

NOTICE OF CONNECTICUT STATE AGENCIES

DEPARTMENT OF HOUSING

Notice Under the Affordable Housing Appeals Procedure Receipt of a Completed 2024 Application for a Moratorium in the Town of New Canaan

In accordance with C.G.S. 8-30-g, the Connecticut Department of Housing is in receipt of a completed application (6/18/2024) for a Certificate of Affordable Housing Project Completion (aka, a Moratorium) for the Town of New Canaan. As per Connecticut General Statutes Section 8-30g(1)(4)(B), upon publication in the Connecticut Law Journal, a thirty (30) day public comment period will begin on June 25, 2024 and end on July 25, 2024. Under the statute, DOH has ninety (90) days (September 18, 2024) to review the completed application, along with any public comments submitted during the thirty (30) day comment period. DOH will accept electronic input/comment on the completed application at CT.HOUSING.PLANS@ct.gov. DOH will not act as intermediary but shall take into consideration all input and comments received. A copy of this completed application, along with all comments received will be available for viewing electronically at the Department of Housing website (www.ct.gov/doh) or at the Connecticut Department of Housing by appointment. For information please e-mail Laura Watson, Economic and Community Development Agent, at laura.watson@ct.gov

DEPARTMENT OF SOCIAL SERVICES

Notice of Intent to Amend and Renew the Acquired Brain Injury II (ABI II) Waiver and to Amend the Acquired Brain Injury (ABI I) 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 submit applications to the Centers for Medicare and Medicaid Services to amend and renew the Acquired Brain Injury II (ABI II) waiver, and amend the Acquired Brain Injury (ABI I) waiver to align with the proposed amendments in the ABI II waiver renewal. The current ABI II waiver expires on November 30, 2024.

DSS is proposing the following changes to the ABI I and ABI II waivers:

- Modifying the educational requirements of case managers and shifting the licensure requirement to the agency level and off the individual case manager. These changes will improve the ability of the access agencies, which provide case management services on behalf of the Department, to hire and retain a sufficient number of case managers, without sacrificing client safety.

Current Language	Proposed Changes
The case manager is required to hold a Master’s degree in social work, human services, counseling or rehabilitation counseling. If the degree is in social work, LCSW or LMSW licensure is required. The case manager may also be a nurse with a minimum of a bachelor’s degree.	The case manager is required to hold a Master’s degree in social work, human services, counseling or rehabilitation counseling. The agency will have at least one licensed clinician on staff available for case consultation and escalation. Acceptable licensures in social work, nursing, or counseling will meet this requirement.
The case manager must have the ability to serve multicultural, multilingual populations; and the skill set to lead and facilitate the Care Team	The case manager must have the ability to serve multicultural and multilingual populations, and the skill set to lead and facilitate the Care Team. The case manager will be required to hold a Brain Injury Specialist certification or be eligible to apply for such certification based on verifiable experience.

- Adding a certification requirement for case managers to be certified Brain Injury Specialists
- Updating the service definitions for the following services to reflect the 1-year agency experience requirement that already exists as a credentialing requirement for agencies to provide certain services:
 - Personal Care (agency provider)

Copies of the complete text of the two waiver applications are available, at no cost, upon request from: Christine Weston, Director of Community Options Unit, DSS Central Office, 55 Farmington Avenue, Hartford, CT, 06105, or via email at christine.weston@ct.gov. They are also available on the DSS website, www.ct.gov/dss, under “News,” as well as the following direct link: <http://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Waiver-Applications/Medicaid-Waiver-Applications>.

All written comments regarding this application must be submitted by July 25, 2024 to: Christine Weston, Director of Community Options Unit, DSS Central Office, 55 Farmington Avenue, Hartford, CT, 06105, or via email at christine.weston@ct.gov.

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 24-Q: July 2024 Quarterly HIPAA Compliant Update - Physician Office and Outpatient Fee Schedule/ Updates to the Reimbursement Rates of Select Manually Priced 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). Public comment information is at the bottom of this document.

Changes to Medicaid State Plan

Effective on or after July 1, 2024, SPA 24-Q will amend Attachment 4.19-B of the Medicaid State Plan to incorporate the July 2024 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) to the physician office and outpatient fee schedule. DSS is making these changes to ensure the fee schedules remain compliant with the Health Insurance Portability and Accountability Act (HIPAA).

Secondly, several physician-administered drugs that are currently manually priced listed on the physician office and outpatient fee schedule will be updated to equal 100% of the revised April 2024 Medicare Average Sales Price (ASP) Drug Pricing file.

