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State/Territory Name: Connecticut

State Plan Amendment (SPA) #: 22-0013

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 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



March 24, 2023

Andrea Barton Reeves, J.D., Commissioner
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105

Re: Connecticut State Plan Amendment (SPA) 22-0013

Dear Commissioner Barton Reeves:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0013. This amendment proposes to comply with the American Rescue Plan (ARP) requirements regarding coverage of and payment for: 1) COVID-19 vaccine and vaccine administration; 2) COVID-19 testing; and 3) COVID-19 treatment and treatment for a condition that may seriously complicate COVID treatment.

Pursuant to section 1135(b)(5) of the Social Security Act (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 to modify the public notice requirements applicable to the SPA submission process. Pursuant to section 1135(b)(5) of the Act, CMS is modifying 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)(5) of the Act, CMS is approving the state's request to modify these notice requirements otherwise applicable to SPA submissions.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Act and implementing regulations. This letter is to inform you that Connecticut's Medicaid SPA Transmittal Number 22-0013 is approved effective March 11, 2021.

If you have any questions please contact Marie DiMartino at (617) 565-9157 or by email at Marie.DiMartino@cms.hhs.gov.

Sincerely,

Alissa M.
Deboy -S

Digitally signed by Alissa
M. Deboy -S
Date: 2023.03.24
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Alissa Mooney DeBoy
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 2 — 0 0 1 3

2. STATE

CT3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT

XIX



XXI

TO: CENTER DIRECTOR

CENTERS FOR MEDICAID & CHIP SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

March 11, 2021

5. FEDERAL STATUTE/REGULATION CITATION

Section 9811(a) of the American Rescue Plan Act of 2021, as codified in Social
Security Act Sections 1905(a)(4)(E) and (F)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2021 \$ 722,324b. FFY 2022 \$ 2,078,834

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 7.7-A, Pages 1-3

Attachment 7.7-B, Pages 1-3

Attachment 7.7-C, Pages 1-3

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

NEW

NEW

NEW

9. SUBJECT OF AMENDMENT

Effective March 11, 2021 through last day of first calendar quarter that begins 1 year after the last day of the PHE. Per sec. 1905
(a)(4)(E) and (F), adds coverage and payment for: (1) COVID-19 vaccine & vaccine administration, (2) COVID-19 testing, (3)
COVID-19 treatment and treatment for a condition that may seriously complicate COVID-19 treatment for specified individuals.

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT



COMMENTS OF GOVERNOR'S OFFICE ENCLOSED



NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL



OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

William Woolston

Digitally signed by William Woolston
Date: 2022.12.27 09:46:55 -05'00'

12. TYPED NAME

William Gui Woolston, PhD

13. TITLE

Director of Medicaid and Division of Health Services

14. DATE SUBMITTED

December 27, 2022

15. RETURN TO

State of Connecticut

Department of Social Service

55 Farmington Avenue, 9th Floor

Hartford, CT 06105

Attention: Ginny Mahoney

FOR CMS USE ONLY

16. DATE RECEIVED

December 27 2022

17. DATE APPROVED

March 24, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

March 11, 2021

19. SIGNATURE OF APPROVING OFFICIAL

Alissa M. Deboy -S

Digitally signed by Alissa
M. Deboy -S
Date: 2023.03.24
09:08:38 -04'00'

Deboy -S

20. TYPED NAME OF APPROVING OFFICIAL

Alissa Mooney DeBoy

21. TITLE OF APPROVING OFFICIAL

On behalf of AnneMarie Costello, Deputy Director, CMCS

22. REMARKS

State: Connecticut

Vaccine and Vaccine Administration at Section 1905(a)(4)(E) of the Social Security Act

During the period starting March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act (the Act):

Coverage

 X The state assures coverage of COVID-19 vaccines and administration of the vaccines.¹

 X The state assures that such coverage:

1. Is provided to all eligibility groups covered by the state, including the optional Individuals Eligible for Family Planning Services, Individuals with Tuberculosis, and COVID-19 groups if applicable, with the exception of the Medicare Savings Program groups and the COBRA Continuation Coverage group for which medical assistance consists only of payment of premiums; and
2. Is provided to beneficiaries without cost sharing pursuant to section 1916(a)(2)(H) and section 1916A(b)(3)(B)(xii) of the Act; reimbursement to qualified providers for such coverage is not reduced by any cost sharing that would otherwise be applicable under the state plan.

