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State/Territory Name: Connecticut

State Plan Amendment (SPA) #: 13-016

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Additional Companion letter
- 3) CMS 179 Form/Summary Form (with 179-like data)
- 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

December 9, 2013

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. 13-016, 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 its fees for most codes on the Durable Medical Equipment (DME), Orthotics and Prosthetic Devices (O&P) and Medical Surgical Supplies (MSS) fee schedules by 5%. Additionally, most repairs to such equipment, devices, and supplies will be reimbursed at the lesser of 60% of the purchase price on each fee schedule of Manufacturer's Suggested Retail Price minus 15%.

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

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

- Attachment 4.19B page 1a(v)
- Supplement 1 to Attachment 4.19B, page 2

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, Associate Director of Medical Administration - Health Services and Supports

Read

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

December 18, 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 13-016 (Rehabilitative services), and as a follow-up to our approval letter of December 9, 2013.

During the pendency of CT 13-016, we conducted a corresponding coverage review of Rehabilitative services.

Section 1905(a)(13) of the Social Security Act defines rehabilitative services as services "recommended by a physician or other licensed practitioner of the healing arts within the scope of their practice under state law, for the maximum reduction of physical or mental disability and restoration of an individual to the best possible functional level." The state has not included sufficient information in the state plan to allow us to determine whether the listed services are properly coverable rehabilitative services. Moreover, 42 CFR 430.10 requires 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). Please revise CT 13-016 in accordance with the following.

General

We acknowledge that the state is aware of the need to move the "Durable Medical Equipment" language from the Rehabilitative services benefit to the Home Health benefit, as requested in CT 12-012 and in CT 11-010 and that the State has submitted that proposed change through draft versions of SPA 11-010. We appreciate the state's willingness to continue to work with CMS to make this change.

Supplement Page 2 to Addendum Page 12 to Attachment 3.1-A: Psychiatric Services to Children, Youth and their Families

1. Please describe in the state plan the services and any component services for each service that comprise "Psychiatric Services to Children, Youth and their Families."

2. Please include in the state plan a summary of the qualifications for the agencies (psychiatric clinics/community mental health facilities) that furnish these services.
3. Please include in the state plan a summary of the qualifications for the psychologists, nurses, social workers, mental health counselors, and other mental health professionals that furnish these services.
4. Please specify in the state plan the “other mental health professionals” that furnish these services along with their qualifications.
5. Are there any limitations on the amount, duration or scope of services? If so, please include them in the state plan and explain whether any of the limitations can be exceeded based on medical necessity.

Supplement Page 6 - 7 to Addendum Page 12 to Attachment 3.1-A: Mental health rehabilitation services for adults delivered in PNMIs

6. Please confirm that the state does not furnish nor claim for Personal Care Services as “Rehabilitative Services.”

Supplement Pages 3 - 6 to Addendum Page 12 to Attachment 3.1-A: Birth to Three Services; Mental health rehabilitation services for children delivered in Private Non-Medical Institutions (PNMIs); and Mental health rehabilitation services for adults delivered in PNMIs. The following questions are incorporated from CT 12-018B, which incorporated questions from CT 11-010 for these services:

1. Birth to Three Services; Mental health rehabilitation services for children delivered in Private Non-Medical Institutions (PNMIs); and Mental health rehabilitation services for adults delivered in PNMIs: We are incorporating the corresponding coverage questions from CT 11-010 that is currently off the clock.

Supplement to Addendum Page 12 to Attachment 3.1-A

1. Page 4: Please describe in the state plan the component services that comprise Early Intervention services including the providers of each service and their qualifications to furnish the service. Please clarify that these services are included in an Individualized Family Services Plan (IFSP).
2. Page 4: In the second sentence, the state provides a reference to 34 CFR 303.12. Please remove this reference.
3. Page 5, item (e): Please clarify what is meant by “special instruction.” It is unclear that “special instruction” is a Medicaid covered service.
4. Page 5, item (e): Please provide a description of “developmental therapy.” This can be included on page 4 of Addendum Page 12 to Attachment 3.1-A.