Procedure Code	Current Rate	*Maxfee Rate eff. 7/1/2024
A9574	MP	\$5.13
J0283	MP	\$2.55
J0612	MP	\$0.05
J0874	MP	\$0.07
J1961	MP	\$22.01
J9029	MP	\$63,505.40
J9314	MP	\$9.96
J9333	MP	\$22.85
J9334	MP	\$33.17
Q4184	MP	\$624.34
Q4188	MP	\$637.63
Q4259	MP	\$1,007.00
Q4283	MP	\$1,297.54

Fee schedules are published at: <http://www.ctdssmap.com>. Select “Provider”, then select “Provider Fee Schedule Download”; after accepting the Terms and Conditions, proceed to the applicable fee schedule.

Fiscal Impact

The HIPAA updates to the physician office and outpatient fee schedule are not expected to have any fiscal impact, since there was not any utilization of these codes during CY 2023.

There was no utilization of the select manually priced physician-administered drugs listed on the physician office and outpatient fee; therefore, it is not expected to have any fiscal impact.

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 resource center, 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 24-Q: July 2024 Quarterly HIPAA Compliant Update - Physician Office and Outpatient Fee Schedule/ Updates to the Reimbursement Rates of Select Manually Priced 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 10, 2024**.

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 24-U: Community First Choice - Reimbursement Updates to Implement Personal Care Attendant Collective Bargaining Agreement

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). Public comment information is listed below.

Changes to Medicaid State Plan

Effective on or after July 1, 2024, this SPA will amend Attachment 4.19-B of the Medicaid State Plan in order to make the reimbursement increases described below for the Community First Choice (CFC) benefit pursuant to section 1915(k) of the Social Security Act.

The CFC self-directed personal care attendant (PCA) rates are being increased to comply with the Collective Bargaining Agreement (CBA) between the state’s PCA Workforce Council and the union representing self-directed PCAs, which, after approval by the Connecticut General Assembly on March 25, 2024, was recently amended and extended through June 30, 2026. As required by the CBA, the state is to increase the payment rates for applicable CFC services, incorporating all of the relevant changes as detailed in the CBA, including, but not limited to: (1) wage increases, which comprise (A) specified hourly wage increases and (B) minimum

percent-based wage increases for individuals already receiving rates above the set minimum wages; (2) additional holidays added for holiday pay; (3) increase in the methodology for calculating the rate add-on to support individuals' health care expenses; and (4) increases in the methodology for calculating paid time off.

As detailed in the current approved Medicaid State Plan, the payment rates are calculated for each PCA to reflect all applicable components of the rate set forth in the Medicaid State Plan, including, but not limited to, applicable wage, employer taxes, and workers' compensation coverage (which are final components of the rate), plus the interim components of the rate, which include paid time off and rate add-on to support PCA's health care expenses. The calculation of the rate also incorporates all provisions required by applicable state and federal law, including minimum wage and other applicable labor law, which may result in adjustment of the overall analysis of the fiscal impact.

Fee schedules are published on the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page go to 'Provider,' then to 'Provider Fee Schedule Download,' then select the applicable fee schedule.

The purpose of this SPA is to implement the CBA referenced above and to support ongoing access to quality CFC services for Medicaid members.

Fiscal Impact

Based on the information currently available, DSS estimates this SPA will increase annual aggregate expenditures by approximately \$5,990,075 in State Fiscal Year (SFY) 2025 and \$7,321,150 in State Fiscal Year (SFY) 2026.

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 resource center, 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 24-U: Community First Choice - Reimbursement Updates to Implement Personal Care Attendant Collective Bargaining Agreement**”.

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 31, 2024**.

Department of Social Services

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 24-W: Chronic Disease Hospitals – Supplemental 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). Public comment information is at the bottom of this document.

Proposed Changes to Medicaid State Plan

On or after July 1, 2024, this SPA will amend Attachment 4.19-A of the Medicaid State Plan to make a supplemental payment to free-standing licensed chronic disease hospitals, as defined in section 19a-550 of the Connecticut General Statutes, with Medicaid inpatient utilization exceeding 50% for State Fiscal Year (SFY) 2023. DSS anticipates that the funding will support continued access and quality for these services.

Estimated Fiscal Impact

DSS estimates that this will increase annual aggregate expenditures by \$1,200,000 in State Fiscal Year (SFY) 2025.

Obtaining SPA Language and Submitting Comments

This proposed 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, at the Town of Vernon Social Services Department, or upon request from DSS (see below). When feasible and relevant, the versions of the SPA pages posted to that webpage include track changes indicating this SPA's proposed changes to the current version of the Medicaid State Plan.

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 24-W: Chronic Disease Hospitals – Supplemental Payment".

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 24, 2024.**

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 24-X: Reimbursement Update for Private Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), Chemical Maintenance Clinics (Methadone Clinics), and Ambulance 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). Public comment information is at the bottom of this document.

