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State/Territory Name: Connecticut

State Plan Amendment (SPA) #: 20-0015

This file contains the following documents in the order listed:

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

August 13, 2020

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

Re: Connecticut State Plan Amendment (SPA) 20-0015

Dear Commissioner Gifford,

We have reviewed the proposed amendment to add section 7.4-A Medicaid Disaster Relief for the COVID-19 National Emergency to your Medicaid state plan, as submitted under transmittal number (TN) 20-0015. 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 6PM 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 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's Medicaid SPA Transmittal Number 20-0015 is approved effective March 1, 2020. Please note that the effective date for inpatient hospital and intermediate care facility rates is April 1, 2020 and the effective date for the new COVID-19 testing eligibility group described at section 1902(a)(10)(A)(ii)(XXIII) of the Act is March 18, 2020. The separate codes for behavioral health services delivered via audio-only telephone are effective March 18, 2020.

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

Please contact Marie DiMartino at 978-330-8063 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: 2020 08.13 08:40:48 -04'00'

Alissa Mooney DeBoy, Director
Disabled and Elderly Health Programs Group, on behalf of
Anne Marie Costello, Acting Director
Center for Medicaid & CHIP Services

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 20-0015

2. STATE: CT

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE AND MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE: March 1, 2020

5. TYPE OF STATE PLAN MATERIAL (Check One):

___ NEW STATE PLAN ___AMENDMENT TO BE CONSIDERED AS NEW PLAN _X_ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT **(Separate Transmittal for each amendment)**

6. FEDERAL STATUTE/REGULATION CITATION:
Sections 1135, 1902(a), 1902(ss), 1905(a), 1915(i), and 1915(k) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2020 $22.8 million
b. FFY 2021 $4.4 million

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Section 7.4-A, Pages 1 through 16

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT **(If applicable)**
NEW

10. SUBJECT OF AMENDMENT: As detailed in the SPA pages, this Medicaid Disaster Relief SPA makes a variety of changes to the state's Medicaid program to implement the state's response to the COVID-19 pandemic national emergency and public health emergency, including specified changes to eligibility, coverage, and payment. This SPA is effective from March 1, 2020 until the termination of the public health emergency, including any extensions. CMS approved the state's request for a waiver pursuant to section 1135 of the Act on March 26, 2020, which included waiver of the public notice and submission deadline requirements, as well as modification of the tribal notice timing.

11. GOVERNOR'S REVIEW (Check One):

_X_ GOVERNOR'S OFFICE REPORTED NO COMMENT
__ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
__ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
_ OTHER, AS SPECIFIED:

12. [redacted]FICIAL:

13. TYPED NAME: Michael Gilb[redacted]t

14. TITLE: Deputy Commissioner

15. DATE SUBMITTED: May 27, 2020

16. RETURN TO:

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: May 27 , 2020

18. DATE APPROVED: August 13, 2020

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: March 1, 2020

20. SIGNATURE OF REGIONAL OFFICIAL: Alissa M. Deboy -S
Digitally signed by Alissa M. Deboy -S
Date: 2020.08.13 08:41:32 -04'00'

21. TYPED NAME: Alissa Mooney DeBoy

22. TITLE: Director, Disabled and Elderly Health Programs Group, on behalf of Acting Director, Center for Medicaid and CHIP Services

23. REMARKS: Pen and Ink change to box 7 for 2021 budget impact, and box 8 to adjust pages from 1-15 to 1-16 approved by the state on June 17th 2020

FORM CMS-179 (07-92)

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 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 section E.2 below, the rate increase for inpatient hospital COVID-19 admissions is in effect from April 1, 2020 through June 30, 2020.

As detailed in section E.2 below, the rate increase for private intermediate care facilities for individuals with intellectual disabilities is in effect from April 1, 2020 through June 30, 2020.

As detailed in section E.2 below, the rate increase for nursing facilities is in effect from March 1, 2020 through April 30, 2020.

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.

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

-or-

b. _____ Individuals described in the following categorical populations in section 1905(a) of the Act:

Income standard: _____

3. _____ The agency applies less restrictive financial methodologies to individuals excepted from financial methodologies based on modified adjusted gross income (MAGI) as follows.

Less restrictive income methodologies:

Less restrictive resource methodologies:

4. _____ The agency considers individuals who are evacuated from the state, who leave the state for medical reasons related to the disaster or public health emergency, or who are otherwise absent from the state due to the disaster or public health emergency and who intend to return to the state, to continue to be residents of the state under 42 CFR 435.403(j)(3).

