

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
JFK Federal Building, Government Center  
Room 2275  
Boston, Massachusetts 02203



*CENTERS for MEDICARE & MEDICAID SERVICES*

**Division of Medicaid and Children's Health Operations / Boston Regional Office**

May 23, 2011

Roderick L. Bremby, Commissioner  
Department of Social Services  
25 Sigourney Street  
Hartford, Connecticut 06106

Dear Mr. Bremby:

We are pleased to enclose a copy of approved Connecticut State Plan Amendment (SPA) No. 11-003, submitted to my office on February 28, 2011. This SPA transmitted a proposed revision to Connecticut's approved Title XIX State Plan in order to decrease its Medicaid fee for incontinence supplies. This SPA has been approved effective March 1, 2011, as requested by the State.

Changes are reflected in the following sections of your approved State Plan:

- Attachment 4.19B, page 1(a)v

If you have any questions regarding this matter you may contact Marie Montemagno at (617) 565-9157 or by e-mail at [Marie.Montemagno@cms.hhs.gov](mailto:Marie.Montemagno@cms.hhs.gov).

Sincerely,

/s/

Richard R. McGreal  
Associate Regional Administrator

cc: Mark Schaefer, Director, Medical Care Administration

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER: 11-003	2. STATE: CT
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 3/1/2011
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5. TYPE OF STATE PLAN MATERIAL (Check One):  
 NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: Section 1905(a)(7) of the Social Security Act; 42 CFR 440.70(b)(3)	7. FEDERAL BUDGET IMPACT: a. FFY 2011 \$540,000 estimated savings b. FFY 2012 \$1,030,000 estimated savings
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19B, page 1(a) v	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable) Attachment 4.19B, page 1(a) v
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SUBJECT OF AMENDMENT: Under state plan amendment 11-003, the Department of Social Services proposes to amend Attachment 4.19B of the Connecticut Medicaid State Plan, to decrease its Medicaid fees for incontinence supplies. The resulting fees will be comparable to those paid by nearby states. The projected gross savings are \$540,000 in FFY 11 and \$1.03 million in FFY 12.


11. GOVERNOR'S REVIEW (Check One):  
 GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL       OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:  State of Connecticut Department of Social Services 25 Sigourney Street Hartford, CT 06106-5033 Attention: Ginny Mahoney
13. TYPED NAME: Michael P. Starkowski	
14. TITLE: Commissioner, Department of Social Services	
15. DATE SUBMITTED: February 28, 2011	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 02/28/2011	18. DATE APPROVED: 05/23/2011
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: 03/01/2011	20. SIGNATURE OF REGIONAL OFFICIAL: 
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21. TYPED NAME: Richard R. McGreal	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health Operations
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23. REMARKS:

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.

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

The fee schedule for licensed home health care agencies for service (a), (b), and (d) above can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: [www.ctdssmap.com](http://www.ctdssmap.com). From this web page go to "Provider Services" then to "Fee Schedule Download. Home health service rates were set as of July 1, 2007 and are effective for services on or after that date. Rates are the same for private and governmental providers and are published on the agency's website. Any fee payable to a home health care agency may qualify for an add-on to the standard fee for the applicable home health service upon application by the agency evidencing extraordinary costs associated with (1) treating AIDS patients; (2) high risk maternal child health care; (3) escort security services or (4) extended hour services. The provider must complete the appropriate application form showing the incremental costs that the agency incurs for the service. The allowable added cost is divided by all projected visits with and without the additional special circumstance (i.e., 1, 2, 3 or 4 above). The Department may add, adjust or eliminate service fees in order to remain compliant with HIPAA. In no case will the fee paid to an agency exceed the agency charge to the general public for similar services

(c) Medical supplies, equipment and appliances suitable for use in the home – The current fee schedule was set as of March 1, 2011 and is effective for services provided on or after that date, except that fees may be deleted or added and priced in order to remain compliant with HIPAA. The fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: [www.ctdssmap.com](http://www.ctdssmap.com). From this web page go to "Provider Services" then to "Fee Schedule Download."

(8) Private duty nursing services – Not provided.