan Amendment (SPA)****SPA 21-AA: 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 & 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, 2021, based on the information available at this time, this SPA will amend Attachment 4.19-A of the Medicaid State Plan to make the following proposed changes to the reimbursement for nursing facilities.

First, this SPA implements a 4.5% increase to nursing home rates in State Fiscal Year (SFYs) 2022 and 2023 for employee wage enhancements. If a facility receives a rate increase but does not enhance employee wages, DSS may decrease the rate by the same amount as the rate increase.

Second, within a total pool of approximately \$30.8 million (\$15.4 million state share) in SFY 2023, this SPA implements rate increases for nursing homes that provide enhanced employee health care and pension benefits. If a facility receives a rate increase but does not provide enhanced health care and pension benefits, DSS may decrease the rate by the same amount as the rate increase.

Third, within a total pool of up to approximately \$5 million (\$2.5 million state share) for each of SFY 2022 and SFY 2023, this SPA implements a targeted rate increase to the extent necessary to enable implementation of a modification of the social work staff requirements in nursing homes to one full-time social worker per sixty residents for nursing homes that are not currently providing such staffing. This rate increase does not apply to nursing homes already providing such staffing.

Fourth, within a total pool of up to approximately \$85.84 million for SFY 2022 (up to \$40 million state share), this SPA implements a temporary rate increase for nursing homes for a nursing home settlement.

Fifth, within a total pool of approximately \$1 million (\$500,000 state share) in each of SFY 2022 and SFY 2023, this SPA implements a targeted rate increase to the extent necessary to enable implementation of a minimum staffing level requirement for nursing homes of at least three hours of direct care per resident per day for nursing homes that are not currently providing such staffing. This rate increase does not apply to nursing homes already providing such staffing.

The purpose of this SPA is to implement changes in the approved state budget and anticipated changes in state law, each as enacted by the Connecticut General Assembly and either signed into law by the Governor or anticipated to be signed into law shortly. Specifically, the appropriations set forth in section 29(b)(3) and (39) of Special Act 29-15, An Act Concerning the State Budget For The Biennium Ending June Thirtieth, 2023, and Making Appropriations Therefor, and Making Deficiency and Additional Appropriations for the Fiscal Year Ending June Thirtieth, 2021 and also to comply with sections 355, 356, 359, and 360, as applicable, of Senate Bill 1202 of the June special session of the Connecticut General Assembly, as amended,

An Act Concerning Provisions Related to Revenue and Other Items to Implement the State Budget for the Biennium Ending June 30, 2023. That bill is anticipated to be signed into law shortly after this notice is submitted for publication in the Connecticut Law Journal. Collectively, as applicable, both enacted bills referenced above allocate the state share for the increases set forth above and for certain of the changes, specifically mandate such changes.

**Fiscal Impact**

DSS estimates that this SPA will increase annual aggregate expenditures by approximately \$137.4 million in SFY 2022 and \$170.8 million in SFY 2023.

**Obtaining SPA Language and Submitting Comments**

This SPA is posted on the DSS web site at this link: <https://portal.ct.gov/DSS/Health-And-Home-Care/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: Medical Policy Unit, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5067). Please reference “SPA 21-AA: Nursing Facility Reimbursement”.

Anyone may send DSS written comments about the SPA. Written comments must be received by DSS at the above contact information no later than July 29, 2021.

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**DEPARTMENT OF SOCIAL SERVICES****Notice of Proposed Medicaid State Plan Amendment (SPA)****SPA21-AB: Private Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) 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 & 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, 2021, this SPA will amend Attachment 4.19-D of the Medicaid State Plan to make the following changes to the reimbursement methodology for private ICF/IIDs.

For SFY 2022 and SFY 2023, the minimum per diem, per bed rate for each private ICF/IID increases to \$501. Any private ICF/IID with a rate below such amount will be increased to that rate for SFY 2022 and SFY 2023.

For State Fiscal Year (SFY) 2022 and SFY 2023, this SPA implements a rate increase for the purpose of wage and benefit enhancements for ICF/IID employees. Facilities that receive a rate adjustment for the purpose of wage and benefit enhancements but do not provide employee salary increases on or before July 31, 2021, and July 31, 2022, respectively, may be subject to a rate decrease in the same amount as rate increase.

For SFY 2022, rates shall not exceed those in effect for SFY 2021, except that DSS may, in the commissioner's discretion and within available appropriations, provide pro rata fair rent increases to facilities that have documented fair rent additions placed in service in the cost report year ending September 30, 2020, that are not otherwise included in rates issued. For SFY 2023, rates shall not exceed those in effect for SFY 2022, except that DSS may, in the commissioner's discretion and within available appropriations, provide pro rata fair rent increases to facilities which have documented fair rent additions placed in service in the cost report year ending September 30, 2021, that are not otherwise included in rates issued. For SFY 2022 and SFY 2023, a facility may receive a rate increase for a capital improvement approved by the Department of Developmental Services, in consultation with DSS, for the health or safety of the residents during SFY 2022 or SFY 2023, only to the extent such rate increases are within available appropriations.

