

## **DEPARTMENT OF SOCIAL SERVICES**

### **Notice of Proposed Medicaid State Plan Amendment (SPA)**

#### **SPA 20-AB: Home Health Aide Rate Increase**

The State of Connecticut Department of Social Services (DSS) proposes to submit the following Medicaid State Plan Amendment (SPA) to the Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health and Human Services (HHS).

#### **Changes to Medicaid State Plan**

Effective on or after November 1, 2020, SPA 20-AB will amend Attachment 4.19-B of the Medicaid State Plan to update the home health services fee schedule by increasing the rates by 2.3% for the following services: Health Care Procedural Coding System (HCPCS) codes T1004 (Services of a qualified nursing aide, up to 15 minutes) and T1021 (Home Health aide or certified nurse assistant, per visit) provided by licensed home health agencies. The purpose of this SPA is reflect that home health agencies have increased costs in paying higher wages to home health aides in order to comply with the recent increase in the state's minimum wage.

Fee schedules are published at this link: <http://www.ctdssmap.com>, then select "Provider", then select "Provider Fee Schedule Download."

#### **Fiscal Impact**

DSS estimates that this SPA will increase annual aggregate expenditures by approximately \$436,000 in State Fiscal Year (SFY) 2021 and \$766,000 in SFY 2022.

#### **Obtaining SPA Language and Submitting Comments**

The proposed SPA is posted on the DSS website at this link: <http://portal.ct.gov/dss>. Scroll down to the bottom of the webpage and click on "Publications" and then click on "Updates." Then click on "Medicaid State Plan Amendments". The proposed SPA may also be obtained at any DSS field office, at the Town of Vernon Social Services Department, or upon request from DSS (see below).

To request a copy of the SPA from DSS or to send comments about the SPA, please email: [Public.Comment.DSS@ct.gov](mailto:Public.Comment.DSS@ct.gov) or write to: Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5067). Please reference "SPA 20-AB: Home Health Aide Rate Increase".

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than November 11, 2020.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State Connecticut

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(7) Home Health Services –

(a) Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area are provided with limitations.

(b) Home health aide services provided by a home health agency with limitations.

(c) Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility are provided with limitations.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of home health services provided by a home health agency listed above in (a), (b), and (c). The agency's fee schedule rates were set as of ~~October 1, 2019~~November 1, 2020 and are effective for services provided on or after that date. All rates are published on the Connecticut Medical Assistance Program website: [www.ctdssmap.com](http://www.ctdssmap.com). From this web page, go to "Provider," then to "Provider Fee Schedule Download."

(d) Medical supplies, equipment and appliances suitable for use in the home – Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Medical supplies, equipment and appliances suitable for use in the home. The agency's fee schedule rates were set as of September 1, 2020 and are effective for services provided on or after that date. All rates are published on the Connecticut Medical Assistance Program website: [www.ctdssmap.com](http://www.ctdssmap.com). From this web page, go to "Provider," then to "Provider Fee Schedule Download." Over-the-counter products provided by pharmacies are reimbursed at Average Wholesale Price (AWP). The temporary rate increase for non-sterile gloves is effective September 1, 2020 and expires 90 days after the end of the Coronavirus Disease 2019 (COVID-19) federal public health emergency declaration, as extended. After such date, the rate for non-sterile gloves reverts to the rate in effect immediately prior to September 1, 2020.

(8) Private duty nursing services – Not provided.

TN # 20-AB

Supersedes

TN # 20-0020

Approval Date \_\_\_\_\_

Effective Date 11/01/2020