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State/Territory Name: Connecticut

State Plan Amendment (SPA) #: 23-0005

This file contains the following documents in the order listed:

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



May 10, 2023

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

Re: Connecticut State Plan Amendment (SPA) 23-0005

Dear Commissioner Reeves:

We have reviewed the proposed amendment and accompanying section 1135 waivers to add section 7.4 Medicaid Disaster Relief for the COVID-19 National Emergency to your Medicaid state plan, as submitted on April 3, 2023 under transmittal number (TN) 23-0005. 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), 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's Medicaid SPA Transmittal Number 23-0005 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: 2023.05.10
08:32:12 -04'00'

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 3 — 0 0 0 5

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 1, 2020

5. FEDERAL STATUTE/REGULATION CITATION

Social Security Act Sections 1905(a)(7) and (30) and sections 1915(i) and 1915(k);
42 CFR 440.70 and 42 CFR 441, Subparts K and M

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2021 \$ 147,321b. FFY 2022 \$ 822,443

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Section 7.4-A, Pages 1, 1a, 2, 11a, 11b, 15
Section 7.4-A, Pages 11c, 11d8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)Section 7.4-A, Pages 1, 1a, 2, 11a, 11b, 15
NEW

9. SUBJECT OF AMENDMENT

COVID disaster relief SPA. 1. 3/1/20-12/31/22 removes annual cap on PCMH+ FQHC PMPM payments. 2. PCMH+ CY 2021 measurement year, removes specified challenge pool rule. 3. 7/1/22-9/30/22 increases specified 1915(i) CHCPE rates 5.2%. 4. ARPA sec. 9817 HCBS rate increases for home health, 1915(i) CHCPE & CHESS, 1915(k) CFC.

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:

STATE AGENCY OFFICIAL

12. TYPED NAME

William Halsey

13. TITLE

Deputy Medicaid Director

14. DATE SUBMITTED

April 3, 2023

15. RETURN TO

State of Connecticut
Department of Social Services
55 Farmington Avenue – 9th floor
Hartford, CT 06105
Attention: Ginny Mahoney**FOR CMS USE ONLY**

16. DATE RECEIVED

April 3, 2023

17. DATE APPROVED

May 10, 2023

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: 2023.05.10
08:32:51 -04'00'

20. TYPED NAME OF APPROVING OFFICIAL

Alissa Mooney DeBoy on Behalf of Anne Marie Costello

21. TITLE OF APPROVING OFFICIAL

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; (iii) increases for specified home health services in effect July 1, 2022 and additional subsequent dates as set forth below and

TN: 23-0005Supersedes TN: 22-0014Approval Date: May 10, 2023Effective 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*

(iv) 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(i) Connecticut Home Care Program for Elders services, section 1915(i) Connecticut Housing Engagement and Support Services (CHESS), and section 1915(k) Community First Choice assessment services and agency-based support and planning coach services, as applicable, are as follows: (i) one-time supplemental payment effective July 1, 2021, (ii) increases/performance/supplemental payments for specified services effective July 1, 2021, August 16, 2021, and various subsequent dates specified below and (iii) increases for specified services effective August 1, 2021 and July 1, 2022 through September 30, 2022. 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, (1) payment to outpatient hospitals for specimen collection for COVID-19 tests for non-patients is in effect starting July 1, 2021; (2) the removal of the cap on the total amount of person-centered medical home plus (PCMH+) care coordination add-on payments per calendar year to PCMH+ participating entities (PEs) that are federally qualified health centers is in effect from March 1, 2020 through December 31, 2022; and (3) the removal of the requirement for each PCMH+ PE to improve on the avoidable hospital emergency department visits during the measurement year compared to the prior year in order to be potentially eligible for a challenge pool shared savings payment is in effect from January 1, 2022 through December 31, 2022.

TN: 23-0005Supersedes TN: 22-0014Approval Date: May 10, 2023Effective 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: 23-0005

Supersedes TN: 22-0014

Approval Date: May 10, 2023

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*

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 (ARPA HCBS Spending Plan)

1. Home Health Services (section 1905(a)(7) of the Social Security Act)

All rate increases set forth below apply only to providers actively enrolled on the date payment is issued.

a. *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.

b. *Rate Increases:*

i. 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).

ii. A 1% performance payment for home health providers will be paid on or before November 30, 2022 and will be effective for and calculated based on expenditures from July 1, 2022 through October 31, 2022 for each qualifying provider that meets the following standards no later than November 1, 2022: (a) Participation in Department of Social Services' racial equity training and identification and participation of an individual who will 'champion' racial equity service delivery change; and (b) Completion of HIE stakeholder input tool and identification and participation of an individual who will 'champion' delivery system change.

iii. On or before May 11, 2023, benchmark payments will be paid to home health providers effective for and calculated based on 2% of expenditures from November 1, 2022 through February 28, 2023. Benchmarks must be met no later than April 21, 2023, and are as follows: (a) Participation in Department of Social Services' racial equity training and related learning collaboratives; (b) Participation in the Department of Social Services' workforce retention recruitment survey; and (c) Identification and enrollment of HIE administrator and participation by the provider's administrator in training, accessing data within the HIE and data use learning collaboratives.

