

## 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 22-0022: July HCPCS Updates and Other Changes

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, 2022, SPA 22-0022 will amend Attachment 4.19-B of the Medicaid State Plan to make the reimbursement updates detailed below.

First, this SPA incorporates various July 2022 federal Healthcare Common Procedure Coding System (HCPCS) billing code updates (additions, deletions and description changes) to the physician office and outpatient fee schedule. Newly added codes 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 this fee schedule remains compliant with the Health Insurance Portability and Accountability Act (HIPAA).

Second, this SPA adds the following procedure codes to the physician surgical and physical therapy fee schedules to bill for dry needling services: code 20560 (needle insertions without injections; 1 or 2 muscles) and 20561 (needle insertions without injections; 3 or more muscles). These codes are priced at 57.5% of the 2022 Medicare physician fee schedule rate. The purpose of this change is to increase access to alternative pain treatments for HUSKY Health members.

Third, this SPA increases the rates for the professional components of the following procedure codes for mammograms, code 77065 (Dx mammo incl cad uni) and 77067 (scr mammo bi incl cad) on the physician radiology fee schedule to \$32.00. In order to retain internal consistency within the fee schedule, the technical component of those codes is reduced by the same amount that the professional component is being increased in order to ensure that the technical and professional components combined continue to equal the rate for the global fee that includes both professional and technical components. Based on negligible past utilization of the technical component of these codes, DSS anticipates that the overall change will result in a significant increase in expenditures, as summarized below. The purpose of these changes is to help ensure sufficient access to mammography professional services.

Fourth, this SPA adds procedure codes G8431 (screening for depression is documented as positive, and a follow-up plan is documented) and G8510 (screening for depression is documented as negative, a follow-up plan is not required) for depression screenings to the physician office and outpatient fee schedule. These codes are being priced at the same rate as code 96127, a similar type of screening that is already on the fee schedule. The purpose of adding these codes is to enable more detailed billing for depression screenings, indicating that there is either a positive or negative result for each screen.

Lastly, this SPA increases the rates by 5.2% for the following home health aide 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 July 1, 2022 increase in the state's minimum wage.

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 the HIPAA compliant updates to the physician office and outpatient fee schedule will increase annual aggregate expenditures by \$14,053 in State Fiscal Year (SFY) 2023 and \$15,790 in SFY 2024.

DSS estimates the rate increases on the mammogram codes detailed above will increase annual aggregate expenditures by \$284,354 in SFY 2023, \$319,510 in SFY 2024, and \$329,096 in SFY 2025.

DSS estimates that by adding dry needling codes to the physician surgical fee schedule will increase annual aggregate expenditures by \$53,373 in SFY 2023 and \$59,972 in SFY 2024.

DSS estimates that adding procedure codes for depression screening will not change annual aggregate expenditures because utilization of the added procedure codes is anticipated to replace utilization for existing procedure codes for similar services.

DSS estimates that the home health aide rate increases will increase annual aggregate expenditures by \$1,275,405 in SFY 2023 and \$1,433,091 in SFY 2024.

### **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 CT 22-0022 July HCPCS Updates and Other Changes".

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 13, 2022.

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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 22-W: Dental Services – Rate Increases for  
Adult Dental and Endodontic 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, 2022, SPA 22-W will amend Attachment 4.19-B of the Medicaid State Plan in order to increase rates for endodontic services for children and adults as detailed below and increase adult dental rates by 25%. The purpose of this SPA is to expand access to dental services for Medicaid members, especially adult Medicaid members.

The following endodontic procedure codes are being increased:

		Current Dental Fee		Proposed Dental Fee	
Procedure Code	Description	Children	Adult	Children	Adult
D3310	Endodontic Therapy, Anterior Tooth (excluding final restoration)	\$577.22	\$306.28	\$600.00	\$600.00
D3320	Endodontic Therapy, Premolar Tooth (excluding final restoration)	\$742.84	\$394.16	\$775.00	\$775.00
D3330	Endodontic Therapy, Molar Tooth (excluding final restoration)	\$857.50	\$455.00	\$900.00	\$900.00

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, as applicable.

**Fiscal Impact**

DSS estimates the proposed rate increases for endodontic services will increase annual aggregate expenditures by \$4,278,621 in State Fiscal Year (SFY) 2023 and \$4,807,614 in SFY 2024.

DSS estimates the proposed increase for adult dental rates will increase annual aggregate expenditures by \$15,813,686 in SFY 2023 and \$17,768,833 in SFY 2024.

### **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 22-W: Dental Services – Rate Increases for Adult Dental and Endodontic 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 13, 2022.

