

NOTICES OF CONNECTICUT STATE AGENCIES

CT PAID FAMILY & MEDICAL LEAVE INSURANCE AUTHORITY

NOTICE OF INTENT TO REVISE ITS EMPLOYEE HANDBOOK AND TO PROMULGATE POLICIES REGARDING THE ADMINISTRATION OF THE CT PAID LEAVE ACT

In accordance with sections 1-121 and 31-49o of the Connecticut General Statutes, notice is hereby given that the Board of Directors of the Connecticut Paid Family and Medical Leave Insurance Authority (“hereinafter the CT Paid Leave Authority”) intend to revise its Employee Handbook. The revisions are intended to make the CT Paid Leave Authority personnel policies more consistent with the policies of executive branch state agencies, consolidate and clarify potentially duplicative or confusing policies, adjust reporting requirements as appropriate to reflect the CT Paid Leave Authority’s larger size, and adjust policy language to account for telework.

The Board of Directors of the CT Paid Leave Authority also intend to promulgate policies regarding its administration of the CT Paid Leave Act. This Administration of CTPL document details the Authority’s policy decisions in connection with the following topics: definitions, eligibility, contributions, benefit calculations, claim submission process, benefit payment process, appeals, penalties, private plans, sole proprietors and self-employed, and audits. It is also intended to establish consistent naming conventions for ease in citations and future revisions.

To request a copy of the proposed revised Employee Handbook, please email erin.choquette@ct.gov, including “revised Employee Handbook” in the subject line.

To request a copy of the proposed policies regarding the Authority’s administration of the CT Paid Leave Act, please email erin.choquette@ct.gov, including “Administration of CTPL” in the subject line.

To submit comments regarding the revised Employee Handbook or the Administration of CTPL policies documents, please email the comments to erin.choquette@ct.gov. All written comments regarding either of these documents must be submitted by November 26, 2021.

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 21-AM: Medical Equipment Devices and Supplies (MEDS) - HIPAA Compliance Fee Schedule Update for Durable Medical Equipment (DME) and Reimbursement for Non-Sterile Gloves

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 November 1, 2021, SPA 21-AM will amend Attachment 4.19-B of the Medicaid State Plan in order to revise the Durable Medical Equipment (DME) fee schedule as detailed below.

First, this SPA incorporates the CMS 2021 Fourth Quarter Healthcare Common Procedural Coding System (HCPCS) changes (additions, deletions and description changes). DSS is making these changes to ensure that this fee schedule remains compliant with the Health Insurance Portability and Accountability Act (HIPAA).

Specifically, the following procedure codes are being added to the MEDS fee schedule:

Added Code	Description
A4453	Rectal catheter for use with manual pump-operated enema system, replacement only
K1021	Exsufflation belt, includes all supplies and accessories
K1022	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type
S9432	Medical food non-inborn error of metabolism

For any newly added codes for which there are established Medicare fees, the fee will be established at a percentage of the Medicare fee consistent with other similar codes on the DME fee schedule. For codes that do not have an established Medicare fee, these newly added procedure codes will be priced at the lesser of Actual Acquisition Cost (AAC) plus 35% or based on an appropriate published manufacturer's suggested retail price or Medicare Price, if available.

Second, this SPA will remove the end-date that is currently in place on the temporarily increased fee of \$8.00 per box of non-sterile gloves (100 per box). Previously under approved SPA 20-0020, the increased fee of \$8.00 was implemented as a temporary measure in response to increases in costs for non-sterile

gloves as a result of the COVID-19 pandemic and is currently set in the approved Medicaid state plan to be in effect until 90 days after the end of the federal public health emergency declaration, as extended. DSS proposes to make this change (*i.e.*, removing the end-date for the \$8.00 increased rate) in order to help ensure continued access to non-sterile gloves.

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 \$53,000 in State Fiscal Year (SFY) 2022 and \$81,000 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 or write to: Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105. Please reference “SPA 21-AM: Medical Equipment Devices and Supplies (MEDS) - HIPAA Compliance Fee Schedule Update for Durable Medical Equipment (DME) and Reimbursement for Non-Sterile Gloves.”

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than November 10, 2021.

DEPARTMENT OF SOCIAL SERVICES DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

NOTICE OF INTENT TO RENEW AND AMEND THE MENTAL HEALTH HOME AND COMMUNITY-BASED SERVICES WAIVER

In accordance with the provisions of section 17b-8(c) of the Connecticut General Statutes, notice is hereby given that the Commissioner of Social Services intends to submit a renewal of the Mental Health Home and Community-Based Services Waiver to the Centers for Medicare and Medicaid Services (“CMS”), to be effective April 1, 2022.

The above-referenced waiver is operated by the Department of Mental Health and Addiction Services (DMHAS).

The Department of Social Services and DMHAS are proposing the following changes upon renewal:

- Adding Interpreter Services, which would allow monolingual participants to have interpreter services more readily available during assessments and meetings.

- Adding Mental Health Counseling Services, which would allow participants the choice of receiving counseling in their home environment as opposed to an office or clinic setting.
- Administratively removing Group Recovery Assistant and Group Community Support Program, as the group component of these two services can now be authorized and billed using a modifier with the standard Recovery Assistant and Community Support Program codes.
- Increasing the per-participant annual limit for Assistive Technology services from \$1,000 to \$2,000.
- Reducing the number of annual Money Follows the Person reserved slots from 60 to 30 to more accurately reflect historical usage.
- Technical updates, including: updating performance measures as recommended by CMS; identifying services that utilize electronic visit verification (EVV); and indicating that certain services are billed directly through the state's Medicaid claims payment system rather than through a fiscal intermediary.

A copy of the complete text of the waiver is available, at no cost, upon request to: Erin Leavitt-Smith, Director Long Term Services and Supports, Mental Health Waiver Program, Department of Mental Health and Addition Services, PO Box 351, Middletown, Connecticut, 06457; or via email at Erin.Leavitt-Smith@ct.gov. It is also available on the Department of Social Services' 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>. In addition, it is available on DMHAS's website, www.ct.gov/dmhas, under "What's New!" as well as the following link: <https://portal.ct.gov/DMHAS/Programs-and-Services/Mental-Health-Waiver/Mental-Health-Waiver>.

All written comments regarding this renewal application must be submitted by November 26, 2021 to: Erin Leavitt-Smith, Director Long Term Services and Supports, Mental Health Waiver Program, Department of Mental Health and Addition Services, PO Box 351, Middletown, Connecticut, 06457; or via email to Erin.Leavitt-Smith@ct.gov.
