

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

June 25, 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. 13-015, submitted March 28, 2013 proposing to modify the Connecticut State Plan attachment 4.19B pages to reduce the pass through payment for hospice services for the nursing facility per diem to 95% of the nursing facility's per diem rate.

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

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

- Attachment 4.19-B, page 2b

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

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

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

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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION | 1. TRANSMITTAL NUMBER: 13-015 | 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 March 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)

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| 6. FEDERAL STATUTE/REGULATION CITATION: Section 1905 (a)(18) of the Social Security Act | 7. FEDERAL BUDGET IMPACT: a. FFY 2013 - (\$489,000) Savings b. FFY 2014 - (\$859,000) Savings |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19 B Page 2(b) | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable) Attachment 4.19 B page 2(b) |

10. SUBJECT OF AMENDMENT: Under State Plan Amendment #13-015, the Department of Social Services proposes to reduce the pass through payment for hospice services for the nursing facility per diem to 95% of the nursing facility's per diem rate. This amendment will be effective March 1, 2013. This change accounts for the overlap between the services provided by the nursing facility and the hospice agency.

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:

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| 12. SIGNATURE OF STATE AGENCY OFFICIAL: | 16. RETURN TO: State of Connecticut Department of Social Services - 11 th floor 25 Sigourney Street Hartford, CT 06106-5033 Attention: Ginny Mahoney |
| 13. TYPED NAME: Roderick L. Bremby | |
| 14. TITLE: Commissioner | |
| 15. DATE SUBMITTED: March 28, 2013 | |

FOR REGIONAL OFFICE USE ONLY

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| 17. DATE RECEIVED: 3/28/2013 | 18. DATE APPROVED: 6/25/2013 |
|------------------------------|------------------------------|

PLAN APPROVED - ONE COPY ATTACHED

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| 19. EFFECTIVE DATE OF APPROVED MATERIAL: 3/1/2013 | 20. SIGNATURE OF REGIONAL OFFICIAL: <i>[Signature]</i> |
| 21. TYPED NAME: Richard R. McGreal | 22. TITLE: Associate Regional Administrator, DMCH |

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

- (17) Nurse-mid wife services - are paid off of the physician fee schedule at 90% of physician fees. The agency's physician fee schedule was set as of July 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 physician fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page, go to "Provider" then to "Provider Fee Schedule Download". All governmental and private providers are reimbursed according to the same fee schedule.
- (18) The Medicaid Hospice rates are set prospectively by CMS based on the methodology used in setting Medicare Hospice rates, which are adjusted to disregard the cost offsets attributable to Medicare coinsurance amounts. Hospice payment rates are also adjusted for regional differences in wages, using indices published in the Federal Register and daily Medicaid hospice payment rates announced through CMS's memorandum titled "Annual Change in Medicaid Hospice Payment Rates—ACTION". The hospice fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page, go to "Provider" then to "Provider Fee Schedule Download". All governmental and private providers are reimbursed according to the same fee schedule. For clients living in a nursing facility, the per diem nursing facility rate will equal 95% of the rate for that nursing home under the Medicaid program.

TN # 13-015
Supersedes
TN # 11-018

Approval Date 06/25/13

Effective Date 03-01-2013