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## **DEPARTMENT OF SOCIAL SERVICES**

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### **Notice of Proposed Medicaid State Plan Amendment (SPA)**

#### **SPA 22-Y: Clinic Reimbursement Update – Medical Clinics, Rehabilitation Clinics, and Family Planning Clinics**

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 July 1, 2022, SPA 22-Y will amend Attachment 4.19-B of the Medicaid State Plan to revise various clinic fee schedules as detailed below.

First, this SPA adds the following procedure codes for depression screenings to the medical clinic and family planning clinic schedules: procedure codes G8431 (screening for depression is documented as positive, and a follow-up plan is documented) and G8510 (screening for depression is documented as negative, a follow-up plan is not required). These codes are being priced at the same rate as code 96127, a similar type of screening that is already on each of those fee schedules. The purpose of adding these codes is to enable more detailed billing for depression screenings, indicating that there is either a positive or negative result for each screen.

Second, this SPA adds the following procedure codes to the rehabilitation clinic fee schedule for dry needling services: code 20560 (needle insertions without injections; 1 or 2 muscles) and 20561 (needle insertions without injections; 3 or more muscles). These codes are priced at 57.5% of the 2022 Medicare physician fee schedule rate. The purpose of this change is to increase access to alternative pain treatments for HUSKY Health members.

Finally, this SPA increases the rates of the following procedure codes on the Family Planning fee schedule:

Procedure Code	Description
99202	Office o/p new sf 15-29 min
99203	Office o/p new low 30-44 min
99204	Office o/p new mod 45-59 min
99205	Office o/p new hi 60-74 min
99211	Off/op est may x req phy/ghp
99212	Office o/p est sf 10-19 min
99213	Office o/p est low 20-29 min
99214	Office o/p est mod 30-39 min
99215	Office o/p est hi 40-54 min
99384	Prey visit new age 12-17
99385	Prey visit new age 18-39
99386	Prey visit new age 40-64
99394	Prey visit est age 12-17
99395	Prey visit est age 18-39
99396	Prey visit est age 40-64

Specifically, these procedure codes are being rebased to increase the reimbursement these select evaluation and management services to be 90% of the obstetrics and gynecology (OBS) rate type on the Connecticut Medical Assistance Program Physician Office and Outpatient Services fee schedule. The purpose of this change is to help ensure sufficient access to these services.

Fee schedules are published at this link: <http://www.ctdssmap.com>, then select "Provider", then select "Provider Fee Schedule Download," then select the applicable fee schedule.

### **Fiscal Impact**

DSS estimates that the updates to the medical clinic fee schedule and the addition of the depression screening codes to the family planning clinic fee schedule will not change annual aggregate expenditures because utilization of the added procedure codes is anticipated to replace utilization for existing procedure codes for similar services.

DSS estimates that the updates to the rehabilitation clinic fee schedule will increase annual aggregate expenditures by \$49,397 in State Fiscal Year (SFY) 2023 and \$55,504 in SFY 2024.

DSS estimates that the rate increases on the family planning clinic fee schedule will increase gross costs by \$1,289,589 in SFY 2023 and \$1,449,030 in SFY 2024.

### **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 22-Y: Clinic Reimbursement Update – Medical Clinics, Rehabilitation Clinics, and Family Planning Clinics”.

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 13, 2022.

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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 22-Z: Nursing Facility Reimbursement – Transition to Acuity-Based Reimbursement System**

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, 2022, SPA 22-Z will amend Attachment 4.19-D of the Medicaid State Plan to implement an acuity-based reimbursement methodology for nursing facilities as detailed below, in accordance with state statute in section 17b-340b of the Connecticut General Statutes, as amended by section 319 of Public Act 21-2 of the June special session.

The acuity-based reimbursement system will make quarterly case-mix adjustments to the direct care component of the per diem rate, which will be based on Minimum Data Set resident assessment data, all of which is described in more detail in the draft SPA pages. This process includes rebasing nursing home costs to the fiscal year ending September 30, 2019.

The transition to the full implementation of the acuity-based reimbursement system will span a three-year period, which will include stop-loss and stop-gain provisions in each of the first two years. The year one, State Fiscal Year (SFY) 2023 stop gain will limit the per diem rate increases to \$6.50 and the stop-loss will be \$0.00, meaning no provider will experience a rate decrease due to the quarterly case-mix adjustments during year one. The stop-gain in year two (SFY 2024) will limit the per diem rate increases to \$20.00, and the stop-loss is increased to \$5.00. There will be no stop-gain or stop-loss provisions in year three (SFY 2025).

Additionally, Medicaid reimbursement rates will be subject to a case mix growth limitation set forth below. The statewide average Medicaid case mix index for the July 1, 2022 reimbursement rates will serve as the baseline to determine growth. The statewide average Medicaid case mix index will be subject to the following maximum growth limits: 0.75% for SFY 2023, 1.51% for SFY 2024, and 2.27% for SFY 2025. Any calendar quarter in which the statewide average Medicaid case mix index exceeds the allowed maximum growth limit will result in all facility Medicaid case mix indices being reduced by a uniform percentage until the statewide average Medicaid case mix index is equal to the maximum growth limit.

