

**STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES**

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 24-X: Reimbursement Update for Private Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), Chemical Maintenance Clinics (Methadone Clinics), and Ambulance 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 at the bottom of this document.

Changes to Medicaid State Plan

Effective on or after July 1, 2024, SPA 24-X will amend Attachments 4.19-B and 4.19D of the Medicaid State Plan in order to do the following:

Private ICF/IID Reimbursement

Effective from July 1, 2024, through June 30, 2025, this SPA will amend Attachment 4.19-D of the Medicaid State Plan to make the following changes to the reimbursement methodology for private Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID).

For State Fiscal Year (SFY) 2025, this SPA implements a rebase of facility rates based upon 2023 cost report filings, adjusted to reflect rate increases provided after the cost report year ending June 30, 2023. A facility may receive a rate that is less than the rate in effect for the fiscal year ending June 30, 2024. There shall be no increase to rates based on any inflationary factor for the fiscal year ending June 30, 2025.

For SFY 2025, the minimum per diem, per bed rate for each private ICF/IID remains \$501.

For SFY 2025, a facility may receive a rate increase for a capital improvement approved by the Department of Developmental Services, in consultation with DSS, for the health or safety of the residents during SFY 2025, only to the extent such rate increases are within available appropriations.

The purpose of this SPA is to comply with subsection (h) of section 17b-340 of the Connecticut General Statutes, as amended by section 274 of Public Act 23-204, An Act Concerning the State Budget for the Biennium Ending June 30, 2025, and Making Appropriations Therefor, and Provisions Related to Revenue and Other Items Implementing the State Budget.

DSS is currently analyzing the projected Upper Payment Limit (UPL) demonstration for SFY 2025. In general, the UPL is a federally required limit on Medicaid payment, which is a calculated amount using federally specified Medicare cost principles, above which Medicaid federal financial participation (FFP) is not available. Depending on the specific results of the UPL demonstration, one or more portions of this SPA may be modified or removed to the extent necessary to reflect that Medicaid payments to ICF/IIDs remain within the UPL.

Second, this SPA will amend Attachment 4.19-B of the Medicaid State Plan to change the reimbursement for chemical maintenance clinics in accordance with recently adopted state legislation in section 73 of Public Act 24-81: subsection (b) of section 17b-280c of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage): “(b) For the fiscal year beginning July 1, 2024, the commissioner shall amend the Medicaid state plan to increase rates, within available appropriations, for chemical maintenance providers who receive the lowest weekly reimbursement rate for such treatment, provided no provider receiving a higher rate for such treatment, shall have such rate reduced as a result of such rate increase. In accordance with statute, methadone clinics paid a rate of \$94.74 or lower will see a 2.3% increase to the weekly rate, effective on or after July 1, 2024.”

Finally, this SPA will amend Attachment 4.19-B of the Medicaid State Plan to change the reimbursement for ambulance providers in accordance with recently adopted state legislation in section 74 of Public Act 24-81: “For the fiscal year beginning July 1, 2024, the Commissioner of Social Services, within available appropriations, shall increase (1) the Medicaid ambulance mileage rate for all emergency and nonemergency transports by one dollar and eighteen cents, and (2) all other emergency and nonemergency ambulance services rates. The commissioner, within available appropriations, shall provide mileage reimbursement for in-town trips for said fiscal year.” Note that \$5,000,000 state share was appropriated for this purpose in SFY 2025 (as part of the biennial budget adopted during the 2023 state legislative session), so in accordance with the language quoted above, one or both of these ambulance rate increases noted above may need to be adjusted downward to the extent necessary to remain within that state share appropriation.

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

Based on the information that is available at this time, DSS anticipates that this SPA will increase annual aggregate Medicaid expenditures by approximately \$608,067 in SFY 2025.

DSS estimates that the changes to the reimbursement rate for chemical maintenance clinics will increase annual aggregate expenditures by approximately \$663,015 in SFY 2025 and \$682,905 in SFY 2026.

DSS estimates that the changes to the reimbursement for ambulance services will increase annual aggregate expenditures by approximately \$13 million 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-X: Private Intermediate**”

Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) Reimbursement Update and Chemical Maintenance Clinics (Methadone Clinics) Reimbursement.”

