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State/Territory Name: CT

State Plan Amendment (SPA) #: 22-0014

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



September 14, 2022

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

Re: Connecticut State Plan Amendment (SPA) 22-0014

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) 22-0014. 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 22-0014 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 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: 2022.09.14
08:18:07 -04'00'

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

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

1. TRANSMITTAL NUMBER 2 2 — 0 0 1 4 2. STATE CT

3. 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 1, 2020

5. FEDERAL STATUTE/REGULATION CITATION
Social Security Act Sections 1135 and 1905(a)(1), (10), (12)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2021 \$ 2,800
b. FFY 2022 \$ 1,056,997

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Section 7.4-A, Pages 1, 1a, 2, 8, 11, 15, 16

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Section 7.4-A, Pages 1, 1a, 2, 8, 11, 15, 16

9. SUBJECT OF AMENDMENT
1. 4/4/20-5/20/21 waive state rule beneficiary signature requirement for outpatient Rx drug pickup/delivery; 2. 10/1/21-6/30/22, \$500 add-on per ventilation bed day to chronic disease hospital per diem rate; 3. COVID vaccination administration reimbursement for dentists 12/11/20 through the end of the PHE and hygienists 12/11/20 through 4/14/22.

10. 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

11. NAME OF SUBMITTER
[Redacted]
Deidre S. Gifford, MD, MPH

15. RETURN TO
State of Connecticut
Department of Social Service
55 Farmington Avenue, 9th Floor
Hartford, CT 06105
Attention: Ginny Mahoney

13. TITLE
Commissioner

14. DATE SUBMITTED
June 23, 2022

FOR CMS USE ONLY

16. DATE RECEIVED
June 23, 2022

17. DATE APPROVED
September 14, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
March 1, 2020

19. SIGNATURE OF APPROVING OFFICIAL
Alissa M. Deboy -S
Digitally signed by Alissa M. Deboy -S
Date: 2022.09.14 08:19:55 -04'00'

20. TYPED NAME OF APPROVING OFFICIAL
Alissa Mooney DeBoy

21. TITLE OF APPROVING OFFICIAL
On Behalf of Anne Marie Costello, Deputy Director Center for Medicaid and CHIP Services

22. REMARKS

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, except that payment for COVID-19 vaccine administration performed by dental hygienists with training to administer dental anesthesia is in effect from December 11, 2020 through April 15, 2022. As detailed in section D.4 below, (1) 90-day supply of medication other than controlled substance medications is authorized from March 1, 2020 through April 19, 2021 and (2) from April 4, 2020 through May 20, 2021, the state's requirement for beneficiary signature at the time of outpatient prescription drug pickup or delivery is waived. As detailed in section D.2, effective July 1, 2021, specified new services are added to the section 1915(i) portion of the Connecticut Home Care Program for Elders.

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 1-31, 2021; and

TN: 22-0014Supersedes TN: 22-0003-AApproval Date: September 14, 2022Effective 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

(iii) one-time supplemental payment effective July 1, 2021; (6) (i) the rate increase for chronic disease hospitals is in effect from January 1, 2021 through February 28, 2021 and (ii) the rate add-on for ventilation beds at chronic disease hospitals is in effect from October 1, 2021 through June 30, 2022; and (7) the payment changes for section 1915(j) Connecticut Home Care Program for Elders services and section 1915(k) Community First Choice agency-based support and planning coach services are as follows: (i) one-time supplemental payment effective July 1, 2021, (ii) increases for specified services effective July 1, 2021, and (iii) increases for specified services effective August 1, 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: 22-0014
Supersedes TN: 22-0003

Approval Date: September 14, 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: _____

TN: 22-0014

Supersedes TN: 22-0003-A

Approval Date: September 14, 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*

In addition, the following telehealth option is used for the **Community First Choice (CFC) Program Pursuant to Section 1915(k) of the Social Security Act:**

1. **Virtual Assessments:** In-person assessments will no longer be required as long as the member receives a virtual assessment through a HIPAA-compliant virtual system utilizing a modified version of the Universal Assessment.

Drug Benefit:

6. X The agency makes the following adjustments to the day supply or quantity limit for covered outpatient drugs. The agency should only make this modification if its current state plan pages have limits on the amount of medication dispensed.

Please describe the change in days or quantities that are allowed for the emergency period and for which drugs.

- a. **90-Day Supply:** The Department will authorize a 90-day supply of medication other than controlled substance medications.
- b. **Early Refills:** The Department will relax the early refill policy by decreasing the percentage needed to be used before a prescription can be refilled to 80% of the prescription.
- c. **Signature Requirement:** Beneficiary signature requirements at the time of prescription pickup or delivery for the dispensing of drugs during the Public Health Emergency is waived from April 4, 2020 through May 20, 2021.

