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**State/Territory Name: CT**

**State Plan Amendment (SPA): CT-24-0001**

This file contains the following documents in the order listed:

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

**U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES**

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



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**Financial Management Group**

March 12, 2024

Andrea Barton Reeves, J.D., Commissioner  
Department of Social Services  
55 Farmington Avenue, 5th Floor  
Hartford, CT 06105-3730

**RE: Connecticut State Plan Amendment (SPA) Transmittal Number 24-0001**

Dear Commissioner Reeves:

We have reviewed the proposed Connecticut State Plan Amendment (SPA) to Attachment 4.19-B submitted under TN-24-0001, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 22<sup>nd</sup>, 2023. This plan proposes an increase to rates under the Connecticut Home Care Program for Elders.

Based upon the information provided by the State, we have approved the amendment with an effective date of March 11<sup>th</sup>, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan page.

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

Sincerely,



Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER

2 4 — 0 0 0 1

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 11th, 2024**  
**October 1, 2023**

5. FEDERAL STATUTE/REGULATION CITATION

Social Security Act Section 1915(i); 42 CFR 441, Subpart M

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 19,897  
b. FFY 2025 \$ 35,867

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, Page 22

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19-B, Page 22

9. SUBJECT OF AMENDMENT

This SPA implements a 12.5% rate increase to home delivered meals and an 8.6% rate increase to adult day services for the state plan Home and Community-Based Services (HCBS) option under section 1915(i) of the Social Security Act portion of the Connecticut Home Care Program for Elders (CHCPE).

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

12. TYPED NAME  
Andrea Barton Reeves, J.D.

13. TITLE  
Commissioner

14. DATE SUBMITTED  
December 20, 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  
12/22/2023

17. DATE APPROVED  
March 12, 2024

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
03/11/2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL  
Todd McMillion

21. TITLE OF APPROVING OFFICIAL  
Director, Division of Reimbursement Review

22. REMARKS

03/12/2024-pen and ink change made to the effective date to reflect correct date in line with 42 CFR 441.745(a)(2)(v)(B)(1)(i) -J. Bennett

## Methods and Standards for Establishing Payment Rates

1. **Services Provided Under Section 1915(i) of the Social Security Act.** For each optional service, describe the methods and standards used to set the associated payment rate. *(Check each that applies, and describe methods and standards to set rates):*

<input checked="" type="checkbox"/>	HCBS Case Management	Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and non-governmental providers of CHCPE section 1915(i) state plan HCBS. The agency's fee schedule rates were set as of March 11, 2024 are effective for services provided on or after that date. All rates are published on the Connecticut Medical Assistance Program Website: <a href="https://www.ctdssmap.com">https://www.ctdssmap.com</a> . From this web page, go to "Provider," then to "Provider Fee Schedule Download," then select the Connecticut Home Care Program for Elders fee schedule.
<input checked="" type="checkbox"/>	HCBS Homemaker	Same as HCBS Case Management above
<input type="checkbox"/>	HCBS Home Health Aide	
<input type="checkbox"/>	HCBS Personal Care	
<input checked="" type="checkbox"/>	HCBS Adult Day Health	Same as HCBS Case Management above
<input type="checkbox"/>	HCBS Home Health Aide	
<input checked="" type="checkbox"/>	HCBS Respite Care	Same as HCBS Case Management above
For Individuals with Chronic Mental Illness, the following services:		
<input type="checkbox"/>	HCBS Day Treatment or Other Partial Hospitalization Services	
<input type="checkbox"/>	HCBS Psychosocial Rehabilitation	
<input type="checkbox"/>	HCBS Clinic Services (whether or not furnished in a facility for CMI)	
<input checked="" type="checkbox"/>	Other Services (specify below)	
	HCBS Companion: Same as HCBS case management above	
	HCBS Chore: Same as HCBS case management above	
	HCBS Assisted Living: Same as HCBS Case Management above	