

**STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES**

Notice of Proposed Medicaid State Plan Amendment (SPA)

**SPA 24-B: Section 1915(i) Portion of the Connecticut Home Care Program for Elders -
Rate Increases for Home Delivered Meals and Adult Day Services**

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 listed below.

Changes to Medicaid State Plan

Effective on or after January 1, 2024, and subject to CMS approval, this SPA will amend Attachment 4.19-B of the Medicaid State Plan in order to reflect a 12.5% rate increase to home delivered meals and a 8.6% rate increase to adult day services for the state plan Home and Community-Based Services (HCBS) option under section 1915(i) of the Social Security Act portion of the Connecticut Home Care Program for Elders (CHCPE).

The increased rates for the affected adult day health procedure codes are as follows:

Code	Description	New Rate
1200Z	Adult Day Health – Full Day (Non-Medical)	\$92.45
1201Z	Adult Day Health – Full Day (Approved Medical)	\$98.10
1202Z	Adult Day Health – Half Day (Less Than O	\$62.24

The increased rates for the affected home delivered meals codes are as follows:

Code	Description	New Rate
1218Z	Meal Service: Single Hot Meal/Meal Service – Single Meal – Hot/Cold	\$6.32
1220Z	Double Meal (One Hot – One Cold) Per Double Meal/Meal Service – Double (One Hot/Cold	\$11.57

1221Z	Kosher Meals Double	\$11.57
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The purpose of this SPA is to implement funding for rate increases included in the State Fiscal Year (SFY) 2024-2025 biennial state budget enacted by the Connecticut General Assembly and signed into law by the Governor and to improve access to these services.

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 \$29,160 in State Fiscal Year (SFY) 2024 and \$69,985 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 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-B: Section 1915(i) Portion of the Connecticut Home Care Program for Elders – Rate Increases for Home Delivered Meals and Adult Day Services”.

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 26, 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 July 1, 2023 <u>January 1, 2024</u> 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	