7. Prior authorization for medications is expanded by automatic renewal without clinical review, or time/quantity extensions.
8. The agency makes the following payment adjustment to the professional dispensing fee when additional costs are incurred by the providers for delivery. States will need to supply documentation to justify the additional fees.

Please describe the manner in which professional dispensing fees are adjusted.

9. The agency makes exceptions to their published Preferred Drug List if drug shortages occur. This would include options for covering a brand name drug product that is a multi-source drug if a generic drug option is not available.

TN: 22-0014
Supersedes TN: 20-0015

Approval Date: September 14, 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

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:

(1) 2% from January 1, 2021 through February 28, 2021.

(2) from October 1, 2021 through June 30, 2022, a rate add-on of \$500 for each ventilation bed day, which is paid in addition to the applicable per diem rate for each qualifying bed day.

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*

CMI), private non-medical institution services (PNMI) for adults, Department of Mental Health and Addiction Services' publicly operated behavioral health clinics and outpatient hospitals, rehabilitation services delivered in residential treatment settings pursuant to EPSDT, and TCM for individuals with intellectual disabilities (TCM-IID). In addition, only one RMTS will be conducted in PNMI for adults (where two time studies are otherwise required each SFY).

f. Payment Methodology for COVID-19 Vaccine Administration: Effective December 11, 2020, payment for administration of the COVID-19 vaccine is added at 100% of the Medicare rate to the following fee schedules: physician (when provided by physicians, nurse practitioners, physician assistants, and certified nurse-midwives and for this service, all of those practitioners will be paid at 100% of the fee on the physician fee schedule), home health agency (regardless of whether the beneficiary is otherwise receiving home health services), hospice agency (regardless of whether the beneficiary is otherwise receiving hospice services), medical clinic, dialysis clinic, family planning clinic, and dental services for children and adults (when provided by dentists, such services are payable from December 11, 2020 through the end of the public health emergency; but when those services are provided by dental hygienists with training to administer dental anesthesia, such services are payable from December 11, 2020 through April 15, 2022). Any additional codes for administration of the COVID-19 vaccine that may be added in the future by Medicare will be added at the same effective date as Medicare and at 100% of the Medicare rate. In accordance with section 2 of Attachment 4.19-B, COVID-19 vaccine administration by a federally qualified health center (FQHC) is included as part of the FQHC's standard medical encounter rate. In accordance with section 2 of Attachment 4.19-B, COVID-19 vaccine administration by an outpatient hospital is paid as part of the state's Outpatient Prospective Payment System (OPPS) using the Ambulatory Payment Classification (APC) payment methodology, as specified on Addendum B.

g. Payment for COVID-19 Test Specimen Collection for Outpatient Hospital Non-Patients: Effective July 1, 2021, a separate payment equal to 100% of the Medicare rate as established on Addendum B is made to outpatient hospitals for providing specimen collection for a COVID-19 test on a date during which no other outpatient hospital service is provided to the same beneficiary by that hospital, also known as a hospital non-patient. If any other outpatient hospital service is provided in addition to such specimen collection, pursuant to section 2 of Attachment 4.19-B, it is paid in accordance with the APC payment methodology, as specified on Addendum B.

TN: 22-0014Supersedes TN: 21-0020Approval Date: September 14, 2022Effective 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***Section F – Post-Eligibility Treatment of Income**

1. ____ The state elects to modify the basic personal needs allowance for institutionalized individuals. The basic personal needs allowance is equal to one of the following amounts:
 - a. ____ The individual's total income
 - b. ____ 300 percent of the SSI federal benefit rate
 - c. ____ Other reasonable amount: _____

2. ____ The state elects a new variance to the basic personal needs allowance. (Note: Election of this option is not dependent on a state electing the option described the option in F.1. above.)

The state protects amounts exceeding the basic personal needs allowance for individuals who have the following greater personal needs:

Please describe the group or groups of individuals with greater needs and the amount(s) protected for each group or groups.

Section G – Other Policies and Procedures Differing from Approved Medicaid State Plan /Additional InformationPRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (Expires 03/31/2021). The time required to complete this information collection is estimated to average 1 to 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Your response is required to receive a waiver under Section 1135 of the Social Security Act. All responses are public and will be made available on the CMS web site. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ***CMS Disclosure*** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact the Centers for Medicaid & CHIP Services at 410-786-3870.

TN: 22-0014
Supersedes TN: 21-0020

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