

**STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES**

Notice of Proposed Medicaid State Plan Amendment (SPA)

**SPA 23-AC: Section 1915(i) Portion of the Connecticut Home Care Program for Elders –
Rate Increases Related to Increase in State Minimum Wage**

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 July 1, 2023, and subject to CMS approval, this SPA will amend Attachment 4.19-B of the Medicaid State Plan to reflect increases the rates by 4.9% for the following Healthcare Common Procedure Coding System (HCPCS) codes within the state plan home and community-based services option under section 1915(i) of the Social Security Act portion of the Connecticut Home Care Program for Elders (CHCPE): 1021Z, 1022Z, 1023Z, 1200Z, 1201Z, 1202Z, 1206Z, 1210Z, 1213M, 1213M, 1214Z, 1225Z, 1226Z, 1228Z, 1230Z, 1232Z, 1244Z, 1430Z, 1431Z, 1432Z, 1433Z, 1434Z, 3022Z, 3024Z, 3025Z, 3026Z, 3027Z, 3027Z, and 3028Z. The purpose of this change is to reflect that CHCPE provider entities have increased costs in paying higher wages specified staff in order to comply with the June 1, 2023 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,” then select the applicable fee schedule.

Fiscal Impact

DSS estimates that the provisions of this SPA will increase annual aggregate expenditures by approximately \$102,692 in State Fiscal Year (SFY) 2024 and \$154,038 in SFY 2025.

Obtaining SPA Language and Submitting Comments

The proposed SPA is posted on the DSS website at this link: <https://portal.ct.gov/DSS/Health-And-Home-Care/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 or write to: Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105. Please reference “Section 1915(i) Portion of the Connecticut Home Care Program for Elders – Rate Increases Related to Increase in State Minimum Wage”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than **July 27, 2023**.

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 <u>May 12</u> <u>July 1</u> , 2023 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 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