

Table of Contents

State/Territory Name: CT

State Plan Amendment (SPA) #: 22-0032

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

DEPARTMENT OF HEALTH & HUMAN SERVICES

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



Financial Management Group

December 19, 2022

Deidre S. Gifford, MD, MPH, Commissioner
Department of Social Services
Office of the Deputy Commissioner
55 Farmington Avenue Hartford, CT 06105-3730

RE: Connecticut State Plan Amendment (SPA) Transmittal Number 22-0032

Dear Commissioner Gifford:

We have reviewed the proposed Connecticut State Plan Amendment (SPA) to Attachment 4.19-B submitted under TN-22-0024, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on October 17th, 2022. This plan updates rates under the Connecticut Home Care Program for Elders (CHCPE).

Based upon the information provided by the State, we have approved the amendment with an effective date of October 1st, 2022. 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.

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 2 — 0 0 3 2

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

October 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION

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

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023 \$ 17,218
b. FFY 2024 \$ 91,913

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)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 increases rates by 5.2% for codes specified in the cover letter to recognize that providers of specified 1915(i) Connecticut Home Care for Elders services have increased costs due to the need to pay higher wages to certain staff in order to comply with the July 1, 2022 increase in the state's minimum wage.

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
Deidre S. Gifford, MD, MPH

13. TITLE
Commissioner

14. DATE SUBMITTED
October 14, 2022

15. RETURN TO

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

FOR CMS USE ONLY

16. DATE RECEIVED
10/17/2022

17. DATE APPROVED
December 19, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
10/01/2022

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

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 July 1, 2022 and are effective for services provided on or after that date. All rates are published on the Connecticut Medical Assistance Program website: https://www.ctdssmap.com . 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 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	
	HCBS Assistive Technology: Manual pricing is used for assistive technology equipment or other services such as home modifications that require manual pricing. These services	