

**STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES**

Notice of Proposed Medicaid State Plan Amendment (SPA)

UPDATE: Please be advised the DSS website notification was not posted, therefore, to rectify the omission, DSS has **extended the comment period to November 6, 2024**. See below.

SPA 24-AA COVID-19 Updates

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). Public comment information is at the bottom of this document.

Changes to Medicaid State Plan

Due to the American Rescue Plan Act (ARP) period ending on September 30, 2024, there will be several changes to coverage and reimbursement related to COVID-19 for laboratory services, testing and vaccine administration.

Effective on or after October 1, 2024, SPA 24-AA will amend Attachment 4.19-B as follows:

- End dating the COVID-19 proprietary laboratory analysis (PLA) testing codes to remain consistent with the current PLA coverage policy (not covered).
- Repricing the COVID-19 laboratory codes from 100% to 70% of the Medicare rate to remain consistent with CMAP's current payment methodology for independent laboratories., from 100% to 95% to remain compliant with similarly priced services for family planning clinics, and from 100% to 80% to remain compliant with services reimbursed to medical clinics.
- To continue reimbursing pharmacies for COVID-19 tests and vaccines at a revised rate.
- COVID vaccine administration billed as procedure code 90480 will continue to be reimbursed at 100% of the Medicare rate for both pediatric and adult members covered under the HUSKY Health A, B, C, and D programs.
- COVID-19 vaccine administration billed by pharmacies will be reimbursed average wholesale price (AWP) plus \$1.00.
- COVID-19 at home test kits will continue to be reimbursed to pharmacies at the average wholesale price (AWP).

Fee schedules are published at: <http://www.ctdssmap.com>. Select "Provider", then select "Provider Fee Schedule Download"; after accepting the Terms and Conditions, proceed to the applicable fee schedule.

Fiscal Impact

Overall, DSS anticipates that this SPA will increase annual aggregate expenditures by approximately \$3,843,051 in State Fiscal Year (SFY) 2025 and \$4,968,091 in SFY 2026.

This proposed change of COVID-19 vaccine administration paid to providers at reduced rates is estimated to have a gross fiscal impact of \$2,528,497 in SFY 2025, and \$3,275,794 in SFY 2026.

The proposed change of continuing to reimburse for COVID-19 testing and revising the reimbursement rate to meet current policy is estimated to have a gross fiscal impact of \$4,883,189 in SFY 2025, and \$6,288,293 in SFY 2026

It is estimated that proposed changes to the reimbursement rates paid to pharmacies for COVID-19 tests and vaccines to have a gross fiscal impact of \$2,093,990 in SFY 2025, and \$2,745,012 in SFY 2026 and \$2,769,010.

This proposed change of COVID-19 vaccine administration paid to clinics is estimated to have a gross fiscal impact of \$3,589 in SFY 2025, and \$3,780 in SFY 2026

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 resource center, 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 “SPA 24-AA COVID-19 Updates”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than **October 8, 2024**.

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

(3) Other Laboratory and X-ray Services –

- Laboratory Services: Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of laboratory services. The agency’s fee schedule rates were set as of ~~October~~January 1, 2024 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 applicable fee schedule. The Department reviews Medicare rate changes annually to ensure compliance with federal requirements.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: CONNECTICUT

(5) Physician’s services – Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of physician’s services. The agency’s fee schedule rates were set as of ~~October~~^{July} 1, 2024, 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 applicable fee schedule.

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

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~~January 1, 2024 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 applicable fee schedule.

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

Home Health Services (Continued)

(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 ~~April-October~~ 1, 2024, 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 applicable fee schedule. Over-the-counter products provided by pharmacies, including COVID-19 at-home test kits, are reimbursed at Average Wholesale Price (AWP) with no dispensing fee, except for blood glucose testing strips which are reimbursed at WAC (Wholesale Acquisition Cost) with no dispensing fee and alcohol prep pads which are reimbursed at a maximum amount of \$6.00 per 100 prep pads with no dispensing fee. COVID-19 vaccines will be reimbursed at AWP + \$1.00 with no dispensing fee.

Prescription products and devices provided by pharmacies, including continuous glucose monitoring (CGM) devices, are reimbursed at the device cost specified below plus the professional dispensing fee specified for pharmacies in section 12 of Attachment 4.19-B of the Medicaid State Plan, which is currently \$10.75. Reimbursement for the device cost shall be the lowest of: (i) the usual and customary charge to the public or the pharmacy’s actual submitted ingredient cost; (ii) the National Average Drug Acquisition Cost (NADAC) established by CMS; (iii) the Affordable Care Act Federal Upper Limit (FUL); or (iv) Wholesale Acquisition Cost (WAC) plus zero (0) percent when no NADAC is available for a specific drug.

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(b) Dialysis Clinics: Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of dialysis clinic services. The agency's fee schedule rates were set as of ~~May 12~~October 1, 202~~43~~, 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 applicable fee schedule.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

- (c) Family Planning Clinics: Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of family planning clinic services. The agency's fee schedule rates were set as of ~~October~~April 1, 2024 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 applicable fee schedule.

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10. Dental Services:

(a) Dental Services Provided to Adults: Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of dental services provided to adults. The agency's fee schedule rates were set as of ~~October~~~~January~~ 1, 2024 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 applicable fee schedule.

(b) Dental Services Provided to Children: Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of dental services provided to children. The agency's fee schedule rates were set ~~October~~~~January~~ 1, 2024 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 applicable fee schedule.

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