

NOTICES OF CONNECTICUT STATE AGENCIES

CT PAID FAMILY & MEDICAL LEAVE INSURANCE AUTHORITY

NOTICE OF INTENT TO ADOPT REVISIONS TO ITS EMPLOYEE HANDBOOK

In accordance with sections 1-121 and 31-49h 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”) intends to adopt revisions to its Employee Handbook, which provide details related to the personnel policies of the CT Paid Leave Authority. Changes are being made as a result of Public Act 24-5, to allow for reporting of ethical or legal concerns, to clarify work schedules and accruals, as well as additional updating of the language.

All of the proposed revisions will be found on the CT Paid Leave Authority’s website at: https://www.ctpaidleave.org/about-us/law-and-policies?language=en_US.

If you are unable to access the revisions at the above link and would like to request a copy, please email michael.cisar@ct.gov, including “Revised Employee Handbook” in the subject line.

To submit comments regarding the Revised Employee Handbook, please email the comments to michael.cisar@ct.gov. All written comments regarding the revisions must be submitted by the end of the day on January 24, 2024. Please include “Revised Employee Handbook” in the subject line.

DEPARTMENT OF HOUSING**Notice Under the Affordable Housing Appeals Procedure
Receipt of a Completed 2024 Application
for a Moratorium
in the Town of Simsbury**

In accordance with C.G.S. 8-30-g, the Connecticut Department of Housing is in receipt of a completed application (12/17/2024) for a Certificate of Affordable Housing Project Completion (aka, a Moratorium) for the Town of Simsbury. 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 December 24, 2024 and end on January 23, 2025. Under the statute, DOH has ninety (90) days (March 17, 2025) 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 Proposed Medicaid State Plan Amendment (SPA)

SPA 25-A: January 2025 Quarterly HIPAA Compliant Updates - Physician Office and Outpatient Fee Schedule, Physician Surgery, Physician Radiology, Independent Radiology, Laboratory Services, and Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Fee Schedules/ Updates to the Autism Services, Adult Dental Services and Person-Centered Medical Home Plus

The State of Connecticut Department of Social Services (DSS) is submitting the Medicaid State Plan Amendment (SPA) 25-A 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 Connecticut Medicaid State Plan

January 2025 Health Insurance Portability and Accountability Act (HIPAA) Updates:

Effective on or after January 1, 2025, this SPA will amend Attachment 4.19-B of the Medicaid State Plan to incorporate the January 2025 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions, and description changes) to the physician office and outpatient, physician surgery, physician radiology independent radiology, laboratory services, autism services (ASD) and DMEPOS fee schedules. DSS is making these changes to ensure the fee schedules remain compliant with the Health Insurance Portability and Accountability Act (HIPAA).

Annual Review of Physician-Administered Drugs Reimbursement Rates:

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. For all applicable drugs, the rates will be updated to 100% of the January 2025 Medicare Average Sales Price (ASP) Drug Pricing file for physician-administered drugs, immune globulins, vaccines, and toxoids.

For procedure codes that are not priced on the January 2024 Medicare ASP Drug Pricing File and procedure codes that are described as “unclassified”, as set forth in the existing approved payment methodology in the Medicaid State Plan, 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.

Addition of Select Services to Adult Dental Coverage:

Effective on or after January 1, 2025, SPA 25-A will amend Attachment 4.19-B of the Medicaid State Plan to expand dental services for eligible HUSKY Health members aged over 19 years old. The expanded dental services are the addition of fluoride application for adults, increasing the number of prophylaxis (dental cleanings) from one time to two times per calendar year, and the addition of periodontal treatment for adult HUSKY Health members with select medical diagnoses.

Newly added HCPCS codes to the adult dental fee schedule will be D0120 periodic examination, D110 Adult Prophylaxis, and D1208 Fluoride Application for the fluoride application and adult prophylaxis. Eligible adults who have both conditions (Gastroesophageal Reflux Disease in combination with Obstructive Sleep Apnea) eligible for periodontal treatment will be eligible for periodontal services which include D0120 - Complete Oral Examination *or* D0180 - Periodontal Examination, D4341 - Scaling & Root Planing Four or More Teeth, D4342 - Scaling & Root Planing Three or Less Teeth, D4355 - Full Mouth Debridement, and D4910 - Periodontal Maintenance.

Updates to the Person-Centered Medical Home Plus Program:

This SPA will amend Attachments 3.1-A, 3.1-B, and 4.19-B of the Medicaid State Plan to make updates to the Person-Centered Medical Home Plus (PCMH+) program coverage language and payment methodologies described below.