 X Applies to the state's approved Alternative Benefit Plans, without any deduction, cost sharing or similar charge, pursuant to section 1937(b)(8)(A) of the Act.

 X The state provides coverage for any medically necessary COVID-19 vaccine counseling for children under the age of 21 pursuant to §§1902(a)(11), 1902(a)(43), and 1905(hh) of the Act.

 X The state assures compliance with the HHS COVID-19 PREP Act declarations and authorizations, including all of the amendments to the declaration, with respect to the providers that are considered qualified to prescribe, dispense, administer, deliver and/or distribute COVID-19 vaccines.

Additional Information (Optional):

¹ The vaccine will be claimed under this benefit once the federal government discontinues purchasing the vaccine.

State: Connecticut

Vaccine and Vaccine Administration at Section 1905(a)(4)(E) of the Social Security Act (cont'd)

Reimbursement

 X The state assures that the state plan has established rates for COVID-19 vaccines and the administration of the vaccines for all qualified providers pursuant to sections 1905(a)(4)(E) and 1902(a)(30)(A) of the Act.

List Medicaid state plan references to payment methodologies that describe the rates for COVID-19 vaccines and their administration for each applicable Medicaid benefit:

Section 7.4 - A of the Medicaid State Plan, section E.4, which is in effect through the end of the Public Health Emergency (PHE).

Beginning on the date after the end of the PHE and through the end of the time period that his benefit is in effect, the rate in effect is as set forth in accordance with the section of Attachment 4.19-B that is applicable to each qualified provider type.

 X The state is establishing rates for COVID-19 vaccines and the administration of the vaccines pursuant to sections 1905(a)(4)(E) and 1902(a)(30)(A) of the Act.

 X The state's rates for COVID-19 vaccines and the administration of the vaccines are consistent with Medicare rates for COVID-19 vaccines and the administration of the vaccines, including any future Medicare updates at the:

 X Medicare national average, OR
 Associated geographically adjusted rate.

 The state is establishing a state specific fee schedule for COVID-19 vaccines and the administration of the vaccines pursuant to sections 1905(a)(4)(E) and 1902(a)(30)(A) of the Act.

The state's rate is as follows and the state's fee schedule is published in the following location:

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 X The state's fee schedule is the same for all governmental and private providers.

TN # 22-0013

Supersedes

TN # NEW

Approved: 03/24/2023

Effective Date: 03/11/2021

State: Connecticut

Vaccine and Vaccine Administration at Section 1905(a)(4)(E) of the Social Security Act (cont'd)

____ The below listed providers are paid differently from the above rate schedules and payment to these providers for COVID-19 vaccines and the administration of the vaccines are described under the benefit payment methodology applicable to the provider type:

____ The payment methodologies for COVID-19 vaccines and the administration of the vaccines for providers listed above are described below:

X The state is establishing rates for any medically necessary COVID-19 vaccine counseling for children under the age of 21 pursuant to sections 1905(a)(4)(E), 1905(r)(1)(B)(v) and 1902(a)(30)(A) of the Act.

X The state's rate is as follows and the state's fee schedule is published in the following location:

Beginning on the effective date of this SPA through the end of the time period that this benefit is in effect, the following rates apply:

Dentists and Hygienists (hygienists only 3/11/21 through 4/15/22): \$24.66

Physicians, Certified Nurse Midwives: \$24.66 (Advanced Practice Registered Nurses (APRN), Physician Assistants (PA): 90% of this rate)

Primary Care Provider: \$37.61 (APRNs, PAs: 90% of this rate)

Medical Clinics: \$34.31

FQHCs: If the visit is solely for COVID vaccine counseling (and no other service), then the FQHC receives the encounter rate determined in accordance with the methodology set forth in Attachment 4.19-B, section 2.

The state's fee schedule is published at this link: <https://www.ctdssmap.com>, select "Provider," then select "Provider Fee Schedule Download," then select the fee schedule.