For SFY 2022 and SFY 2023, DSS may provide fair rent increases to any facility that has undergone a material change in circumstances related to fair rent and has an approved certificate of need.

The purpose of this SPA is to comply with sections 356 and 361 of Senate Bill 1202 of the June special session of the Connecticut General Assembly, as amended, An Act Concerning Provisions Related to Revenue and Other Items to Implement the State Budget for the Biennium Ending June 30, 2023. That bill is anticipated to be signed into law shortly after this notice is submitted for publication in the Connecticut Law Journal. Section 361 specifically requires DSS to increase the minimum per diem rate for private ICF/IIDs to \$501. Section 356 sets forth authorization for the other changes described above.

**Fiscal Impact**

Based on the information that is available at this time, DSS anticipates that this SPA will increase annual aggregate Medicaid expenditures by approximately \$4.9 million in SFY 2022 and \$6.8 million in SFY 2023.

**Obtaining SPA Language and Submitting Comments**

This SPA is posted on the DSS web site at this link: <https://portal.ct.gov/DSS/Health-And-Home-Care/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: Medical Policy Unit, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5067). Please reference: “SPA 21-AB: Private ICF/IID 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 July 29, 2021.

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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 21-AC: Physician Supplemental Payments for CCMC Affiliate**

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, 2021, this SPA will amend Attachment 4.19-B of the Medicaid State Plan to implement a supplemental payment for the difference between payment at Medicare and Medicaid rates for physician services provided by the physician group affiliated with Connecticut Children's Medical Center (CCMC). The specific methodology for calculating this amount is set forth in the SPA page, which involves collecting data on total Medicaid paid claims for this physician group at the end of each calendar quarter and calculating the difference between that amount and the amount that would have been paid by Medicare for the same services.

The purpose of this SPA is to provide the supplemental payment set forth above to reflect the unique services provided by and unique costs of such services for the affiliated physician group of CCMC, which is currently the only licensed short-term children's general hospital in Connecticut.

**Fiscal Impact**

DSS estimates that this SPA will increase annual aggregate expenditures by approximately \$5.1 million in State Fiscal Year (SFY) 2022 and \$6.8 million in SFY 2023.

**Obtaining SPA Language and Submitting Comments**

This SPA is posted on the DSS web site at this link: This SPA is posted on the DSS web site at this link: <https://portal.ct.gov/DSS/Health-And-Home-Care/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: Medical Policy Unit, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5067). Please reference "SPA 21-AC: Physician Supplemental Payments for CCMC Affiliate".

Anyone may send DSS written comments about the SPA. Written comments must be received by DSS at the above contact information no later than July 29, 2021.

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**DEPARTMENT OF SOCIAL SERVICES****Notice of Proposed Medicaid State Plan Amendment (SPA)****SPA 21-AD: Supplemental Payment for Obstetrical Services Program -  
Modifications to Specified Quality Performance Measures**

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, 2021, this SPA will amend Attachment 4.19-B of the Medicaid State Plan to update the following performance measures for the supplemental reimbursement for obstetrical services, which is also known as the obstetrics pay-for-performance program. Specifically, this SPA implements two changes: First, measure v. in the approved state plan is revised to read as follows: “Full term (39 weeks gestation), vaginal delivery”. That measure previously awarded points only for full-term vaginal deliveries after spontaneous delivery. Second, measure vi. in the approved state plan is revised to read as follows: “At least one postpartum visit within 21 days after delivery.” That measure previously had a timeframe of within 21-56 days after delivery.

The purpose of this SPA is to align this quality performance measure updated American College of Obstetricians and Gynecologists (ACOG) clinical recommendations. The first change reflects that current ACOG guidelines provide that pregnant individuals should be offered the choice of labor induction, including discussion of the potential risks and benefits. The second change reflects that ACOG current guidelines provide for an early postpartum visit within 21 days after delivery to address acute issues, which is then followed by ongoing care as needed and ending with a visit from 22 to 84 days after delivery.

**Fiscal Impact**

This SPA will not change annual aggregate expenditures because DSS anticipates that the full \$1.2 million allocated for this supplemental payment will continue to be paid per state fiscal year, which is not changing based on the quality measure revision implemented by this SPA.

**Obtaining SPA Language and Submitting Comments**

The proposed SPA is posted on the DSS website at this link: <https://portal.ct.gov/DSS/Health-And-Home-Care/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 21-AD: Supplemental Payment for Obstetrical Services Program - Modification to Specified Quality Performance Measures”.

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 14, 2021.