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**State/Territory Name: Connecticut**

**State Plan Amendment SPA #: 21-0031**

**This file contains the following documents in the order listed:**

- 1) Approval Letter
- 2) CMS-179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



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March 18, 2022

Dr. Deidre Gifford, Commissioner  
Department of Social Services  
55 Farmington Avenue  
Hartford, CT 06105

Re: Connecticut State Plan Amendment (SPA) 21-0031

Dear Commissioner Gifford:

We have reviewed the proposed amendment to add section 7.4 Medicaid Disaster Relief for the COVID-19 National Emergency to your Medicaid state plan, as submitted under transmittal number (TN) 21-0031. This amendment proposes to implement temporary policies, which are different from those policies and procedures otherwise applied under your Medicaid state plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof).

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 *et seq.*), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences of the COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse.

This authority took effect as of 6 PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and this

state plan provision will no longer be in effect, upon termination of the public health emergency, including any extensions.

Pursuant to section 1135(b)(5) of the Act, for the period of the public health emergency, CMS is modifying the requirement at 42 C.F.R. 430.20 that the state submit SPAs related to the COVID-19 public health emergency by the final day of the quarter, to obtain a SPA effective date during the quarter, enabling SPAs submitted after the last day of the quarter to have an effective date in a previous quarter, but no earlier than the effective date of the public health emergency.

The State of Connecticut also requested a waiver of public notice requirements applicable to the SPA submission process. Pursuant to section 1135(b)(1)(C) of the Act, CMS is waiving public notice requirements applicable to the SPA submission process. Public notice for SPAs is required under 42 C.F.R. §447.205 for changes in statewide methods and standards for setting Medicaid payment rates, 42 C.F.R. §447.57 for changes to premiums and cost sharing, and 42 C.F.R. §440.386 for changes to Alternative Benefit Plans (ABPs). Pursuant to section 1135(b)(1)(C) of the Act, CMS is approving the state's request to waive these notice requirements otherwise applicable to SPA submissions.

The State of Connecticut also requested a waiver to modify the tribal consultation timeline applicable to this SPA submission process. Pursuant to section 1135(b)(5) of the Act, CMS is also allowing states to modify the timeframes associated with tribal consultation required under section 1902(a)(73) of the Act, including shortening the number of days before submission or conducting consultation after submission of the SPA.

These waivers or modifications of the requirements related to SPA submission timelines, public notice, and tribal consultation apply only with respect to SPAs that meet the following criteria: (1) the SPA provides or increases beneficiary access to items and services related to COVID-19 (such as by waiving or eliminating cost sharing, increasing payment rates or amending ABPs to add services or providers); (2) the SPA does not restrict or limit payment or services or otherwise burden beneficiaries and providers; and (3) the SPA is temporary, with a specified sunset date that is not later than the last day of the declared COVID-19 public health emergency (or any extension thereof). We nonetheless encourage states to make all relevant information about the SPA available to the public so they are aware of the changes.

We conducted our review of your submittal according to the statutory requirements at section 1902(a) of the Act and implementing regulations. This letter is to inform you that Connecticut Medicaid SPA Transmittal Number 21-0031 is approved effective March 1, 2020.

Enclosed is a copy of the CMS-179 summary form and the approved state plan pages.

Please contact Marie DiMartino at 617-565-9157 or by email at [Marie.Dimartino@cms.hhs.gov](mailto:Marie.Dimartino@cms.hhs.gov) if you have any questions about this approval. We appreciate


the efforts of you and your staff in responding to the needs of the residents of the State of Connecticut and the health care community.

Sincerely,

**Alissa M.  
Deboy -S**

Digitally signed by Alissa  
M. Deboy -S  
Date: 2022.03.18  
07:52:16 -04'00'

Alissa Mooney DeBoy  
On Behalf of Anne Marie Costello, Deputy Director  
Center for Medicaid and CHIP Services