PRA Disclosure Statement Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 75). Public burden for all of the collection of information requirements under this control number is estimated to take up to 1 hour per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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Supersedes

TN # NEW

State: Connecticut

COVID-19 Testing at section 1905(a)(4)(F) of the Social Security Act

During the period starting March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act (the Act):

Coverage

X The state assures coverage of COVID-19 testing consistent with the Centers for Disease Control and Prevention (CDC) definitions of diagnostic and screening testing for COVID-19 and its recommendations for who should receive diagnostic and screening tests for COVID-19.

X The state assures that such coverage:

1. Includes all types of FDA authorized COVID-19 tests;
2. Is provided to all categorically needy eligibility groups covered by the state that receive full Medicaid benefits;
3. Is provided to the optional COVID-19 group if applicable; and
4. Is provided to beneficiaries without cost sharing pursuant to section 1916(a)(2)(I) and 1916A(b)(3)(B)(xiii) of the Act; reimbursement to qualified providers for such coverage is not reduced by any cost sharing that would otherwise be applicable under the state plan.

Please describe any limits on amount, duration or scope of COVID-19 testing consistent with 42 CFR 440.230(b).

Coverage is limited to eight (8) such COVID-19 at-home tests (or 4 kits with two tests per kit) per member per 30-day period, which may be exceeded with prior authorization based on medical necessity.

X Applies to the state's approved Alternative Benefit Plans, without any deduction, cost sharing, or similar charge, pursuant to section 1937(b)(8)(B) of the Act.

X The state assures compliance with the HHS COVID-19 PREP Act declarations and authorizations, including all of the amendments to the declaration.

Additional Information (Optional):

State: Connecticut

COVID-19 Testing at section 1905(a)(4)(F) of the Social Security Act (cont'd)

Reimbursement

☒ The state assures that it has established state plan rates for COVID-19 testing consistent with the CDC definitions of diagnostic and screening testing for COVID-19 and its recommendations for who should receive diagnostic and screening tests for COVID-19.

List references to Medicaid state plan payment methodologies that describe the rates for COVID-19 testing for each applicable Medicaid benefit:

During the PHE, for the laboratory benefit category, this methodology is set forth in section 7.4-A of the Medicaid State Plan, section E.1.b. During the PHE, COVID-19 testing billed from the Laboratory Fee Schedule is reimbursed at 100% of Medicare national average.

The fee schedule is posted at <https://www.ctdssmap.com>, select "Provider Fee Schedule Download" then select the applicable fee schedule.

Beginning on the date after the end of the PHE and through the end of the time period that this benefit is in effect, the rate in effect is as set forth in accordance with the section of Attachment 4.19-B that is applicable to each qualified provider type.

For COVID testing provided by a pharmacy provider, the rates for over-the-counter (OTC) products are paid at average wholesale price, which is the existing methodology set forth in section 7 of Attachment 4.19-B of the Medicaid State Plan.

☒ The state is establishing rates for COVID-19 testing pursuant to sections 1905(a)(4)(F) and 1902(a)(30)(A) of the Act.

☒ The state's rates for COVID-19 testing are consistent with Medicare rates for testing, including any future Medicare updates at the:

☒ Medicare national average, OR

☐ Associated geographically adjusted rate.

☐ The state is establishing a state specific fee schedule for COVID-19 testing pursuant to sections 1905(a)(4)(F) and 1902(a)(30)(A) of the Act.

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State: Connecticut

COVID-19 Testing at section 1905(a)(4)(F) of the Social Security Act (cont'd)

The state's rate is as follows and the state's fee schedule is published in the following location:

☒ The state's fee schedule is the same for all governmental and private providers.

☒ The below listed providers are paid differently from the above rate schedules and payment to these providers for COVID-19 testing is described under the benefit payment methodology applicable to the provider type:

For COVID testing provided by a pharmacy provider, the rates for over-the-counter (OTC) products are paid at average wholesale price, which is the existing methodology set forth in section 7 of Attachment 4.19-B of the Medicaid State Plan.