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 25, 2024**.

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

1. Chemical maintenance clinic providers shall be reimbursed based on the following provider-specific reimbursement schedule (and in accordance with the provisions detailed above):

CHEMICAL MAINTENANCE PROVIDER NAME	WEEKLY RATE FOR 7 DOSES
APT FOUNDATION INC	\$103.47
CHEMICAL ABUSE SERVICES AGENCY	\$92.09 <u>94.23</u>
COMMUNITY HEALTH RESOURCES, INC A/K/A COMMUNITY PREVENTION AND ADDICTION SVCS	\$101.02
COMMUNITY SUBSTANCE ABUSE CENTERS INC	\$100.12
CONNECTICUT COUNSELING CENTERS INC	\$94.09 <u>96.94</u>
HARTFORD DISPENSARY	\$92.09 <u>94.23</u>
LIBERATION PROGRAMS INC	\$92.09 <u>94.23</u>
NEW ERA REHABILITATION CENTER	\$92.09 <u>94.23</u>
REGIONAL NETWORK OF PROGRAMS	\$99.83
MINIMUM RATE; RATE FOR NEW CHEMICAL MAINTENANCE CLINICS (Newly licensed on or after February 1, 2018) and RATE FOR BORDER PROVIDERS	\$92.09 <u>94.23</u>

TN # 24-X
Supersedes
TN # 19-0024

Approval Date _____

Effective Date 07/01/2024

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

30. Methods and Standards for Establishing Rates – Other types of Care

A. Transportation

- (1) Ambulance - All rates are published at www.ctdssmap.com. From this web page, go to “Provider,” then to “Provider Fee Schedule Download” and select the “Transportation” subcategory listed below. Except as otherwise noted in the plan, state-developed fee schedule rates for these services are the same for both governmental and private providers.
- (a) Fees for emergency medical transportation were set as of July 1, ~~2021~~2024 and are effective for services provided on or after that date. Select the “Transportation – Basic/Advanced” fee schedule.
- (b) Fees for non-emergency ambulance services were set as of July 1, ~~2021~~2024 and are effective for services provided on or after that date. Select the “Transportation – Basic/Advanced” fee schedule.
- (c) Fees for emergency conventional air ambulance services (rotary wing) were set as of December 1, 2012 and are effective for services provided on or after that date. Select the “Transportation – Critical Helicopter” fee schedule. Fees for emergency conventional air ambulance services (fixed wing) are manually priced. Select the “Transportation – Air Ambulance” fee schedule.
- (2) Non-Emergency Medical Transportation (NEMT)

The broker is reimbursed as described in Attachments 3.1-A and 3.1-B.

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State Plan under Title XIX of the Social Security Act
State: Connecticut
Methods for Establishing Payment Rates – Intermediate Care Facilities for
Individuals with Intellectual Disabilities (ICF/IID)

For the fiscal year ending June 30, 2024, rates shall be based upon 2022 cost report filings, adjusted to reflect any rate increases provided after the cost report year ending June 30, 2022, and with the addition of a two percent adjustment factor and a private provider COLA of 2.55%. No facility shall receive a rate less than the rate in effect for the fiscal year ending June 30, 2023. There shall be no increase to rates based on any inflationary factor for the fiscal year ending June 30, 2024.

For the fiscal year ending June 30, 2024, the minimum per diem, per bed rate shall remain \$501 including all applicable adjustments.

For the fiscal year ending June 30, 2024 and each subsequent fiscal year, the commissioner has the ability to provide pro rata fair rent increases to facilities that have documented fair rent additions placed in service in the cost report years that are not otherwise included in rates issued.

For the fiscal year ending June 30, 2025, rates shall be based upon 2023 cost report filings, adjusted to reflect any rate increases provided after the cost report year ending June 30, 2023. A facility may receive a rate increase that is less than the rate in effect for the fiscal year ending June 30, 2024. There shall be no increase to rates based on any inflationary factor for the fiscal year ending June 30, 2025.

For the fiscal year ending June 30, 2025, the minimum per diem, per bed rate shall remain at \$501 including all applicable adjustments.

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