<p><b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b></p> <p><b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b></p>		<p>1. TRANSMITTAL NUMBER <u>2 1 - 0 0 3 1</u></p>	<p>2. STATE <u>CT</u></p>
<p>TO: CENTER DIRECTOR CENTERS FOR MEDICAID &amp; CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>		<p>3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI</p>	
<p>5. FEDERAL STATUTE/REGULATION CITATION Sections 1135 and 1905(a)(7) of the Social Security Act</p>		<p>4. PROPOSED EFFECTIVE DATE <b>March 1, 2020</b></p>	
<p>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Section 7.4-A, Pages 1-2, 11 Section 7.4-A, Page 11a</p>		<p>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2021</u> \$ <u>382,697</u> b. FFY <u>2022</u> \$ <u>6,906,540</u></p>	
<p>9. SUBJECT OF AMENDMENT  This COVID-19 disaster relief SPA implements the following home health increases consistent with the state's ARPA sec. 9817 HCBS spending plan: 1. effective July 1-31, 2021, 3.5% rate increases for specified services, 30% for other than pediatric complex skilled nursing, and additional 1% value-based payment and 2. one-time supplemental payment calculated at 5% of SFY 2021 expenditures.</p>		<p>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Section 7.4-A, Pages 1-2, 11 New</p>	
<p>10. GOVERNOR'S REVIEW (Check One)</p> <p><input checked="" type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <span style="margin-left: 200px;"><input type="radio"/> OTHER, AS SPECIFIED:</span></p> <p><input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED</p> <p><input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</p>			
<p>11. SIGNATURE OF STATE AGENCY OFFICIAL </p>	<p>15. RETURN TO  State of Connecticut Department of Social Service 55 Farmington Avenue, 9th Floor Hartford, CT 06105 Attention: Ginny Mahoney</p>		
<p>12. TYPED NAME Deidre S. Gifford, MD, MPH</p>	<p>13. TITLE Commissioner</p>		
<p>14. DATE SUBMITTED December 20, 2021</p>	<p><b>FOR CMS USE ONLY</b></p>		
<p>16. DATE RECEIVED December 20, 2021</p>	<p>17. DATE APPROVED March 18, 2022</p>		
<p><b>PLAN APPROVED - ONE COPY ATTACHED</b></p>			
<p>18. EFFECTIVE DATE OF APPROVED MATERIAL March 1, 2020</p>	<p>19. SIGNATURE OF APPROVING OFFICIAL <b>Alissa M. Deboy -S</b> <small>Digitally signed by Alissa M. Deboy -S Date: 2022.03.18 07:52:40 -04'00'</small></p>		
<p>20. TYPED NAME OF APPROVING OFFICIAL Alissa Mooney DeBoy</p>	<p>21. TITLE OF APPROVING OFFICIAL on Behalf of Anne Marie Costello Deputy Director Centers for Medicaid and CHIP Services</p>		
<p>22. REMARKS</p>			

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Connecticut**Section 7 – General Provisions****7.4-A. Medicaid Disaster Relief for the COVID-19 National Emergency**

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and waivers will no longer be available, upon termination of the public health emergency, including any extensions.

The State Medicaid agency (agency) seeks to implement the policies and procedures described below, which are different than the policies and procedures otherwise applied under the Medicaid state plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof), or for any shorter period described below:

*Describe shorter period here.*

Except as where a shorter period is specifically identified below within each specific section, all other provisions of this Section 7.4-A below apply from March 1, 2020 through the termination of the public health emergency, including any extensions.

As detailed in sections D.1, E.1, and E.4 below, coverage and rates for specified COVID-19 vaccine administration (and administration of other specified vaccines) are in effect from December 11, 2020 through the termination of the public health emergency, including any extensions. As detailed in section D.4 below, 90-day supply of medication other than controlled substance medications is authorized from March 1, 2020 through April 19, 2021.

As detailed in section E.2 below: (1) the rate increase for inpatient hospital COVID-19 admissions is in effect from April 1, 2020 through June 30, 2020; (2) the rate add-ons for pediatric inpatient psychiatric services are in effect as follows (i) the rate add-on for increasing access and following other specified requirements is in effect from June 1, 2021 through June 30, 2022 and (ii) the rate add-on for increased acuity is in effect from July 1, 2021 through June 30, 2022; (3) the rate increase for private intermediate care facilities for individuals with intellectual disabilities is in effect from April 1, 2020 through June 30, 2020; (4) the rate increases for nursing facilities are as follows: (i) increase in effect from March 1, 2020 through April 30, 2020; (ii) increase in effect from January 1, 2021 through February 28, 2021; (iii) increase in effect from March 1, 2021 through March 31, 2021; and (iv) increase in effect from April 1, 2021 through June 30, 2021; (5) the payment changes for home health services are as follows: (i) increase for home health aide services in effect from September 1, 2020 through October 31, 2020; (ii) increases for specified home health services in effect from July 1, 2021 through July 31, 2021; and (iii) one-time supplemental payment effective July 1, 2021; and (6) the rate increase for chronic disease hospitals is in effect from January 1, 2021 through February 28, 2021.

As detailed in section E.3 below, the separate codes for behavioral health services delivered via audio-only telephone are in effect from March 18, 2020 through May 6, 2020.

As detailed in section E.4 below, payment to outpatient hospitals for specimen collection for COVID-19 tests for non-patients is in effect starting July 1, 2021.

TN: 21-0031

Supersedes TN: 21-0020

Approval Date: March 18, 2022

Effective Date: March 1, 2020

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Connecticut*Section 7.4-A. Medicaid Disaster Relief for the COVID-19 National Emergency, Cont'd*

NOTE: States may not elect a period longer than the Presidential or Secretarial emergency declaration (or any renewal thereof). States may not propose changes on this template that restrict or limit payment, services, or eligibility, or otherwise burden beneficiaries and providers.