The purpose of this SPA is to comply with section 17b-340d of the Connecticut General Statutes, as amended, and to modernize the nursing facility reimbursement methodology.

**Fiscal Impact**

DSS estimates the transition to acuity-based reimbursement will increase annual aggregate expenditures by approximately \$25.6 million in SFY 2023 and \$59.2 million in SFY 2024.

**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 22-Z: Nursing Facility Reimbursement – Transition to Acuity Based Reimbursement System”.

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 28, 2022.

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**Department of Social Services**

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**Notice of Proposed Medicaid State Plan Amendment (SPA)****SPA 22-AA: Chronic Disease Hospitals - Rate Increase for Ventilation Beds**

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 from July 1, 2022 through June 30, 2023, this SPA will amend Attachment 4.19-A of the Medicaid State Plan in order to increase the reimbursement rate provided to chronic disease hospitals, as defined in section 19a-550 of the general statutes, by \$500.00 per day for beds provided to patients on ventilators.

The purpose of this change is to comply with state law in section 238 of Public Act No. 22-118, An Act Adjusting the State Budget for the Biennium Ending June 30, 2023. Specifically, that public act requires DSS to make the rate change set forth above effective during State Fiscal Year (SFY) 2023.

**Fiscal Impact**

DSS estimates that this SPA will increase annual aggregate expenditures by approximately \$2,053,792 in SFY 2023 and \$186,708 in SFY 2024.

**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 22-AA: Chronic Disease Hospitals – Rate Increase for Ventilation Beds”.

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 28, 2022.

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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 22-AB: Community First Choice – Reimbursement Updates to Implement Collective Bargaining Agreement – Personal Care Attendant Per Diem 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, 2022, this SPA will amend Attachments 3.1-K and 4.19-B of the Medicaid State Plan to update the provisions for Community First Choice (CFC) pursuant to section 1915(k) of the Social Security Act as detailed below. The purpose of this SPA is to update the Medicaid state plan provisions for CFC to implement specified provisions of the collective bargaining agreement between the state and the union representing personal care attendants (PCAs), which was updated based on an agreement that was recently ratified by the Connecticut General Assembly. Specifically, this SPA implements the increases in the wages paid to PCAs and updates the state plan language that incorporates rates by reference as set forth in any future collective bargaining agreement. This SPA also makes a technical correction to the provision regarding worker’s compensation coverage for PCAs in Attachment 3.1-K to align with the approved reimbursement provisions in Attachment 4.19-B.

This SPA does not address the increases to the hourly wages paid to PCAs because the current approved state plan provisions for CFC already incorporate changes to the minimum hourly payment rates based on the collective bargaining agreement in effect at the time services are provided. Thus, a SPA is not necessary to implement those changes, which are already built into the approved state plan and in effect automatically. This SPA also does not address the remaining elements of the updated collective bargaining agreement related to payment to PCAs, specifically paid time off, stipend for a portion of attendants’ health insurance premium expenses, and lump sum supplemental payment, which are being addressed in a separate SPA.

Fee schedules are posted to <https://www.ctdssmap.com>. From this web page, go to “Provider” then to “Provider Fee Schedule Download”, then select the applicable fee schedule.

#### **Fiscal Impact**

DSS estimates that this SPA will increase annual aggregate Medicaid expenditures by approximately \$206,265 in State Fiscal Year (FFY) 2023 and \$208,329 in State Fiscal Year (FFY) 2024.



### **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 22-AB: Community First Choice – Reimbursement Updates to Implement Collective Bargaining Agreement – Personal Care Attendant Per Diem 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 28, 2022.

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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 22-AG: 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 from July 1, 2022 through June 30, 2023, 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. Note that approved SPA 21-0027 made similar changes for State Fiscal Year (SFY) 2022; this SPA makes the applicable changes to the Medicaid State Plan for SFY 2023.

For 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, 2022, may be subject to a rate decrease in the same amount as rate increase.

For 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 2023.

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 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 2023, only to the extent such rate increases are within available appropriations.

For 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 320 and 325 of Public Act 21-2 of the June special session of the Connecticut General Assembly, An Act Concerning Provisions Related to Revenue and Other Items to Implement the State Budget for the Biennium Ending June 30, 2023. Section 325 requires DSS to increase the minimum per diem rate for private ICF/IIDs to \$501. Section 356, which was codified as section 17b-340(h) of the Connecticut General Statutes, provides for the other changes described above. In addition, the requirement for DSS to increase the minimum per diem rate for private ICF/IIDs to \$501 was repeated in section 230 of Public Act 22-118, An Act Adjusting the State Budget for the Biennium Ending June 30, 2023, Concerning Provisions Related to Revenue, School Construction and Other Items to Implement the State Budget and Authorizing and Adjusting Bonds of the State.