Changes to Medicaid State Plan

Effective on or after July 1, 2024, SPA 24-X will amend Attachments 4.19-B and 4.19D of the Medicaid State Plan in order to do the following:

Private ICF/IID Reimbursement

Effective from July 1, 2024, through June 30, 2025, this SPA will amend Attachment 4.19-D of the Medicaid State Plan to make the following changes to the reimbursement methodology for private Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID).

For State Fiscal Year (SFY) 2025, this SPA implements a rebase of facility rates based upon 2023 cost report filings, adjusted to reflect rate increases provided after the cost report year ending June 30, 2023. A facility may receive a rate that is less than the rate in effect for the fiscal year ending June 30, 2024. There shall be no increase to rates based on any inflationary factor for the fiscal year ending June 30, 2025.

For SFY 2025, the minimum per diem, per bed rate for each private ICF/IID remains \$501.

For SFY 2025, 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 2025, only to the extent such rate increases are within available appropriations.

The purpose of this SPA is to comply with subsection (h) of section 17b-340 of the Connecticut General Statutes, as amended by section 274 of Public Act 23-204, An Act Concerning the State Budget for the Biennium Ending June 30, 2025, and Making Appropriations Therefor, and Provisions Related to Revenue and Other Items Implementing the State Budget.

DSS is currently analyzing the projected Upper Payment Limit (UPL) demonstration for SFY 2025. 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.

Second, this SPA will amend Attachment 4.19-B of the Medicaid State Plan to change the reimbursement for chemical maintenance clinics in accordance with recently adopted state legislation in section 73 of Public Act 24-81: subsection (b) of section 17b-280c of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage): “(b) For the fiscal year beginning July 1, 2024, the commissioner shall amend the Medicaid state plan to increase rates, within available appropriations, for chemical maintenance providers who receive the lowest weekly reimbursement rate for such treatment, provided no provider receiving a higher rate for such treatment, shall have such rate reduced as a result of such rate increase. In accordance with statute, methadone clinics paid a rate of \$94.74 or lower will see a 2.3% increase to the weekly rate, effective on or after July 1, 2024.”

Finally, this SPA will amend Attachment 4.19-B of the Medicaid State Plan to change the reimbursement for ambulance providers in accordance with recently adopted state legislation in section 74 of Public Act 24-81: “For the fiscal year beginning July 1, 2024, the Commissioner of Social Services, within available appropriations, shall increase (1) the Medicaid ambulance mileage rate for all emergency and nonemergency transports by one dollar and eighteen cents, and (2) all other emergency and nonemergency ambulance services rates. The commissioner, within available appropriations, shall provide mileage reimbursement for in-town

trips for said fiscal year.” Note that \$5,000,000 state share was appropriated for this purpose in SFY 2025 (as part of the biennial budget adopted during the 2023 state legislative session), so in accordance with the language quoted above, one or both of these ambulance rate increases noted above may need to be adjusted downward to the extent necessary to remain within that state share appropriation.

Fee schedules are published at: <http://www.ctdssmap.com>. Select “Provider”, then select “Provider Fee Schedule Download”; after accepting the Terms and Conditions, proceed to the applicable fee schedule.

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 \$608,067 in SFY 2025.

DSS estimates that the changes to the reimbursement rate for chemical maintenance clinics will increase annual aggregate expenditures by approximately \$663,015 in SFY 2025 and \$682,905 in SFY 2026.

DSS estimates that the changes to the reimbursement for ambulance services will increase annual aggregate expenditures by approximately \$13 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>. The proposed SPA may also be obtained at any DSS resource center, 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 24-X: Private Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) Reimbursement Update and Chemical Maintenance Clinics (Methadone Clinics) 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 25, 2024**.

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 24-Y: Reimbursement Rate Increase for Select Behavioral Health Services for Children

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). Public comment information is at the bottom of this document.

Changes to Medicaid State Plan

Effective on or after July 1, 2024, SPA 24-Y will amend Attachment 4.19-B of the Medicaid State Plan in order to increase the reimbursement as described below for select behavior health services pursuant to Section 1 of Public Act 23-204, which appropriated the sum of seven million dollars to the Department of Social Services.

Effective for July 1, 2024 and forward, reimbursement rates of select behavioral health services for HUSKY Health members, ages 20 years old and under will be increased. Affected behavioral health services (inclusive of all family therapy services) are listed on the following fee schedules: behavioral health clinics, psychologists, physician office & outpatient; medical clinics (including school-based health clinics), and rehabilitation clinics.

Fee schedules are published at: <http://www.ctdssmap.com>. Select “Provider”, then select “Provider Fee Schedule Download”; after accepting the Terms and Conditions, proceed to the applicable fee schedule.

Fiscal Impact

DSS estimates that this SPA will increase annual aggregate expenditures by approximately \$13,798,100 in SFY 2025 and \$15,504,047 in SFY 2026.

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 resource center, 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 24-Y: **Reimbursement Rate Increase for Select Behavioral Health Services for Children**”.

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 10, 2024**.