5. _____ The agency provides Medicaid coverage to the following individuals living in the state, who are non-residents:

6. _____ The agency provides for an extension of the reasonable opportunity period for non-citizens declaring to be in a satisfactory immigration status, if the non-citizen is making a good faith effort to resolve any inconsistences or obtain any necessary documentation, or the agency is unable to complete the verification process within the 90-day reasonable opportunity period due to the disaster or public health emergency.

Section B – Enrollment

1. _____ The agency elects to allow hospitals to make presumptive eligibility determinations for the following additional state plan populations, or for populations in an approved section 1115

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

demonstration, in accordance with section 1902(a)(47)(B) of the Act and 42 CFR 435.1110, provided that the agency has determined that the hospital is capable of making such determinations.

Please describe the applicable eligibility groups/populations and any changes to reasonable limitations, performance standards or other factors.

2. _____ The agency designates itself as a qualified entity for purposes of making presumptive eligibility determinations described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L.

Please describe any limitations related to the populations included or the number of allowable PE periods.

3. _____ The agency designates the following entities as qualified entities for purposes of making presumptive eligibility determinations or adds additional populations as described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L. Indicate if any designated entities are permitted to make presumptive eligibility determinations only for specified populations.

Please describe the designated entities or additional populations and any limitations related to the specified populations or number of allowable PE periods.

4. _____ The agency adopts a total of _____ months (not to exceed 12 months) continuous eligibility for children under age enter age _____ (not to exceed age 19) regardless of changes in circumstances in accordance with section 1902(e)(12) of the Act and 42 CFR 435.926.

5. _____ The agency conducts redeterminations of eligibility for individuals excepted from MAGI-based financial methodologies under 42 CFR 435.603(j) once every _____ months (not to exceed 12 months) in accordance with 42 CFR 435.916(b).

6. _____ The agency uses the following simplified application(s) to support enrollment in affected areas or for affected individuals (a copy of the simplified application(s) has been submitted to CMS).

    a. _____ The agency uses a simplified paper application.

    b. _____ The agency uses a simplified online application.

    c. _____ The simplified paper or online application is made available for use in call-centers or other telephone applications in affected areas.

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 C – Premiums and Cost Sharing

1. _____ The agency suspends deductibles, copayments, coinsurance, and other cost sharing charges as follows:

Please describe whether the state suspends all cost sharing or suspends only specified deductibles, copayments, coinsurance, or other cost sharing charges for specified items and services or for specified eligibility groups consistent with 42 CFR 447.52(d) or for specified income levels consistent with 42 CFR 447.52(g).

2. _____ The agency suspends enrollment fees, premiums and similar charges for:

    a. _____ All beneficiaries

    b. _____ The following eligibility groups or categorical populations:

Please list the applicable eligibility groups or populations.

3. _____ The agency allows waiver of payment of the enrollment fee, premiums and similar charges for undue hardship.

Please specify the standard(s) and/or criteria that the state will use to determine undue hardship.

Section D – Benefits

Benefits:

1. _____ The agency adds the following optional benefits in its state plan (include service descriptions, provider qualifications, and limitations on amount, duration or scope of the benefit):

2. __X___ The agency makes the following adjustments to benefits currently covered in the state plan:

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

a. Coverage Changes to Add Flexibility Within 1915(i) State Plan Home and Community-Based Services (HCBS) Benefit: The following coverage expansions and flexibilities are added to the state's 1915(i) state plan:

1. The current 1915(i) state plan HCBS, Attachment 3.1-i, page 27, limits homemaker services to 6 hours per week. That limit is removed to allow for additional hours of homemaker services as necessary.

2. The current 1915(i) state plan HCBS, Attachment 3.1-i, page 28, precludes a relative from providing companion services to a 1915(i) participant. That restriction is removed to allow relatives to provide companion services. All providers of Companion Services who are relatives of the participant must meet the standard provider qualifications for the service. The service provision is monitored on an ongoing basis by care managers who perform monthly contacts and reassessment visits. The service is subject to electronic visit verification that ensures that the services billed were in fact provided. Legally liable relatives may not provide services.

