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**State/Territory Name: Connecticut**

**State Plan Amendment (SPA) #: 13-003**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Companion Letter
- 3) CMS 179 Form
- 4) Approved SPA Pages

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**

November 7, 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. 13-003, submitted to my office on March 28, 2013. This SPA transmitted a proposed amendment to Connecticut's approved Title XIX State Plan Attachments 4.19B in order to reduce rates for most codes on the consolidated lab fee schedule by 5%.

This SPA has been approved effective January 1, 2013, as requested by the State.

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

- Addendum Page 11 to Attachment 4.19B, page 1

If you have any questions regarding this matter you may contact Marie Montemagno (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: Kate McEvoy, Associate Director of Medical Administration - Health Services and Supports

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November 7, 2013

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

Dear Mr. Bremby:

This letter is being sent as a companion to our approval of your Department's State Plan Amendment (SPA) CT 13-003 (Lab rate reduction), and as a follow-up to our approval letter of November 7, 2013.

During the pendency of CT 13-003, we conducted a corresponding coverage review of Federally Qualified Health Care Centers (FQHC), Rural Health Clinics (RHC) and Outpatient Hospitals.

Based on that review, it was determined that these provisions are not consistent with Medicaid statutory and regulatory requirements of 42 CFR 430.10 requiring state plans to be comprehensive written statements describing the nature and scope of a state's Medicaid program and requires that the plans contain all information necessary for CMS to determine whether the plans can be approved to serve as the basis for Federal financial participation (FFP).

In the course of our review, we found that RHCs are provided "with limitations" as indicated on Page 1 of Attachment 3.1-A and Attachment 3.1-B. In contrast, Addendum Page 1c to Attachment 3.1-A and Attachment 3.1-B indicates, "There are no Rural Health Clinics in Connecticut". Also, Page 1 of Attachment 4.19-B indicates, "Rural Health Clinics – not provided." Please revise the relevant state plan pages to clarify that RHC services are provided.

Other than the limitations on dental services included on Addendum Page 1c to Attachment 3.1-A and Attachment 3.1-B, the state includes no other service description or information about FQHC coverage. It is necessary, however, for the state to include some minimum description of the FQHC services and limitations in the plan. Please include in the state plan language such as:

- 2c. Federally Qualified Health Center (FQHC) services are defined in section 1905(a)(2)(C) of the Social Security Act (the Act). FQHC services include services provided by physicians, nurse practitioners, physician assistants, nurse midwives, clinical psychologists, clinical social workers and visiting nurses and

other ambulatory services included in the state plan. FQHC services also include services and supplies that are furnished as an incident to professional services furnished by a physician, physician assistant, nurse practitioner, or nurse midwife, and, for visiting nurse care, related medical supplies other than drugs and biologicals. Limitations on other ambulatory services furnished in the FQHC are the same limitations as defined for those services in the state plan.

Similarly, please include the same language in the state plan for RHCs, under item 2b. As stated, we also conducted a corresponding coverage review of outpatient hospitals and have the following questions.

**Addendum Page 1c to Attachment 3.1-A; Outpatient Hospital**

**Item #2(a)1.** The State allows for no more than one visit per day to the same outpatient clinic.

1. Can this limit be exceeded based on medical necessity?
2. If so, what is the process for requesting additional visits?

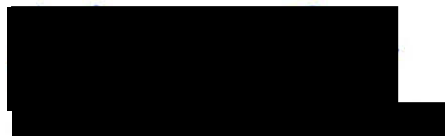
**Item #2(a)2** The State allows for no more than one psychiatric/psychological reevaluation per year per hospital for the same recipient.


1. Can this limit be exceeded based on medical necessity?
2. If so, what is the process to obtain additional reevaluations?

The state has 90 days from the date of this letter – until February 6, 2013 – to address the issues described above. Within this 90-day period, the state may submit SPAs to address these issues or may submit a corrective action plan describing in detail how the State will resolve in a timely manner the issues identified above. Failure to respond within the 90 days will result in the initiation of a formal compliance process. During the 90-day period, CMS will provide any technical assistance that is required to assist you in resolving these issues.

If you have any questions regarding this letter, please contact Marie Montemagno at (617) 565-9157 or [marie.montemagno@cms.hhs.gov](mailto:marie.montemagno@cms.hhs.gov).

Sincerely,



 McEvoy, Associate Director of Medical Administration - Health Services and Supports

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

1. TRANSMITTAL NUMBER:  
13-003

2. STATE: CT

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

TO: REGIONAL ADMINISTRATOR  
CMS/CMSO  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
January 1, 2013

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)(3) of the Social Security Act

7. FEDERAL BUDGET IMPACT:  
a. FFY 2013 - (\$455,000) Savings  
b. FFY 2014 - (\$623,000) Savings

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Addendum Page 11 to Attachment 4.19B, Page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN  
SECTION OR ATTACHMENT (If applicable)

10. SUBJECT OF AMENDMENT: Under State Plan Amendment #13-003, the Department of Social Services proposes amend its Medicaid State Plan effective January 1, 2013 in order to reduce rates for most codes on the consolidated lab fee schedule by 5%.

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:



13. TYPED NAME: Roderick L. Bremby

14. TITLE: Commissioner

15. DATE SUBMITTED:  
March 28, 2013

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: March 28, 2013

18. DATE APPROVED: November 7, 2013

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
January 1, 2013

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME: Richard R. McGreal

22. TITLE: Associate Regional Administrator  
Division of Medicaid and Children's Health Operations

23. REMARKS: Pen and ink change to CMS 179 Box 8 adding Addendum Page 11 to Attachment 4.19B, Page 1 removing Attachment 4.19B, Page 1 from box 8 and box 9 approved by the State on 11/20/2013

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

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- (2) Other Laboratory and X-ray Services –The fee schedules and any adjustments to the fee schedules are published in [www.ctdssmap.com](http://www.ctdssmap.com). Fees are effective as of the date noted below, except that fees may be deleted or added and priced in order to remain compliant with HIPAA or to correct pricing errors. Laboratory and X-ray service fees are the same for both governmental and private providers.
- Laboratory Services were set as of January 1, 2013. The Department reviews Medicare rate changes annually. Any Medicaid fee that exceeds the applicable Medicare fee is reduced to 90% of the Medicare fee or the Medicare floor whichever is higher.
  - X-ray services provided by independent radiology centers were set as of March 1, 2001. Select the “Independent Radiology” fee schedule, which displays global fees, including both the technical and professional components of each fee.

**OFFICIAL**