5. Page 5, item (i): Please provide a description of “Speech services” including an assurance that services are provided in accordance with 42 CFR 440.110. This can be included on page 4 of Addendum Page 12 to Attachment 3.1-A.
6. Page 6, Mental Health rehabilitation services for children delivered in Private Non-Medical Institutions:
 - a. It is not clear what services are being provided, who is providing the services, and what the provider and practitioner qualifications are for each service. Please provide a description, in the state plan, of the specific services to be covered, including the providers and practitioners who furnish the services and their qualifications.
 - b. It is unclear if there are any limitations on the amount, duration and scope of rehabilitative services furnished in the PNMI. If there are limitations other than prior authorization for all rehabilitative services furnished in the PNMI, please add them to the state plan for each service. Please also include information whether any of the limitations can be exceeded based on medical necessity.
 - c. Do any of the PNMI have more than 16 beds? With respect to any of the PNMI that serve children under age 21, it is allowable for them to be more than 16 beds provided the state complies with the requirements in 42 CFR 440.160, including those in subpart D of Part 441, governing psychiatric facilities that are not hospitals and are accredited by one of the listed organizations or one with comparable standards that is recognized by the state, and/or those in 42 CFR 483.352 governing psychiatric residential treatment facilities including the requirements of subpart G of part 483 on the use of restraint and seclusion. Please advise if any of the PNMI that serve children are separate psychiatric facilities or psychiatric residential treatment facilities that meet the aforementioned requirements.
 - d. Must beneficiaries who reside in the PNMI receive services furnished by practitioners employed by or under contract with the PNMI? If this is the case, please explain how the state ensures free choice of providers, i.e., may beneficiaries (or their legal guardians) choose to receive services in the community from qualified practitioners who are not employed by or under contract with the PNMI?
 - e. It is unclear who is being served in the PNMI for children. Please provide a description of the population being served.
7. Page 6, Mental health rehabilitation services for adults delivered in Private Non-Medical Institutions:

- a. Please provide in the state plan a brief description of each of the rehabilitative services that are being furnished including the providers and practitioners who furnish the services.
 - b. Please provide a description of services that would meet the definition of “other rehabilitative support necessary to develop or maintain social relationships...”
2. Mental health rehabilitative services for adults delivered in PNMIs: In addition to the questions in #7 above, we would like the state to add to the plan any limitations on amount, duration or scope of the services furnished in the PNMIs. Please also indicate whether the limitations can be exceeded based on medical necessity.

The state has 90 days from the date of this letter – until March 17, 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.

Sincerely,



Richard R. McGreal
Associate Regional Administrator

cc: Kate 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: 13-016	2. STATE: CT
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE 3/1/2013	

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


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 - (\$351,000) Savings b. FFY 2014 - (\$622,000) Savings
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19 B Page 1a (v) Attachment 4.19 B Page 2a Supplement 1 to Attachment 4.19B, Page 4 Supplement 1 to Attachment 4.19B, Page 4	9. PAGE NUMBER OF THE SUPERSEDED PLAN Attachment 4.19 B Page 1a (v) Attachment 4.19 B Page 2a Supplement 1 to Attachment 4.19B, Page 4 Supplement 1 to Attachment 4.19B, Page 4

10. SUBJECT OF AMENDMENT: Under state plan amendment 13-013, the Department of Social Services proposes amend its Medicaid State Plan effective March 1, 2013 to reduce its fees for most codes on the Durable Medical Equipment (DME), Orthotic and Prosthetic Devices (O&P) and Medical Surgical Supplies (MSS) fee schedules by 5%. In addition, most repairs to such equipment, devices, and supplies will be reimbursed at the lesser of 60% of the purchase price on each fee schedule or Manufacturer's Suggested Retail Price minus 15%. However, providers may request authorization for any repairs priced at greater than 60% of the purchase price.

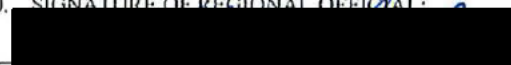
11. GOVERNOR'S REVIEW (Check One):
 GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL OTHER, AS SPECIFIED:
 Comments if any to follow.

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	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

17. DATE RECEIVED: March 28, 2013	18. DATE APPROVED: December 9, 2013
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: March 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: State requested pen and ink change to box 8 and 9 changing Supplement 1 to Attachment 4.19B, Page 2 to Supplement 1 to Attachment 4.19B, Page 4.
FORM HCFA-179 (07-92)
State also requested on 12/4/13 a change to box 8 and 9 removing Attachment 4.19B, page 2a

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

(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. From this web page, go to "Provider," then to "Provider 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 or delete codes 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, 2013 and is effective for services provided on or after that date, except that codes may be deleted or added 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. From this web page, go to "Provider," then to "Provider Fee Schedule Download." Rates are the same for private and governmental providers.

(8) Private duty nursing services – Not provided.

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE CONNECTICUT

(b) Prosthetic devices

Except as otherwise noted in the plan, payment for these services is based on state-developed fee schedule rates, which are the same for both governmental and private providers of prosthetic devices. The agency's rates were set as of 3/1/2013 and are effective for services rendered on or after that date. The fee schedule is subject to periodic adjustment. All rates are published on the agency's website at www.ctdssmap.com.

(c) Eyeglasses

Except as otherwise noted in the plan, payment for these services is based on state-developed fee schedule rates, which are the same for both governmental and private providers of eyeglasses. The agency's rates were set as of 7/1/2008 and are effective for services rendered on or after that date. The fee schedule is subject to periodic adjustment. All rates are published on the agency's website at www.ctdssmap.com.

(d) Hearing aids – The price allowed shall be the actual acquisition cost of the hearing aid(s) to the provider, not to exceed the applicable rates on the Medical Equipment, Devices, and Supplies fee schedule.

TN# 13-016

Supersedes

TN # 11-021

Approval Date 12/9/13

Effective Date 3-1-2013