3. The current 1915(i) state plan HCBS, Attachment 3.1-i, page 35, caps Assistive Technology at an annual cost of $1,000. That cost limit is removed.

b. Coverage Changes to Add Flexibility Within the Community First Choice (CFC) Program Pursuant to Section 1915(k) of the Social Security Act: The following coverage expansions and flexibilities are added to the state's CFC program:

1. Agency-Based Personal Care Attendants (PCAs): Expand coverage under the benefit to add the option of agency-based PCAs in order to expand back-up options for people served under the program. Under the agency model, services and support will be provided by entities under contract to the agency.

2. Acquisition, Maintenance, and Enhancement of Skills Necessary for the Individual to Accomplish ADLs, IADLs, and Health-Related Tasks: Expand coverage under CFC by: (a) suspending the requirement to complete certification in-person of person-centered planning; (b) permitting enrollment of otherwise qualified registered nurses who do not work for a licensed home health agency; (c) suspending the limit of 25 hours of the service within a 3-month period; and (d) suspending the face-to-face visit requirement in order to permit delivery of this service through synchronized audio-visual telehealth.

3. Expanded Coverage of Home-Delivered Meals: Expand meal option to include shelf-stable meals and emergency delivery service.

4. Support and Planning Coach Qualifications: Add 5 years of personal experience managing supports and services in the community either as a person with a disability or as a parent of a child with a disability as an optional substitute qualification for the requirement for 5 years of professional experience. Parents cannot provide this service for their own children.

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

c. Coverage Changes to Add Flexibility for Home Health Services: Modify the following requirement for all services in the home health benefit category at 42 CFR 440.70 (including home health and medical equipment, supplies and appliances):

1. Consistent with the recent revision to 42 CFR 440.70, enable nurse practitioners and clinical nurse specialists (who must also be licensed as advance practice registered nurses (APRNs)) and physician assistants to issue orders and certification for home health services and to be able to perform and document the face-to-face encounter, in addition to physicians.

d. Coverage Changes to Add Flexibility for Laboratory Services (Location and Practitioner Order): Pursuant to 42 CFR 440.30(d), the state covers laboratory tests (including self-collected tests authorized by the FDA for home use) that do not meet one or more conditions specified in 42 CFR 440.30(a) and (b).

e. Coverage Changes to Add Flexibility for Specialized Add-on Services Provided to Certain Nursing Facility Residents: Individual and group day services provided as specialized add-on services to qualifying individuals may be provided by the community-based provider in any appropriate setting, including the individual's nursing facility.

3. __X__ The agency assures that newly added benefits or adjustments to benefits comply with all applicable statutory requirements, including the statewideness requirements found at 1902(a)(1), comparability requirements found at 1902(a)(10)(B), and free choice of provider requirements found at 1902(a)(23).

4. __X___ Application to Alternative Benefit Plans (ABP). The state adheres to all ABP provisions in 42 CFR Part 440, Subpart C. This section only applies to states that have an approved ABP(s).

   a. __X__ The agency assures that these newly added and/or adjusted benefits will be made available to individuals receiving services under ABPs.

   b. ____ Individuals receiving services under ABPs will not receive these newly added and/or adjusted benefits, or will only receive the following subset:

   Please describe.

Telehealth:

5. __X__ The agency utilizes telehealth in the following manner, which may be different than outlined in the state's approved state plan:

Please describe.

Any provisions of Attachments 3.1-A and 3.1-B that would otherwise preclude coverage of telehealth are suspended for the duration of the public health emergency.

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.

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.

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 E – Payments

State's General Assurance Regarding Compliance with Upper Payment Limits: In accordance with existing applicable regulation and guidance, the state will demonstrate that Medicaid payments to applicable provider categories are within the relevant upper payment limits for the state fiscal year as defined in applicable regulations, when the upper payment limit demonstrations are due for the state fiscal year. If the demonstration shows that payments for any relevant provider category have exceeded the upper payment limit, the state will take corrective action as determined by CMS.

Optional benefits described in Section D:

1. ___X__ Newly added benefits described in Section D are paid using the following methodology:

   a. ____ Published fee schedules –

      Effective date (enter date of change): _____

      Location (list published location): _____

   b. __X__ Other:

Describe methodology here.

COVID-19 Laboratory Testing (Laboratory Benefit Category): The laboratory, dialysis clinic, medical clinic and family planning clinic fee schedules are revised in order to add Healthcare Common Procedural Coding System (HCPCS) codes for testing related to COVID-19. These added codes apply both to the newly added laboratory coverage flexibility described in section D.2 above and also for laboratory services that would already have been covered absent such coverage flexibility.

