

Table of Contents

State/Territory Name: Connecticut

State Plan Amendment (SPA) #: 13-022

This file contains the following documents in the order listed:

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

March 13, 2014

Roderick L. Bremby, Commissioner
Department of Social Services
25 Sigourney Street
Hartford, CT 06106-5033

Dear Commissioner Bremby:

We are pleased to enclose a copy of approved State plan amendment (SPA) No. 13-022 with an effective date of September 1, 2013, as requested by your Agency.

This proposed SPA transmitted an amendment to Connecticut's approved Title XIX State plan to reimburse services rendered by physician assistants at 90% of the applicable fee on the physician fee schedule.

If there are questions, please contact Robert Cruz. He can be reached at (617) 565-1257.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure

cc:

Kate McEvoy, 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: 13-022 | 2. STATE: CT |
| | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |

| | |
|---|--|
| TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES | 4. PROPOSED EFFECTIVE DATE: September 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)(6) of the Social Security Act and 42 CFR 440.60 | 7. FEDERAL BUDGET IMPACT: a. FFY 2014 \$ 12,800 (savings) b. FFY 2015 \$ 15,700 (savings) |
|---|---|

| | |
|---|--|
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19B Page 1(a)iv | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable) Attachment 4.19B Page 1(a)iv |
|---|--|

10. SUBJECT OF AMENDMENT: This SPA proposes to modify Attachment 4.19 B of the Connecticut Medicaid State Plan to reimburse services rendered by physician assistants at 90% of the applicable fee on the physician fee schedule. This amendment will align physician assistant reimbursement with the methodology used to reimburse for services rendered by Advanced Practice Registered Nurses (APRNs) and Certified Nurse-Midwives (CNMs). This change is expected to result in estimated federal savings of \$12,800 in FFY 14 and \$15,700 in FFY 15.

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 AGENCY OFFICIAL: | 16. RETURN TO: |
| 13. TYPED NAME: Roderick L. Blumby | State of Connecticut Department of Social Services - 11 th floor 25 Sigourney Street Hartford, CT 06106-5033 |
| 14. TITLE: Commissioner | Attention: Ginny Mahoney |
| 15. DATE SUBMITTED: September 26, 2013 | |

FOR REGIONAL OFFICE USE ONLY

| | |
|----------------------------|----------------------------|
| 17. DATE RECEIVED: 9/26/13 | 18. DATE APPROVED: 3/13/14 |
|----------------------------|----------------------------|

PLAN APPROVED - ONE COPY ATTACHED

| | |
|---|---|
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: 9/1/13 | 20. SIGNATURE OF REGIONAL OFFICIAL: |
| 21. TYPED NAME: Richard R. McGreal | 22. TITLE: Associate Regional Administrator, Division of Medicaid and Children's Health Operations, Boston Regional Office |

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

- (v) Licensed behavioral health practitioners to include licensed clinical social workers, licensed marital and family therapists, licensed professional counselors, and licensed alcohol and drug counselors – not to exceed 75% of the Medicare physician fee schedule. The fee schedule for licensed behavioral health practitioners 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." The agency's rates were set as of January 1, 2012 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.
- (vi) Physician assistants - 90% of the department's fees for physicians effective for dates of service on or after September 1, 2013. The fee schedule for physicians 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." The agency's rates were set as of January 1, 2012 and are effective for services on or after that date. Rates are the same for private and governmental providers and are published at www.ctdssmap.com.

Physician assistants working in a physician group or a solo physician practice are eligible to participate in the Person-Centered Medical Home (PCMH) initiative detailed in (5) above under Physician's Services as part of the physician group or solo physician practice under the Physician's Services section of the State Plan in Section (5) above.