

NOTICE OF CONNECTICUT STATE AGENCIES

DEPARTMENT OF SOCIAL SERVICES

Notice of Intent to Renew the Acquired Brain Injury Medicaid Waiver (ABI I) and Notice of Intent to Renew the Katie Beckett 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 renew both the Acquired Brain Injury Medicaid Waiver (ABI I) and the Katie Beckett Medicaid Waiver. Both of these waivers currently expire on December 31, 2021. There are no changes, other than those related to routine operational issues, proposed in these waiver renewals.

A complete text of the waiver renewals are 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. They are also available on the Department's website, 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 these waiver renewals must be submitted by **August 26, 2021** to the Department of Social Services, Community Options Unit, 55 Farmington Ave, Hartford, CT 06105, Attention: Jennifer Cavallaro, Director; or via email to Jennifer.Cavallaro@ct.gov.

Department of Social Services

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 21-AF: Home Health Services 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 August 1, 2021, this SPA will amend Attachment 4.19-B of the Medicaid State Plan to make the following changes to the home health services fee schedule.

This SPA increases the rates by 6% for the following services: Healthcare Common Procedure Coding System (HCPCS) codes T1004 (Services of a qualified nursing aide, up to 15 minutes) and T1021 (Home Health aide or certified nurse assistant, per visit) provided by licensed home health agencies. The purpose of this change

is to reflect that home health agencies have increased costs in paying higher wages to home health aides in order to comply with the August 1, 2021 increase in the state's minimum wage.

In addition, this SPA proposes to make the following rate increases on the home health fee schedule in order to implement the state's Spending Plan for Implementation of the American Rescue Plan Act (ARPA) of 2021, Section 9817, all of which are subject to CMS approval of that plan. First, rates for all home health services provided by home health agencies except pediatric complex care skilled nursing services, as described immediately below, will increase by 3.5%. Second, pediatric complex care skilled nursing services, which are billed using HCPCS codes S9123 or S9124 with modifier TG, the TG modifier will result in payment at a newly increased level of 59.5% of the underlying fee schedule rate for the applicable code billed, which results in an effective payment increase of approximately 31.7% compared to the payment amount for such services that was in effect as of June 30, 2021. Third, a value-based payment rate add-on of up to 1% will be available for all home health services based upon the home health agency provider meeting specified performance criteria related to health information exchange participation, racial equity training, and additional quality and financial reporting. As noted above, the purpose of these changes is to implement the state's plan pursuant to ARPA section 9817, which, as set forth in that section, is intended to enhance, expand, or strengthen specified home and community-based services under the state's Medicaid program.

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 \$14.8 million in State Fiscal Year (SFY) 2022 and \$18.3 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 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-AF: Home Health Services 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 August 11, 2021.