The laboratory, dialysis clinic (DC), medical clinic (MC) and family planning clinic (FPC) fee schedules were revised as of various effective dates, as detailed in the table below and are effective for services provided on or after the applicable date. If additional COVID-19 testing codes are added to the HCPCS national coding set effective after July 1, 2020 and before the end of the public health emergency, they will be added to the appropriate fee schedule(s) on the date they become effective on the HCPCS national coding set. Each fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page, go to "Provider," then to "Provider Fee Schedule Download." All governmental and private providers are reimbursed according to the same fee schedule.

Applicable Clinic Fee Schedule Effective Dates

Code Effective Date Fee Schedule(s)

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

87635	3/13/20	DC, MC, FPC
U0001	3/13/20	DC, MC, FPC
U0002	3/13/20	DC, MC, FPC
U0003	4/14/20	FPC

Laboratory Fee Schedule Effective Dates:

Code	Effective Date
87635	3/13/2020
86328	3/13/2020
86769	3/13/2020
U0003	4/14/2020
U0004	4/14/2020
U0001	3/13/2020
U0002	3/13/2020
87426	6/25/2020

These changes are effective until the end of the public health emergency, including any extensions.

Increases to state plan payment methodologies:

2. __X__ The agency increases payment rates for the following services:

Please list all that apply.

The rate increases are based on a different methodology for each category of service, which is described further below under the applicable provision.

a. Inpatient Hospital Services

b. Private Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs)

c. Nursing Facility Services

a. __X__ Payment increases are targeted based on the following criteria:

Please describe criteria.

Inpatient Hospital Services: Effective for discharges from April 1, 2020 through June 30, 2020 or upon termination of the public health emergency, whichever comes first, the base payment for inpatient hospital discharges paid under the diagnosis-related group (DRG) methodology will be increased by 20% for every discharge in which the individual has a diagnosis code specific for COVID-19 on the claim (currently, ICD-10 code U07.1).

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.

__X__ 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.

__X__ 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: Nursing facility rates are increased by 10% for all homes effective from March 1, 2020 through April 30, 2020. Increases are for costs associated with the public health emergency, such as staffing and PPE.

Payment for services delivered via telehealth:

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

3. __X___ For the duration of the emergency, the state authorizes payments for telehealth services that:

   a. __X__ Are not otherwise paid under the Medicaid state plan;

   b. ____ Differ from payments for the same services when provided face to face;

   c. ____ Differ from current state plan provisions governing reimbursement for telehealth;

Describe telehealth payment variation.

All of the changes described below are effective until the end of the public health emergency, including any extensions.

a. **Audio-Visual Telehealth**: Services delivered through synchronous audio-visual telehealth are paid at the same rate as equivalent in-person services.

b. **Audio-Only Telehealth:** In general, except as otherwise specified below, all services that the state covers when provided via audio-only telephone are paid at the same rate and in the same manner as comparable in-person services.

However, the following services delivered through audio-only telehealth are paid through separate codes specifying audio-only services.

Each of the applicable fee schedules was revised as of March 18, 2020 and is effective for services provided on or after that date. Each fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page, go to "Provider," then to "Provider Fee Schedule Download." All governmental and private providers are reimbursed according to the same fee schedule.

i. Audio-Only Telephone Evaluation and Management Services: Specific codes have been added to the physician and applicable clinic fee schedules to enable audio-only evaluation and management services to be provided by the following categories of providers: physician, physician assistants, advance practice registered nurses (APRNs), certified nurse-midwives, free-standing medical clinics, behavioral health clinics (including enhanced care clinics), outpatient hospital behavioral health clinics, public and private psychiatric outpatient hospital clinics, and family planning clinics fee schedules.

ii. Audio-Only Telephone Behavioral Health Services: Specific codes have been added to the behavioral health clinician, physician, and applicable clinic fee schedules to enable audio-only psychotherapy to be provided by the following categories of providers: independent licensed behavioral health clinicians (licensed psychologists, licensed

clinical social workers (LCSWs), licensed marital and family therapists (LMFTs), licensed professional counselors (LPCs), and licensed alcohol and drug counselors (LADCs)), behavioral health clinics (including enhanced care clinics), outpatient hospital behavioral health clinics, public and private psychiatric outpatient hospital clinics, free-standing medical clinics, rehabilitation clinics, behavioral health FQHCs, physicians, advanced practice registered nurses, and physician assistants. The effective date of these codes is only from March 18, 2020 through May 6, 2020. Effective May 7, 2020, the same services will be paid instead using existing codes at the current approved rates that are the same for equivalent in-person services, but with a modifier to indicate that the services are being provided through audio-only telephone.