This SPA implements the updates detailed below to the PCMH+ program, which is codified in the Medicaid State Plan as an Integrated Care Model within

section 1905(a)(30) of the Social Security Act (Act), which is the Medicaid benefit category for “any other medical care, and any other type of remedial care recognized under State law, specified by the [HHS] Secretary.” PCMH+ involves shared savings payments and care coordination add-on payments for primary care case management (PCCM) services, as defined by section 1905(t) of the Act.

Specifically, this SPA updates the coverage pages for PCMH+ by changing specified performance measures; these updated performance measures are posted to DSS’s website at: <https://portal.ct.gov/DSS/Health-And-Home-Care/PCMH-Plus/Quality-Measure> and select the measures in effect January 1, 2025. As part of these updates, among the performance measure changes are that the prior measures used as quality gates (previously Potentially Preventable Admissions (PPA) and Potentially Preventable Emergency Department Visits (PPV)) have been replaced with the Glycemic Status Assessment for Patients with Diabetes (GSD) and the Follow-up after ED Visit for Substance Use (FUA) measures. In order to receive individual pool and challenge pool shared savings, each PCMH+ Participating Entity (PE) must either: (1) be ranked within the top 30% of PEs for both of the quality gate measures (now GSD and FUA) in a performance year and/or (2) improve its year-over-year performance on both of those measures.

PEs will be eligible to qualify for shared savings payments for both the individual and challenge pools only if they meet at least one of these methods of meeting this updated quality gate for both GSD and FUA. All other requirements for potential eligibility for PCMH+ individual and challenge pools’ shared savings payments continue to apply; the only change is to the quality gate for potential eligibility for such payments. The purpose of these changes is to reflect updated quality measures, improve transparency, and focus the financial incentives of PCMH+ on priority areas related to the updated quality measures, especially for the areas included in the quality gate measures.

As a cost-neutral way to help mitigate potential fluctuations in payment while remaining with the existing annual funding cap for care coordination add-on payments to PCMH+ participating entities that are federally qualified health centers (FQHCs), this SPA updates the PCMH+ reimbursement language to change the Care Coordination Add-On Payment methodology so that the per-member per-month (PMPM) amount will be changed from \$4.50 to \$4.00 but adding a provision that if the total amount of funds for these payments (which remains \$6.36 million) not be expended by the end of the performance year, DSS shall pay the remaining amount based on each FQHC’s proportion of all FQHCs’ member months. This SPA does not change the existing language that if this total pool of funds may be reached or exceeded in a calendar month, DSS shall reduce the PMPM amount for that month as necessary in order to remain within

the total pool of funds and no PMPM payments will be made for any subsequent months in the performance year.

Fee schedules are published at this link: <http://www.ctdssmap.com> (select “Provider,” then “Provider Fee Schedule Download,” accept the terms and conditions, and select the applicable fee schedule).

Fiscal Impact

DSS does not anticipate that the HIPAA compliant updates to the physician office and outpatient, physician surgery, independent radiology, physician radiology, laboratory services, ASD services, and DMEPOS fee schedules will have any significant changes in annual aggregate expenditures.

The annual update of the reimbursement rates of physician-administered drugs listed on the physician office and outpatient fee schedule is estimated to have a gross fiscal impact of \$991,784 in SFY 2025 and \$2,415,984 in SFY 2026.

The addition of select HCPCS codes to the adult dental fee schedule will gross fiscal impact of \$1,688,612 in SFY 2025 and \$4,174,250 in SFY 2026.

DSS does not anticipate that the PCMH+ updates described above will result in any significant changes in the state’s annual aggregate expenditures in SFY 2025 and 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 25-A: January 2025 Quarterly HIPAA Compliant Update - Physician Office and Outpatient Fee Schedule, Physician Surgery, Physician Radiology, Independent Radiology, Laboratory Services, and

DMEPOS Fee Schedules/ Updates to the Autism Services, Adult Dental Services and PCMH+ 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 **January 11, 2025**.

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 25-B: Clinic Services – 1.) January 2025 HIPAA Compliant Updates for Dialysis Clinics, Family Planning Clinics, Medical Clinics, and Behavioral Health Clinic Fee Schedules 2.) Updates to Physician Administered Drugs for Behavioral Health Clinics, Dialysis Clinics, Family Planning Clinics, and Medical Clinics

The State of Connecticut Department of Social Services (DSS) submitting 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 January 1, 2025, SPA 25-B will amend Attachment 4.19-B of the Medicaid State Plan to revise various clinic fee schedules as detailed below.

First, this SPA updates behavioral health, dialysis, family planning, and medical clinics fee schedules to incorporate the 2025 Healthcare Common Procedural Coding System (HCPCS) changes (additions, deletions, and description changes) to remain compliant with the Health Insurance Portability and Accountability Act (HIPAA). Codes that are being added are being priced using a comparable methodology to other codes in the same or similar category. For newly added codes that are replacing codes that are being deleted, these are priced in a manner designed to be cost-neutral to the previous overall payment methodology.

Second, this SPA will update the reimbursement rate for select physician administered drugs on the behavioral health, dialysis, family planning, and medical clinics fee schedules to be consistent with the January 2025 Medicare Average Sales Price (ASP) Drug Pricing file. The reimbursement rates for select physician administered drugs, immune globulins, vaccines, and toxoids will be revised to equal 100% of the January 2025 Medicare ASP Drug Pricing file.

Fee schedules are published at this link: <http://www.ctdssmap.com>, then select “Provider”, then select “Provider Fee Schedule Download.”

Fiscal Impact

DSS estimates the updates for HIPAA compliance and annual review of physician-administered drug reimbursement rates of the following fee schedules: behavioral health, dialysis, family planning, and medical clinics will not change the annual aggregate expenditures in State Fiscal Year (SFY) 2025 and 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 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 25-B: Clinic Services – January 2025 HIPAA Compliant Updates and Physician-Administered Drug Updates for Behavioral Health Clinics, Dialysis Clinics, Family Planning Clinics, and Medical 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 January 11, 2025.

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 25-D Pharmacy Value Based Purchasing (VBP) Supplemental Rebate 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 at the bottom of this document.

Changes to Medicaid State Plan

Effective on or after January 1, 2025, SPA 25-D will amend Attachment 3.1-A and 3.1-B in order to enter into a pharmacy value-based purchasing supplemental rebate agreement with manufacturers on a voluntary basis. The conditions of the value/outcomes-based contract shall be agreed upon by both the state and manufacturer.

The purpose of this SPA is to participate with CMS on this negotiated agreement with manufacturers in an attempt to get the most advantageous pricing on pharmaceuticals.

Fiscal Impact

Overall, DSS anticipates that this SPA will increase annual aggregate expenditures by approximately \$0 in State Fiscal Year (SFY) 2025 and \$0 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 25-D Pharmacy Value Based Purchasing (VBP) Supplemental Rebate 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 **January 29, 2025**.

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 25-F: Pediatric Inpatient Psychiatric Services: Interim Rate-Add-Ons and Change to Medically Necessary Discharge Delay Reimbursement Methodology

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 January 1, 2025, SPA 25-F will amend Attachment 4.19-A of the Medicaid State Plan, the Department of Social Services (DSS) will extend rate add-ons ending December 31, 2024, for pediatric inpatient psychiatric services currently approved in the Medicaid State Plan. Specifically, this SPA extends the following rate add-ons for two years, through December 31, 2026.

Collectively, these rate add-ons are an interim voluntary value-based payment (VBP): (1) rate add-on to the applicable per diem rate for increasing bed capacity, utilization, and various reporting requirements; (2) an acuity-based add-on to the applicable per diem rate as authorized on a case-by-case basis; and (3) revision to the medically necessary discharge delay policy to provide reimbursement at the full per diem rate on a case-by-case basis. The purpose of these voluntary value-based payment opportunities is to help address the unmet need for pediatric inpatient psychiatric services and improve the quality of such services.

Fiscal Impact

DSS estimates that this SPA will increase annual aggregate expenditures by approximately \$8,609,896 in SFY 2025, and \$17,579,983 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 25-F: Pediatric Inpatient Psychiatric Services: Interim Rate-Add-Ons and Change to Medically Necessary Discharge Delay Reimbursement Methodology**”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than **January 27, 2025**.

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 25-G: Consolidated Appropriations Act of 2023

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 January 1, 2025, this SPA will amend Attachment 3.1-A, 3.1-B, and 4.19-B of the Medicaid State Plan to establish a new Targeted Case Management (TCM) and Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) coverage group, under the Consolidated Appropriations Act of 2023. The Consolidated Appropriations Act of 2023 requires two provisions, namely sections 5121 and 5122. Section 5121 mandates all states to provide TCM and EPSDT to all eligible juveniles under 21 years old and former foster care individuals 18-26 years old who are within 30 days of their scheduled date of release (or not later than one week, or as soon as practicable, after release from the public institution). Section 5122 (optional) extends Medicaid coverage to eligible juveniles who are inmates of a public institution during the period pending disposition of charges. The purpose of this SPA is to improve care coordination and physical and behavioral health outcomes for youth and former foster care individuals up to 26 years old prior to release from a carceral setting and pre-adjudicated youth pending disposition.

Fiscal Impact

DSS estimates a gross fiscal impact of \$0 for State Fiscal Year (SFY) 2025, and \$227,097 SFY 2026 and \$939,046 in SFY 2027.

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 25-G: Consolidated Appropriations Act of 2023**”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than **January 10, 2025**.

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

CT 25-O SPA: Increase to the Reimbursement Rate to Select Long-Acting Reversible Contraceptive Device

The State of Connecticut Department of Social Services (DSS) is submitting 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 January 2, 2025, SPA 25-O will amend Attachment 4.19-B to implement the following increase to the reimbursement rate for the following long-acting reversible contraceptive [LARC] device on the physician office and outpatient fee schedule.

Code	Description	Rate
J7307	Etonogestrel implant system	\$1214.63

The purpose of this change is to maintain access to LARC devices by ensuring that the rate continues to align with the providers' costs of obtaining the device. 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 increasing the LARC device rate as a gross cost of \$34,524 in SFY 2025, \$85,343 and 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 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 **“CT 25-O SPA: Increase to the Reimbursement Rate to Select Long-Acting Reversible Contraceptive Device”**.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than **January 10, 2025**.

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 25-L: Supplemental Payment for Obstetrical Services Program – Restructuring Scoring for Quality Performance Measures

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 January 1, 2025, this SPA will amend Attachment 4.19-B of the Medicaid State Plan to restructure the scoring of the performance measures.

The purpose of this SPA is to restructure the scoring of the performance measures for a smaller pool of eligible obstetric providers. Overall, the context of the performance measures has not changed; however, due to the smaller pool of eligible obstetric providers, it is necessary to adjust the scoring of these measures. The smaller pool of eligible obstetric providers is the result of the launch of the maternity bundle incentive program.

Fiscal Impact

This SPA will not change annual aggregate expenditures because DSS anticipates the full \$600,000 allocated for this supplemental payment will continue to be paid per state fiscal year, based upon the quality measure revision implemented by this SPA.

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 (Phone: 860-424-5067). Please reference “SPA 25-L: Supplemental Payment for Obstetrical Services Program - Restructuring Scoring for Quality Performance Measures”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than January 10, 2025.

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

**SPA 25-P: Addition of Coverage for Electronic Consultations
(E-Consults)**

The State of Connecticut Department of Social Services (DSS) is submitting the Medicaid State Plan Amendment (SPA) 25-P 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 Connecticut Medicaid State Plan

Effective on or after January 1, 2025, this SPA will amend Attachment 4.19-B of the Medicaid State Plan to incorporate the coverage of electronic consultations (e-consults). An e-consult is a consultation service through which a member's primary care practitioner or treating practitioner (defined as a physician, advanced practice registered nurses (APRN), certified nurse mid-wife (CNM), and physician assistant) requests the opinion and/or treatment advice of a physician/psychiatrist, APRN, CNM or physician assistant with a specific specialty, to assist the primary care or treating practitioner in the diagnosis and/or management of the member's presenting complaint. E-consults are typically provided in cases where a timely face-to-face visit with a specialist is not necessary or may not be feasible due to, factors including but not limited to, time and distance

DSS intends to add the following Healthcare Common Procedure Coding System (HCPCS) procedure codes on the physician office and outpatient fee schedule to increase access to medically necessary specialist services covered under the Connecticut Medical Assistance Program (CMAP).

CPT Code	Description
99451	Interprofessional telephone/Internet/EHR assessment and mgt by consultative physician, 5 mins or more
99452	Interprofessional telephone/Internet/EHR referral service(s) provided by a treating/requesting physician, 30 mins

Fee schedules are published at this link: <http://www.ctdssmap.com> (select “Provider,” then “Provider Fee Schedule Download,” accept the terms and conditions, and select the applicable fee schedule).

Fiscal Impact

The addition of e-consults to the physician office and outpatient fee schedule will result in gross fiscal impact of \$43,186 in SFY 2025 and \$106,756 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 25-P: Addition of Coverage for Electronic Consultations (E-Consults)”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than **January 10, 2025**.