Additional Information (Optional):

☐ The payment methodologies for COVID-19 testing for providers listed above are described below:

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TN # 22-0013
Supersedes
TN # NEW

Approved: 03/24/2023

Effective Date: 03/11/2021

COVID-19 Treatment at section 1905(a)(4)(F) of the Social Security Act

During the period starting March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act (the Act):

Coverage for the Treatment and Prevention of COVID

 X The states assures coverage of COVID-19 treatment, including specialized equipment and therapies (including preventive therapies).

 X The state assures that such coverage:

1. Includes any non-pharmacological item or service described in section 1905(a) of the Act, that is medically necessary for treatment of COVID-19;
2. Includes any drug or biological that is approved (or licensed) by the U.S. Food & Drug Administration (FDA) or authorized by the FDA under an Emergency Use Authorization (EUA) to treat or prevent COVID-19, consistent with the applicable authorizations;
3. Is provided without amount, duration or scope limitations that would otherwise apply when covered for purposes other than treatment or prevention of COVID-19;
4. Is provided to all categorically needy eligibility groups covered by the state that receive full Medicaid benefits;
5. Is provided to the optional COVID-19 group, if applicable; and
6. Is provided to beneficiaries without cost sharing pursuant to section 1916(a)(2)(I) and 1916A(b)(3)(B)(xiii) of the Act; reimbursement to qualified providers for such coverage is not reduced by any cost sharing that would otherwise be applicable under the state plan.

 X Applies to the state's approved Alternative Benefit Plans, without any deduction, cost sharing, or similar charge, pursuant to section 1937(b)(8)(B) of the Act.

 X The state assures compliance with the HHS COVID-19 PREP Act declarations and authorizations, including all of the amendments to the declaration.

Additional Information (Optional):

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Supersedes

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COVID-19 Treatment at section 1905(a)(4)(F) of the Social Security Act (cont'd)

Coverage for a Condition that May Seriously Complicate the Treatment of COVID

 X The state assures coverage of treatment for a condition that may seriously complicate the treatment of COVID-19 during the period when a beneficiary is diagnosed with or is presumed to have COVID-19.

 X The state assures that such coverage:

1. Includes items and services, including drugs, that were covered by the state as of March 11, 2021;
2. Is provided without amount, duration or scope limitations that would otherwise apply when covered for other purposes;
3. Is provided to all categorically needy eligibility groups covered by the state that receive full Medicaid benefits;
4. Is provided to the optional COVID-19 group, if applicable; and
5. Is provided to beneficiaries without cost sharing pursuant to section 1916(a)(2)(I) and 1916A(b)(3)(B)(xiii) of the Act; reimbursement to qualified providers for such coverage is not reduced by any cost sharing that would otherwise be applicable under the state plan.

 X Applies to the state's approved Alternative Benefit Plans, without any deduction, cost sharing, or similar charge, pursuant to section 1937(b)(8)(B) of the Act.

 X The state assures compliance with the HHS COVID-19 PREP Act declarations and authorizations, including all of the amendments to the declaration.

Additional Information (Optional):

Reimbursement

 X The state assures that it has established state plan rates for COVID-19 treatment, including specialized equipment and therapies (including preventive therapies).

List references to Medicaid state plan payment methodologies that describe the rates for COVID-19 treatment for each applicable Medicaid benefit:

TN # 22-0013

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Supersedes

TN # NEW

COVID-19 Treatment at section 1905(a)(4)(F) of the Social Security Act (cont'd)

During the PHE, for rates for COVID-19 treatment that were added through a disaster relief SPA, see section 7.4-A of the Medicaid State Plan, section E – payments and the applicable term.

For all other services, see the applicable payment provisions for each service category, including, but not limited to, as applicable, Attachments 4.19-A and 4.19-B of the Medicaid

____ The state is establishing rates or fee schedule for COVID-19 treatment, including specialized equipment and therapies (including preventive therapies) pursuant to sections 1905(a)(4)(F) and 1902(a)(30)(A) of the Act.

☒ The state's rates or fee schedule is the same for all governmental and private providers.

____ The below listed providers are paid differently from the above rate schedules and payment to these providers for COVID-19 vaccines and the administration of the vaccines are described under the benefit payment methodology applicable to the provider type:

Additional Information (Optional):

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