d. ____ Include payment for ancillary costs associated with the delivery of covered services via telehealth, (if applicable), as follows:

i. ____ Ancillary cost associated with the originating site for telehealth is incorporated into fee-for-service rates.

ii. ____ Ancillary cost associated with the originating site for telehealth is separately reimbursed as an administrative cost by the state when a Medicaid service is delivered.

Other:

4. __X__ Other payment changes:

Please describe.

All of the changes described below are effective until the end of the public health emergency, including any extensions.

a. Relaxing Requirements for Enhanced Care Clinics (Clinic and Outpatient Hospital Benefit Categories): The following requirements for the Enhanced Care Clinic higher payment rate for behavioral health clinics have been relaxed (no change in the rates, only relaxing the requirements for the provider to be eligible to receive the applicable rates):
i. Suspending all specific time requirements for urgent or emergent cases;
ii. Allowing clinics to temporarily merge sites to consolidate staff due to staffing shortages;
iii. Suspending the state's Mystery Shopper calls; and
iv. Suspending the requirement for extended operating hours.

b. Payment Changes to Accommodate Addition of Agency-Based PCA and Shelf-Stable Meals, and Emergency Meal Delivery Within the Community First Choice (CFC) Program Pursuant to Section 1915(k) of the Social Security Act and Other CFC Payment Changes: The payment methodology for CFC is modified to add payment for agency-based PCAs as follows based on a fee schedule (no changes to the payment methodology for self-directed PCAs). The fee schedule is as follows:

Personal Care Services: Overnight Per Diem (12 Hour) Shift Agency: $180.63
Personal Care Services: Per Diem (24 Hour) Agency: $243.61
PCA Agency Per Diem Prorated Hourly: $10.15
PCA Agency Overnight Prorated Hourly: $15.05
PCA Agency 15 minute: $4.92

Shelf-Stable Meals: Shelf-stable meals are paid at the following rates:

Meal Service Single Shelf-Stable Meal: $6.50
Meal Service Double Shelf-Stable Meal: $13.50
Kosher Meal Double Shelf-Stable Meal: $13.50

Emergency meal delivery: Flat pick up rate of $8.50 and $1.75 per mile thereafter allocated equally across all participants receiving meals.

Nurse Health Coach: In order to maintain compliance with the Health Insurance Portability and Accountability Act (HIPAA), the following code is added to ensure continuity of coverage to replace a code that was removed from the Healthcare Common Procedural Coding System (HCPCS) national billing code set:

Registered Nurse Health Coach (HCPCS Code S5108): Max fee of $23.80 per 15 minutes

c. Relaxing Requirement for Payment to Private ICF/IID Individual Leave Days: During the public health emergency, individuals residing at the ICF/IID may exceed the standard home and hospital leave days and the state will pay the ICF/IID for those days without limit during the public health emergency. This change is necessary to ensure the ICF/IID is able to maintain their beds for when the individuals are able to return to the facility at the end of the public health emergency as well as facilitating individuals taking home leave in order to reduce the risk of COVID-19 spreading among the facility residents and staff.

d. School Based Child Health (SBCH): Medicaid allowable costs for SFY 2020 will be computed using the IEP and 504 ratios calculated for October-December and January-March given the public health emergency.

e. Random Moment Time Study (RMTS) Flexibility: In all situations in which the Medicaid State Plan provides for the use of RMTS in allocating costs for providers paid using a cost-based payment methodology, the following flexibilities are in place during the public health emergency: use of the RMTS average quarter results for the quarters ending December 31, 2019 and March 31, 2020 in place of the RMTS results for the quarter ending June 30, 2020. This flexibility applies to all such programs with RMTS in the Medicaid State Plan, including, but not limited to: school-based child health, behavioral health homes pursuant to section 1945 of the Social Security Act, targeted case management for individuals with chronic mental illness (TCM-

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).

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 Information

PRA 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

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

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.