NOTICE OF CONNECTICUT STATE AGENCIES

DEPARTMENT OF SOCIAL SERVICES
DEPARTMENT OF DEVELOPMENTAL SERVICES

NOTICE OF INTENT TO RENEW THE COMPREHENSIVE SUPPORTS MEDICAID 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 an application to the Centers for Medicare and Medicaid Services (''CMS'') to renew the Medicaid Waiver for Comprehensive Supports, effective October 1, 2023. The waiver is operated by the Department of Developmental Services.

There are no changes, other than those related to routine operational issues, proposed in this waiver renewal.

A copy of the complete text of the waiver renewal application is available upon request from: Krista Ostaszewski, Health Management Administrator, DDS Central Office, 460 Capitol Avenue, Hartford, CT, 06106, or via email Krista.Ostaszewski@ct.gov. They are 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, and the Department of Developmental Services' website, https://portal.ct.gov/dds, under ''Latest News.''

All written comments regarding this application must be submitted by April 27, 2023 to: Krista Ostaszewski, 460 Capitol Avenue Hartford, Connecticut, 06106, or via email at Krista.Ostaszewski@ct.gov.

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 23-V: HIPAA Compliance Billing Code and Reimbursement Updates: Physician Office & Outpatient Fee Schedule and Updates to the Ambulatory Surgical Centers Fee Schedule

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 April 1, 2023, SPA 23-V will amend Attachment 4.19-B of the Medicaid State Plan to make the updates detailed below. First, this SPA will incorporate various federal Healthcare Common Procedure Coding System (HCPCS)

updates (additions, deletions and description changes) to the physician office and outpatient fee schedule. Codes that are being added are being priced using a comparable methodology to other codes in the same or similar category. DSS is making these changes to ensure that this fee schedule remains compliant with the Health Insurance Portability and Accountability Act (HIPAA).

Second, this SPA incorporates increased rates for the following long-acting reversible contraceptive (LARC) devices on the physician office and outpatient fee schedule, which applies to providers who bill for these LARC devices under the physician office and outpatient fee schedule. This change is necessary to properly reimburse providers for the increased acquisition cost of these devices and to ensure continued access to the devices.

Code	Description	Old Rate	New Rate
J7296	Kyleena 19.5 mg	$1049.24	$1101.70
J7298	Mirena 52 mg	$1049.24	$1101.70
J7301	Skyla 13.5 mg	$873.67	$917.35

Third, currently procedure code 99418 is currently listed on the physician office and outpatient fee schedule as manually price (MP) and this procedure will be priced as follow replacing the manually priced notation:

Procedure Code	Description	Current Rate	New Rate
99418	Prolonged inpatient or observation service, each 15 minutes of total time beyond	MP	$18.56

Fourth, in accordance with the existing federally approved methodology for physician-administered drugs in the Medicaid State Plan, this SPA will update the reimbursement methodology for various physician-administered drugs as detailed below. The purpose of these changes is to align with this federally required and approved methodology. Specifically, several physician-administered drugs that were previously listed as manually priced will be assigned actual reimbursement rates. The revised reimbursement rates will be updated to 100% of the January 2023 Medicare Average Sales Price (ASP) Drug Pricing file for physician-administered drugs, immune globulins, vaccines, and toxoids.

For any physician administered drug procedure codes that are not priced on the January 2023 Medicare ASP Drug Pricing File and procedure codes that are described as ''unclassified'', the drug will be priced at the lowest of:

- The usual and customary charge to the public or the actual submitted ingredient cost;
- The National Average Drug Acquisition Cost (NADAC) established by CMS;
- The Affordable Care Act Federal Upper Limit (FUL); or
- Wholesale Acquisition Cost (WAC) plus zero (0) percent when no NADAC is available for the specific drug.

Finally, the Freestanding Ambulatory Surgical Center (ASC) fee schedule will be updated with the following: (1) addition of procedure code G0330 - Facility services dental rehab, which will be priced using a methodology consistent with other codes on the same fee schedule and (2) rate increase of bariatric surgery procedure code 43775 (sleeve gastrectomy) from the current rate of $3,717.35 to the new rate of $6,374.82.

Fee schedules are published at this link: https://www.ctdssmap.com, then select ''Provider'', then select ''Provider Fee Schedule Download,'' then select the applicable fee schedule.

Fiscal Impact

DSS anticipates that the HIPAA compliance updates to the physician office and outpatient fee schedules will have minimal financial impact, since utilization of the added codes is likely to shift utilization from similarly priced codes.

DSS estimates that increasing the rates for the select LARC devices on the physician office and outpatient fee schedule will increase annual aggregate expenditures by approximately $20,099 in State Fiscal Year (SFY) 2023 and $124,210 in SFY 2024.

DSS estimates that the change of pricing the procedure code 99418 from manually priced to an actual reimbursement rate is estimated to have no financial impact, since there is no utilization of the impacted code.

This proposed changes to manually priced physician-administered drug to an actual rate are estimated to have minimal financial impact, since there was minimal utilization of the impacted codes in SFY 2022.

DSS estimates that the proposed changes to the ASC fee schedule will increase annual aggregate expenditures by approximately $208,315 in SFY 2023 and $1,287,389 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 or write to: Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105. Please reference ''SPA 23-V: HIPAA Compliance Billing Code and Reimbursement Updates: Physician Office & Outpatient Fee Schedule and Updates to the Ambulatory Surgical Centers Fee Schedule''.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than April 12, 2023.

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF EARLY CHILDHOOD

Renewal of Selective Provider Contracting Waiver Pursuant to Section 1915(b)(4) of the Social Security Act

for

Early Intervention Services (EIS) Pursuant to Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Qualified Program Waiver

The State of Connecticut Department of Social Services (DSS), which is Connecticut's single state Medicaid agency and the State of Connecticut Office of Early Childhood (OEC), which is Connecticut's lead agency for implementation of Part C of the Individuals with Disabilities Education Act (known in Connecticut as the Birth to Three System), provide notice that DSS proposes to submit the following Medicaid waiver renewal application to the Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health and Human Services (HHS).

Description of the Waiver Renewal

Effective October 1, 2023, the above-referenced waiver renewal enables the state to continue limiting the number of qualified EIS providers in each municipality. This waiver renewal continues the same policy as in effect under the current waiver and does not affect Medicaid coverage or payment for EIS, which are described separately in the Medicaid State Plan and which this waiver does not change.

OEC administers Connecticut's Birth to Three System, which is Connecticut's statewide program to provide EIS in accordance with Part C of the Individuals with Disabilities Education Act (IDEA), 42 U.S.C. §§ 1431 to 1444, inclusive, and 34 C.F.R. Part 303. This waiver enables OEC to continue operating the Birth to Three System using a competitive procurement for Birth to Three programs, which are entities that provide EIS, including EIS pursuant to EPSDT for Medicaid members. As part of this process, OEC conducts a competitive procurement and limits the number of qualifying providers in each municipality to ensure that there is sufficient access to services for all members, while also ensuring that each provider has sufficient caseloads to maintain efficiency, expertise, and high-quality services.

Fiscal Information

This waiver renewal does not affect payments to providers of EIS. By continuing to limit the number of providers, the waiver is anticipated to reduce administrative expenditures for the state (compared to if no waiver were in effect).

Obtaining Waiver Renewal Language and Submitting Public Comments

The proposed waiver renewal is posted on the DSS website at this link: https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-State-Plan-Amendments. To the extent that the waiver renewal includes track changes, those illustrate proposed changes to the current approved waiver. The proposed waiver renewal 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 waiver renewal from DSS or to send comments about the waiver renewal, please email: Public.Comment.DSS@ct.gov or write to: Depart-

ment of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105. Please reference ''Waiver Renewal – Selective Provider Contracting – EIS Pursuant to EPSDT''.

Anyone may send DSS written comments about this waiver renewal. Written comments must be received by DSS at the above contact information no later than **April 28, 2023**.

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 23-0005-A: Rate Increases and Coverage Additions for Community First Choice (CFC) Under Section 1915(k) of the Social Security Act and State Plan Home and Community-Based Services (HCBS) Options Under Section 1915(i) of the Social Security Act for HCBS Services for Older Adults and Connecticut Housing Engagement and Support Services (CHESS)

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 May 12, 2023, which is the first day after the scheduled end of the federal Coronavirus Disease 2019 (COVID-19) public health emergency (PHE), this SPA will amend Attachments 3.1-i, 3-1-K, and 4.19-B of the Medicaid State Plan to add the provisions detailed below.

This SPA is necessary to continue provisions under various approved disaster relief SPAs (including approved SPAs 22-0003 and 22-0003-A) and proposed SPA 23-0005, which are all disaster relief SPA governed by the flexibility in standard federal requirements implemented by CMS and pursuant to the state's approved waiver from CMS pursuant to section 1135 of the Social Security Act during the federally declared national emergency and PHE to help assist with the state's response to the COVID-19 pandemic and its effects. In accordance with federal requirements, all COVID-19 disaster relief SPAs will sunset no later than the last day of the federal PHE, which, as communicated by the federal government, will be May 11, 2023.

The purpose of this SPA is to continue implementing, with respect to the Medicaid benefits referenced above, relevant provisions of the state's Spending Plan for Implementation of the American Rescue Plan Act (ARPA) of 2021, Section 9817, as updated (ARPA HCBS Spending Plan). Each of those is summarized below.

To the extent applicable based on approved SPAs 22-0003 and 22-0003-A and proposed SPA 23-0005, each of the service expansions and rate increases continue those in effect in the disaster relief section of the Medicaid State Plan through the end of the federal PHE. All rate increases set forth below apply only to providers actively enrolled on the date payment is issued. Providers and services excluded from these rate increases for 1915(i) HCBS for Older Adults are: Assistive Technology; Environmental Accessibility Modifications, Personal Response Systems, Skilled Chore, Specialized Medical Equipment, Individual Goods and Services, and all Self-Directed Services. The only CFC providers eligible to receive these rate increases are providers of agency-based support and planning coach services. As applicable, payments may be proportionally reduced to the extent necessary to remain within available funding approved under the ARPA HCBS Spending Plan.

A. Rate Modifications

i. This SPA continues the 3.5% rate increase for 1915(i) HCBS for Older Adults, 1915(i) CHESS care plan development and monitoring, pre-tenancy supports,

and tenancy sustaining supports, and 1915(k) CFC agency-based support and planning coach services.

ii. For Section 1915(i) HCBS for Older Adults – Additional Rate: Continuation of new rate of $52.89 for emergency back-up personal care attendant services.

B. Value-Based Payment Supplemental Payments for 1915(i) HCBS for Older Adults, 1915(i) CHESS, and CFC Agency-Based Support and Planning Coach Services

There will be payments for July 2023 and November 2023 for applicable CHESS, 1915(i) HCBS for Older Adults, and CFC providers, who will be eligible for receive payments calculated based on 2% of expenditures for the prior four months, so long as the provider meets the benchmarks set forth in the SPA pages, which include, as applicable, standards related to training, surveys, and health information exchange participation.

Beginning in March 2024, for applicable CHESS, 1915(i) HCBS for Older Adults, and CFC providers, the value-based payment will change from the progressive benchmark payments to outcome-based payments with outcome measures set forth in the SPA pages related to decreasing avoidable hospitalization, increasing percent of people who need ongoing services discharged from hospital to community in lieu of nursing home, and increase in probability of return to community within 90 days of nursing home admission. Payments are based on up to 2% of expenditures for the 6 months that immediately precede each payment other than the first outcome payment which will be based on the 4 months that immediately precede the first payment.

C. Provider Quality Infrastructure Supplemental Payments for 1915(i) HCBS for Older Adults, 1915(i) CHESS, and CFC Agency-Based Support and Planning Coach Services

Eligible 1915(i) HCBS for Older Adults, 1915(i) CHESS, and CFC providers will receive benchmark payments in July and November 2023 based on the greater of 5% of expenditures from the four months prior to the payment or $5,000 based on the provider meeting phase 1, phase 2, and phase 3 benchmarks, respectively, of delivery system quality infrastructure improvements detailed in the SPA pages.

D. Service Expansions

This SPA will make the following service expansions, all of which were previously added or proposed to be added by one or more disaster relief SPAs and all of which are described in more detail in the SPA pages:

i. For Section 1915(i) HCBS for Older Adults – Training and Counseling Services for Unpaid Caregivers Supporting Participants: This SPA continues Training and Counseling Services for Unpaid Caregivers Supporting Participants as a new service in the section 1915(i) HCBS for Older Adults benefit. This service is an inter-professional model delivered through a structured number of visits by a team comprised of a COPE certified occupational therapist (OT) and a COPE certified nurse (RN) to a participant as defined in the participant's person-centered plan. The service may include assessment and the development of a home treatment/support/action plan for this service, training and technical assistance to carry out the plan and monitoring of the individual and implementation of the service action plan.

ii. For Section 1915(i) HCBS for Older Adults – Participant Training and Engage ment to Support Goal Attainment and Independence: This SPA continues Participant Training and Engagement to Support Goal Attainment and Independence as a new service in the section 1915(i) HCBS for Older Adults benefit. This service implements services to the member utilizing the Community Aging in Place, Advancing Better Living for Elders (CAPABLE) program model. The CAPABLE program is a set of highly individualized, person centered services that use the strengths of the waiver participant to improve her/his safety and independence. The CAPABLE Program services engage participants to develop action plans with the aim of achieving goals related to increasing functional independence, improving safety, decreasing depression and improving motivation as defined in the person-centered plan.

iii. For Section 1915(i) HCBS for Older Adults – Environmental Adaptations: This SPA continues Environmental Adaptations as a new service in the section 1915(i) HCBS for Older Adults benefit. Environmental adaptations are those physical adaptations to the private residence of the participant or the participant's family, required by the participant's service plan, that are necessary to ensure the health, welfare and safety of the participant or that enable the participant to function with greater independence in the home. Such adaptations include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or the installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies that are necessary for the welfare of the participant.

iv. For Section 1915(i) HCBS for Older Adults – Remote Live Supports: This SPA continues Remote Live Support as a new service in the section 1915(i) HCBS for Older Adults benefit. This service is defined in more detail in the SPA pages and includes the provision of supports by staff at a remote location who are engaged with the individual through technology/devices with the capability for live two-way communication. Individual interaction with the staff person may be scheduled, on-demand, or in response to an alert from a device in the remote support equipment system. Note that the equipment is already covered under the assistive technology service portion of this benefit. In order to provide remote live supports, the provider entity must be certified by DSS as a community hub.

v. For 1915(i) HCBS for Older Adults, 1915(i) CHESS, and 1915(k) CFC – Updated Definition of Assistive Technology: The definition of assistive technology is modified to specifically reference remote equipment and the associated requirements for internet access.

Fiscal Impact

DSS estimates that this SPA will increase annual aggregate expenditures by approximately $0 in State Fiscal Year (SFY) 2023 (due to routine delay in claims submission and processing), $1.4 million in SFY 2024, and $2.2 million in SFY 2025.

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. To the extent that the SPA pages include tracked changes, those illustrate proposed revisions to the existing approved Medicaid State Plan. 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 23-0005-A: Rate Increases and Coverage Additions for Community First Choice (CFC) Under Section 1915(k) of the Social Security Act and State Plan Home and Community-Based Services (HCBS) Options Under Section 1915(i) of the Social Security Act for HCBS Services for Older Adults and Connecticut Housing Engagement and Support Services (CHESS)''.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than **April 12, 2023**.