**Request for Waivers under Section 1135**

X  The agency seeks the following under section 1135(b)(1)(C) and/or section 1135(b)(5) of the Act:

- a.  X  SPA submission requirements – the agency requests modification of the requirement to submit the SPA by March 31, 2020, to obtain a SPA effective date during the first calendar quarter of 2020, pursuant to 42 CFR 430.20.
- b.  X  Public notice requirements – the agency requests waiver of public notice requirements that would otherwise be applicable to this SPA submission. These requirements may include those specified in 42 CFR 440.386 (Alternative Benefit Plans), 42 CFR 447.57(c) (premiums and cost sharing), and 42 CFR 447.205 (public notice of changes in statewide methods and standards for setting payment rates).
- c.  X  Tribal consultation requirements – the agency requests modification of tribal consultation timelines specified in Connecticut’s Medicaid state plan, as described below:

*Please describe the modifications to the timeline.*

Tribal notice will be submitted not later than ten business days after this SPA is submitted to CMS.

**Section A – Eligibility**

1.  X  The agency furnishes medical assistance to the following optional groups of individuals described in section 1902(a)(10)(A)(ii) or 1902(a)(10)(c) of the Act. This may include the new optional group described at section 1902(a)(10)(A)(ii)(XXIII) and 1902(ss) of the Act providing coverage for uninsured individuals.

*Include name of the optional eligibility group and applicable income and resource standard.*  
 COVID-19 Testing Group: The state elects to cover all uninsured individuals as defined under 1902(ss) of the Act pursuant to Section 1902(a)(10)(A)(ii)(XXIII) of the Act effective March 18, 2020.

2. \_\_\_\_\_ The agency furnishes medical assistance to the following populations of individuals described in section 1902(a)(10)(A)(ii)(XX) of the Act and 42 CFR 435.218:
  - a. \_\_\_\_\_ All individuals who are described in section 1905(a)(10)(A)(ii)(XX)

Income standard: \_\_\_\_\_

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Connecticut*Section 7.4-A. Medicaid Disaster Relief for the COVID-19 National Emergency, Cont'd*

## b. Payments are increased through:

- i.  A supplemental payment or add-on within applicable upper payment limits:

*Please describe.*

- An increase to rates as described below.

## Rates are increased:

Uniformly by the following percentage: \_\_\_\_\_

Through a modification to published fee schedules –  
Effective date (enter date of change): \_\_\_\_\_

Location (list published location): \_\_\_\_\_

Up to the Medicare payments for equivalent services.

By the following factors:

*Please describe.*

**Private ICF/IIDs:** Private ICF/IID rates will be increased by \$49.10 per day (which is an average increase of 10%) for each facility effective from April 1, 2020 through June 30, 2020 or upon termination of the public health emergency, whichever comes first. Increases are for costs associated with the public health emergency, such as staffing and personal protective equipment (PPE), new costs related to screening of visitors, and cleaning and housekeeping supplies.

**Nursing Facilities:** Increases are for costs associated with the public health emergency, such as staffing and PPE. Nursing facility rates are increased by:

- (1) 10% for all homes effective from March 1, 2020 through April 30, 2020.
- (2) 5% for all homes effective from January 1, 2021 through February 28, 2021.
- (3) 10% for all homes effective from March 1, 2021 through March 31, 2021.
- (4) 5% for all homes effective from April 1, 2021 through June 30, 2021.

**Home Health Aide Services:** The rates for home health aide services provided by home health agencies (codes T1004 and T1021) are increased by 2.3% from September 1, 2020 through October 31, 2020.

**Chronic Disease Hospitals:** The rates for freestanding chronic disease hospitals are increased by 2% from January 1, 2021 through February 28, 2021.



## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Connecticut*Section 7.4-A. Medicaid Disaster Relief for the COVID-19 National Emergency, Cont'd***Rate Increases and Supplemental Payments to Enhance, Expand, and/or Strengthen Home and Community-Based Services (HCBS), Implemented in Accordance with the State's HCBS Spending Implementation Plan Pursuant to Section 9817 of the American Rescue Plan Act****1. Home Health Services (section 1905(a)(7) of the Social Security Act)**

Supplemental Payment: Effective July 1, 2021, a one-time supplemental payment calculated at 5% of state fiscal year (SFY) 2021 Medicaid expenditures for home health services provided by each home health agency. The supplemental payment will be paid within 30 days of CMS' approval of SPA 21-0031 only to providers who are actively enrolled in Medicaid on the date of payment.

Rate Increases: Effective from July 1, 2021 through July 31, 2021, rates are increased by: 3.5% for all home health services other than pediatric complex skilled nursing services, 30% for pediatric complex skilled nursing services, and an additional 1% for all home health services paid no later than March 31, 2022 if the provider is actively enrolled in Medicaid on the payment date and meets the following performance 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 executed a data sharing agreement with the state's Health Information Exchange (HIE).

Payment for services delivered via telehealth: