

## **Table of Contents**

**State/Territory Name: Connecticut**

**State Plan Amendment (SPA) #: 21-0034**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



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**Financial Management Group**

December 20, 2021

Deidre S. Gifford, MD, MPH, Commissioner  
Department of Social Services  
55 Farmington Avenue, 9<sup>th</sup> Floor  
Hartford, Connecticut 06105

**RE: Connecticut State Plan Amendment (SPA) Transmittal Number 21-0034**

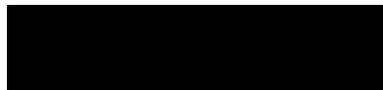
Dear Commissioner Gifford:

We have reviewed the proposed Connecticut State Plan Amendment (SPA) to Attachment 4.19-B submitted under TN-21-0034, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 30th, 2021. This plan makes changes to the home health services fee schedule.

Based upon the information provided by the State, we have approved the amendment with an effective date of August 1<sup>st</sup>, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Jerica Bennett at 1-410-786-1167 or [jerica.bennett@cms.hhs.gov](mailto:jerica.bennett@cms.hhs.gov).

Sincerely,



Todd McMillion  
Director  
Division of Reimbursement Review

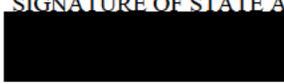
Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER: 21-0034	2. STATE: CT
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: August 1, 2021	
5. TYPE OF STATE PLAN MATERIAL (Check One):  <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		

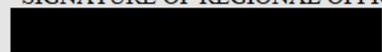
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: Section 1905(a)(7) of the Social Security Act and 42 CFR 440.70	7. FEDERAL BUDGET IMPACT: a. FFY 2021 \$849,000 b. FFY 2022 \$8.9 million
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 4.19-B, Page 1(a)v , 1(a)vi and 1(a)vii	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable) Attachment 4.19-B, Page 1(a)v , <b>NEW</b>
10. SUBJECT OF AMENDMENT: This SPA amends the Medicaid State Plan to implement specified home health rate increases. Specifically <b>First</b> , this SPA increases rates by 6% for codes T1004 and T1021 for home health aide or certified nursing assistant services provided by licensed home health agencies. The purpose of this change is to reflect increased costs in paying higher wages to home health aides due to the state's August 1, 2021 minimum wage increase. In addition, this SPA implements home health fee schedule changes in accordance with the state's Spending Plan for Implementation of the American Rescue Plan Act (ARPA) of 2021, Section 9817, subject to CMS approval of that plan. <b>FirstSecond</b> , rates for home health services except pediatric complex care skilled nursing services will increase by 3.5%. <b>SecondThird</b> , pediatric complex care skilled nursing services will increase by 30% above the June 30, 2021 rates (resulting in a combined 31.7% increase above June 30, 2021 rates after accounting for the 1.7% rate increase effective July 1, 2021 proposed under pending SPA 21-0021). Lastly, a value-based payment rate add-on of up to 1% is available for all home health services based upon the home health agency provider meeting specified performance criteria. <b>This SPA implements various home health changes consistent with the state's Spending Plan for Implementation of the American Rescue Plan Act (ARPA) of 2021, Section 9817, which was separately submitted for CMS review.</b>	

11. GOVERNOR'S REVIEW (Check One):  
 GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO:  State of Connecticut Department of Social Services 55 Farmington Avenue- 9th floor Hartford, CT 06105 Attention: Ginny Mahoney
13. TYPED NAME: Deidre S. Gifford, MD, MPH	
14. TITLE: Commissioner	
15. DATE SUBMITTED: September 30, 2021	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: September 30, 2021	18. DATE APPROVED: December 20, 2021
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: August 1, 2021	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Todd McMillion	22. TITLE: Director, Division of Reimbursement Review
23. REMARKS: <b>Pen and ink change requested by Connecticut via email on 12/09/2021.</b>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State Connecticut

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(7) Home Health Services –

(a) Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area are provided with limitations.

(b) Home health aide services provided by a home health agency with limitations.

(c) Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility are provided with limitations.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of home health services provided by a home health agency listed above in (a), (b), and (c). The agency's fee schedule rates were set as of August 1, 2021 and are effective for services provided on or after that date. All rates are published on the Connecticut Medical Assistance Program website: <https://www.ctdssmap.com>. From this web page, go to "Provider," then to "Provider Fee Schedule Download," then select the applicable fee schedule. In addition to the fee schedule rate, effective for dates of service on or after August 1, 2021, each home health agency provider will be eligible to receive a value-based payment rate add-on of up to 1% of the applicable rate set forth in (a), (b), and (c) above in accordance with the following:

The first 1% performance payment will be paid on or before March 31, 2022 and is effective for and based on expenditures from August 1, 2021 through February 28, 2022 for each qualifying provider that meets the following standards:

(a) Participation in the Department of Social Services Racial Equity Training – 80% of all supervisors employed by the agency must complete the first training by February 1, 2022; and,

(b) Provider has Data Sharing Agreement executed with the state's Health Information Exchange (HIE) Payment methodology.

The second 1% performance payment will be paid on or before July 31, 2022 and is effective for and based on expenditures from March 1, 2022 through June 30, 2022 for each qualifying provider that meets the following standards:

(a) Participation in Department of Social Services Racial Equity Training – 80% of all supervisors employed by the agency must complete the second training and 50% of all other staff employed by the agency must complete the first training; and,

(b) Signing, at a minimum, the HIE Empanelment Use Case; and,

(c) Action plan detailing how the provider sends their client roster in an approved format to the state's HIE.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
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(d) Medical supplies, equipment and appliances suitable for use in the home – Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Medical supplies, equipment and appliances suitable for use in the home. The agency’s fee schedule rates were set as of July 1, 2021 and are effective for services provided on or after that date. All rates are published on the Connecticut Medical Assistance Program website: <https://www.ctdssmap.com>. From this web page, go to “Provider,” then to “Provider Fee Schedule Download,” then select the applicable fee schedule. Over-the-counter products provided by pharmacies are reimbursed at Average Wholesale Price (AWP). The temporary rate increase for non-sterile gloves is effective September 1, 2020 and expires 90 days after the end of the Coronavirus Disease 2019 (COVID-19) federal public health emergency declaration, as extended. After such date, the rate for non-sterile gloves reverts to the rate in effect immediately prior to September 1, 2020.

TN # 21-0034  
Supersedes  
TN # NEW

Approval Date 12/20/2021

Effective Date 08/01/2021

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State Connecticut

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- (8) Private duty nursing services – Not provided.

TN # 21-0034  
Supersedes  
TN # NEW

Approval Date 12/20/2021

Effective Date 08/01/2021