

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

November 10, 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. 11-029, submitted to my office on August 18, 2011. This SPA transmitted a proposed amendment to Connecticut's approved Title XIX State Plan to make certain technical corrections to the health home service limitation language pages to become fully consistent with Medicaid statutory regulatory requirements. This SPA has been approved effective November 1st, 2011, as requested by the State.

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

- Attachment 3.1A, addendum page 5
- Attachment 3.1A, addendum page 6
- Attachment 3.1A, addendum page 6a
- Attachment 3.1B, addendum page 5
- Attachment 3.1B, addendum page 6
- Attachment 3.1B, addendum page 6a

If you have any questions regarding this matter you may contact Marie Montemagno (617) 565-1227 or by e-mail at Marie.Montemagno@cms.hss.gov

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

cc: Mark Schaefer, Director, Medical Care Administration

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 11-029	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 09/01/2011
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5. TYPE OF 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 Sec. 1905(a)(7) of the Social Security Act and 42 CFR 440.70	7. FEDERAL BUDGET IMPACT a. FFY 2012 \$ 0.00 b. FFY 2013 \$ 0.00
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Addendum Page 5 to Attachment 3.1A and 3.1B Addendum Page 6 to Attachment 3.1A and 3.1B Addendum Page 6a to Attachment 3.1A and 3.1B	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Addendum Page 5 to Attachment 3.1A and 3.1B Addendum Page 6 to Attachment 3.1A and 3.1B (New)
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10. SUBJECT OF AMENDMENT

The Department of Social Services is revising its Medicaid State Plan effective September 1, 2011. This amendment will make certain technical changes that will make the state's home health services limitations language fully consistent with Medicaid statutory regulatory requirements. No fiscal impact is expected.

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENT	16. RETURN TO State of Connecticut Department of Social Services 25 Sigoumey Street Hartford, CT 06106-5033 Attention: Ginny Mahoney
13. TYPED NAME Roderick L. Bremby	
14. TITLE Commissioner	
15. DATE SUBMITTED August 18, 2011	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED August 18 2011	18. DATE APPROVED November 10, 2011

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
September 1, 2011

21. TYPED NAME Richard R. McGreal	22. TITLE Assoc. Regional Administrator Division of Medicaid and Children's Health Oper.
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23. REMARKS

State Connecticut

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
CATEGORICALLY NEEDY GROUP(S): ALL

7. Home Health Services

The department shall not pay a home health care agency:

- a. For services provided to a client who is receiving the same service concurrently from an individual therapist, clinic, hospital, practitioner, rehabilitation center or other health care provider.
- b. For services provided by or through another agency or facility as part of its licensing requirements. For example, the department shall not pay for home health aide services if the client lives in a facility that provides home health aide services as part of its licensing requirements.
- c. When the client is in a hospital, nursing facility, chronic disease hospital, ICF/MR or other facility that is paid an all-inclusive rate directly by Medicaid for the care of the client.
- d. When the client is receiving the same home health care services concurrently from another home health care agency. This limitation does not preclude a home health care agency from contracting with another agency as described in section 19-13-D70 of the Regulations of Connecticut State Agencies.
- e. For well child care or for prenatal or postpartum care that is not high risk.
- f. For medical and surgical supplies or durable medical equipment used by the nurse, home health aid or therapist as part of the course of treatment for a client.
- g. For services of an unproven, experimental or research nature or for services in excess of those deemed medically necessary and medically appropriate by the department to treat the client's condition or for services not directly related to the client's diagnosis, symptoms or medical history.

TN#: 11-029
Supersedes
TN#: 92-2

Approval Date: 11/10/11

Effective Date: 09-01-11

State Connecticut

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
CATEGORICALLY NEEDY GROUP(S): ALL

- 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. When two or more nursing patients in the same household are receiving skilled nursing services, the full rate will be paid for one patient, and one half the rate for each additional patient receiving care in the same household, in accordance with § 42 CFR 440.70.
- b. Home Health Aid Services provided by a Home Health Agency in accordance with § 42 CFR 440.70. Home Health aide services in excess of fourteen hours per week must be cost effective and can only be overridden under EPSDT if the service is medically necessary.

All home health agencies must comply with the Department's cost effectiveness test set forth in Sec. 17b-262-730(a) through (f) inclusive of the Home Health Services Regulation.

- c. Medical supplies, equipment and appliances suitable for use in the home, in accordance with § 42 CFR 440.70.

These supplies, equipment and appliances are provided to patients in their own home through medical supply and equipment providers.

- d. Physical therapy, occupational therapy, speech pathology and audiology services provided by a home health agency or medical rehabilitation facility, in accordance with § 42 CFR 440.110.

Covered services include the services of a physical therapist or physical therapy assistant licensed in accordance with Sec. 20-66 of the Connecticut General Statutes, an occupational therapy assistant licensed in accordance with Sec. 20-74a of the Connecticut General Statutes or a speech therapist/speech pathologist licensed in accordance with Sec. 20-408 of the Connecticut General Statutes.

8. Private Duty Nursing Not provided except under EPSDT if the service is medically necessary.

TN#: 11-029
Supersedes
TN#: 08-013

Approval Date: 11/10/11

Effective Date: 09-01-11

State Connecticut

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
CATEGORICALLY NEEDY GROUP(S): ALL

9. Free-standing Clinic Services (non-FOHC)

The Department will not pay for any diagnostic, therapeutic, or treatment service that is 1) of an unproven, educational, social, cosmetic, experimental or research nature; 2) in excess of those deemed medically necessary and medically appropriate by the Department to treat the clients condition; or 3) not directly related to the client's diagnosis, symptoms, or medical history. This determination may be made at the time of prior authorization, preadmission review, or retrospective review. The fact that a denial was not made at an earlier stage shall not preclude such a determination at a later stage. The Department is entitled to disallow the entirety or any portion of the stay and services provided they do not meet the medically necessary or utilization review standards.

- a. Ambulatory Surgery Centers licensed by the Department of Public Health under Sections 19-13-D45 and 19-13-D56 of the Regulations of Connecticut State Agencies.
- b. Dialysis Clinics licensed by the Department of Public Health under Section 19-13-D55a of the Regulations of Connecticut State Agencies.
- c. Family Planning Clinics licensed by the Department of Public Health under Section 19-13-D45 of the Regulations of Connecticut State Agencies.

Limitations:

- (1) No more than one (1) form of birth control per recipient per visit.
- (2) No more than one (1) visit per day.
- (3) No more than one (1) initial visit per provider per recipient.

TN#: 11-029
Supersedes
TN#: New

Approval Date: 11/10/11

Effective Date: 09-01-11

State Connecticut

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MEDICALLY NEEDY GROUP(S): ALL

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