DSS is currently analyzing the projected Upper Payment Limit (UPL) demonstration for SFY 2023. In general, the UPL is a federally required limit on Medicaid payment, which is a calculated amount using federally specified Medicare cost principles, above which Medicaid federal financial participation (FFP) is not available. Depending on the specific results of the UPL demonstration, one or more portions of this SPA may be modified or removed to the extent necessary to reflect that Medicaid payments to ICF/IIDs remain within the UPL.

#### **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 \$4,697,798 in SFY 2023 and \$427,073 in SFY 2024.

#### **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 22-AG: 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 28, 2022.

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**DEPARTMENT OF SOCIAL SERVICES****Notice of Proposed Medicaid State Plan Amendment (SPA)****SPA 22-AJ: Section 1915(i) Portion of the Connecticut Home Care Program for Elders – Rate Increases Related to Increase in State Minimum Wage**

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, 2022, SPA 22-AJ will amend Attachment 4.19-B of the Medicaid State Plan to increase the rates by 5.2% for the following Healthcare Common Procedure Coding System (HCPCS) codes within the state plan home and community-based services option under section 1915(i) of the Social Security Act portion of the Connecticut Home Care Program for Elders (CHCPE): 1021Z, 1022Z, 1023Z, 1200Z, 1201Z, 1202Z, 1206Z, 1210Z, 1213M, 1213M, 1214Z, 1225Z, 1226Z, 1228Z, 1230Z, 1232Z, 1244Z, 1430Z, 1431Z, 1432Z, 1433Z, 1434Z, 3022Z, 3024Z, 3025Z, 3026Z, 3027Z, 3027Z, and 3028Z. The purpose of this SPA is to reflect that providers of specified section 1915(i) CHCPE services have increased costs in paying higher wages to certain staff in order to comply with the July 1, 2022 increase in the state's minimum wage.

Fee schedules are published at this link: <http://www.ctdssmap.com>, then select "Provider", then select "Provider Fee Schedule Download," then select the applicable fee schedule.

**Fiscal Impact**

DSS estimates that this SPA will increase annual aggregate expenditures by \$168,508 in State Fiscal Year (SFY) 2023 and \$183,827 in SFY 2024.

**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 22-AJ: Section 1915(i) Portion of the Connecticut Home Care Program for Elders – Rate Increases Related to Increase in State Minimum Wage".

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 28, 2022.

**DEPARTMENT OF SOCIAL SERVICES****Notice of Proposed Medicaid State Plan Amendment (SPA)****SPA 22-AK: Community First Choice – Reimbursement Updates to Implement Personal Care Attendant Collective Bargaining Agreement – Paid Time Off, Stipend for Portion of Attendants’ Health Insurance Premium Expenses, and One-Time Lump Sum Payment**

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 October 1, 2022, this SPA will amend Attachment 4.19-B of the Medicaid State Plan to update the provisions for Community First Choice (CFC) pursuant to section 1915(k) of the Social Security Act as detailed below. The purpose of this SPA is to update the Medicaid state plan provisions for CFC to implement the provisions of the collective bargaining agreement between the state and the union representing personal care attendants, which was updated based on an agreement that was recently ratified by the Connecticut General Assembly.

This SPA sets forth the payment methodology for PCA paid time off for eligible PCAs and a stipend to assist eligible PCAs with a portion of the expenses of paying for their health insurance premiums, each which will be paid to the extent provided and in accordance with the collective bargaining agreement in effect at the time services are provided. If no collective bargaining agreement is in effect at the time services are provided, then those payments will be made in accordance with the agreement that was most recently in effect immediately prior to its expiration.

This SPA also sets forth the payment methodology for a one-time lump sum payment to be paid to PCAs in an amount calculated at 6% of total earnings for providing PCA services in CFC for dates of service from April 1, 2021 through March 31, 2022.

This SPA does not address the portion of the reimbursement methodology that includes wages paid to the PCAs because the current approved state plan provisions for CFC already incorporate changes to the minimum hourly payment rates based on the collective bargaining agreement in effect at the time services are provided and a proposed SPA with an earlier effective date (SPA 22-AB) addresses hourly payment rates. Thus, it is not necessary for this SPA to address those changes.

**Fiscal Impact**

DSS estimates that this SPA will increase annual aggregate Medicaid expenditures by approximately \$13,661,007 in State Fiscal Year (FFY) 2023 and \$9,983,100 in State Fiscal Year (FFY) 2024.

**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 22-AK: Community First Choice – Reimbursement Updates to Implement Personal Care Attendant Collective Bargaining Agreement – Paid Time Off, Stipend for Portion of Attendants’ Health Insurance Premium Expenses, and One-Time Lump Sum Payment”.

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 28, 2022.

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