TN: 23-0005Supersedes TN: 22-0003Approval Date: May 10, 2023Effective 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*

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 (cont'd)

2. Section 1915(i) Portion of the Connecticut Home Care Program for Elders (CHCPE) Services, 1915(i) Connecticut Housing Engagement and Support Services (CHESS), and Section 1915(k) Community First Choice (CFC) Assessment Services and Agency-Based Support and Planning Coach Services:

General Requirements: All rate increases set forth below apply only to providers actively enrolled on the date payment is issued. Providers and services excluded from these rate increases for 1915(i) CHCPE are: assistive technology; environmental accessibility modifications, personal response systems, and skilled chore services. The only CFC providers eligible to receive these rate increases are providers of assessment services and agency-based support and planning coach services. As applicable, payments may be proportionally reduced to the extent necessary to remain within available funding approved under the ARPA HCBS Spending Plan.

(a) *One-Time Supplemental Payment for 1915(i) CHCPE Services (all services except those except those excluded above) and CFC Assessment Services and Agency-Based Support and Planning Coach Services:* Effective July 1, 2021, a one-time payment calculated at 5% of SFY 2021 expenditures, as applicable, for section 1915(i) CHCPE services (all services except those excluded above) or CFC assessment services and agency-based support and planning coach services, is paid to the applicable provider. The supplemental payment will be paid within 30 days of CMS' approval of this SPA to providers who have an active Medicaid enrollment on the date of payment.

TN: 23-0005Supersedes TN: 22-0003-AApproval Date: May 10, 2023Effective 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*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 (cont'd)

(b) *Rate Increases:* Effective July 1, 2021, the rates for 1915(i) CHCPE services and section 1915(k) CFC assessment services and agency-based support and planning coach services are increased by 3.5%. Effective August 16, 2021, the rates for CHES care plan development and monitoring, pre-tenancy supports, and tenancy sustaining supports increase by 3.5% and, if the provider meets the requirements set forth below, the provider may be eligible for one or more additional payments detailed below.

(c) *Performance Supplemental Payments:*

- i. The first 1% performance payment for 1915(i) CHCPE and CFC providers will be paid on or before March 31, 2022 and is effective for and based on expenditures from July 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 executed a data sharing agreement with the state's Health Information Exchange (HIE).
- ii. The second 1% performance payment for 1915(i) CHCPE and CFC providers 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 the 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; (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.
- iii. The third 1% performance payment for 1915(i) CHCPE and CFC providers will be paid on or before November 30, 2022 and is effective for and calculated based on expenditures from July 1, 2022 through October 31, 2022 for each qualifying provider that meets the following standards no later than November 1, 2022: (a) Participation in Department of Social Services' racial equity training and identification and participation of an individual who will 'champion' racial equity service delivery change; and (b) Completion of HIE stakeholder input tool and identification and participation of an individual who will 'champion' delivery system change.

TN: 23-0005Supersedes TN: NEWApproval Date: May 10, 2023Effective 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*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 (cont'd)

iv. On or before May 11, 2023, benchmark payments will be paid to 1915(i) CHCPE, CHESS, and CFC providers effective for and calculated based on 2% of expenditures from November 1, 2022 through February 28, 2023. Benchmarks must be met no later than April 21, 2023, and are as follows: (a) Participation in Department of Social Services' racial equity training and related learning collaboratives; (b) Participation in the Department of Social Services' workforce retention recruitment survey; and (c) Identification and enrollment of HIE administrator and participation by the provider's administrator in training, accessing data within the HIE and data use learning collaboratives.

(e) Effective August 1, 2021, the following section 1915(i) CHCPE services are increased by 6% to reflect the increase in the state's minimum wage: agency-based personal care assistants (PCAs), chore/homemaker, companion services, assisted living services, adult day health, recovery assistant, and agency-based respite services. Effective July 1, 2022 through September 30, 2022, the above referenced rates are increased by an additional 5.2% to reflect an additional increase in the state's minimum wage.

Payment for services delivered via telehealth:

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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.

h. Person-Centered Medical Home Plus (PCMH+) Flexibilities:

- i. Effective from March 1, 2020 through December 31, 2022, the annual cap on the total amount of PCMH+ care coordination add-on payments to PCMH+ participating entities (PEs) that are FQHCs per calendar year is removed.
- ii. Effective from January 1, 2022 through December 31, 2022, the requirement for challenge pool payment potential eligibility for a PCMH+ PE to be required to improve year-over-year on the avoidable hospital emergency department (ED) visits quality measure between the year prior to the measurement year and the measurement year is removed. All other requirements for challenge pool eligibility and payment methodology remain in effect.