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



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

August 19, 2013

Roderick 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.12-029, submitted December 26, 2012 proposing to amend the Connecticut State Plan Attachment 4.19B in order to implement more cost effective fees for three DME codes. The three DME codes are E0445, E0770 and S1040.

This SPA has been approved effective December 1st, 2012, as requested by the State.

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

- Addendum page 6 to Attachment 3.1A
- Addendum page 6 to Attachment 3.1B
- Attachment 4.19-B, page 1a(v)

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

Sincerely,

/s/

Richard R. McGreal  
Associate Regional Administrator

cc: Kate McEvoy, Esq. Interim Director of the Division of Health Services

**TRANSMITTAL AND NOTICE OF APPROVAL  
OF STATE PLAN MATERIAL  
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:  
12-029

2. STATE: CT

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: NATIONAL INSTITUTIONAL REIMBURSEMENT TEAM  
CMS/CMSO  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
12/1/2012

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 2013 - \$158,000 - Savings  
b. FFY 2014 - \$165,000 - Savings

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Attachment 4.19 B Page 1a (v)

9. PAGE NUMBER OF THE SUPERSEDED PLAN  
Attachment 4.19 B Page 1a (v)

10. SUBJECT OF AMENDMENT: Under state plan amendment 12-029, the Department of Social Services proposes to amend the Connecticut Medicaid State Plan Attachment 4.19-B in order to implement more cost effective fees for three DME codes. The three DME codes are E0445, E0770 and S1040. The projected gross savings is \$316,000 for FFY13 and \$331,000 for FFY14. *(Note: Gross savings is the combination of both FFY's state sheet.)*

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:  
Comments if any to follow.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

/S/

13. TYPED NAME: Roderick L. Bremby

14. TITLE: Commissioner

15. DATE SUBMITTED:  
December 26, 2012

16. RETURN TO:

State of Connecticut  
Department of Social Services - 11<sup>th</sup> floor  
25 Sigourney Street  
Hartford, CT 06106-5033  
Attention: Ginny Mahoney

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 12-27-12

18. DATE APPROVED: 8-19-13

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
12-1-12

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Richard R. McGreal

22. TITLE: Associate Regional Administrator, DMCHD

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 December 1, 2012 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.

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

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- 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.

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.

State Connecticut

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

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