

## **Table of Contents**

**State/Territory Name: Connecticut**

**State Plan Amendment (SPA) #: 13-030**

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**

December 13, 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.13-030, submitted to my office on September 27, 2013. This SPA transmitted a proposed amendment to Connecticut's approved Title XIX State Plan Attachments 4.19B in order to revise the title of the audiology fee schedule to "independent audiology and speech and language pathology" and also to add a series of vestibular function tests, audiologic function tests and evaluative and therapeutic procedures to the fee schedule.

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

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

- Attachment 4.19B Page 1(e)

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, 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:  
13-030

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:  
July 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)(11) of the Social Security Act and  
42 CFR 440.110(c)

7. FEDERAL BUDGET IMPACT:  
a. FFY 2014 \$ 15,000 (costs)  
b. FFY 2015 \$ 64,000 (costs)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19B Page 1(e)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR  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

Attachment 4.19B Page 1(e)


10. SUBJECT OF AMENDMENT: Effective July 1, 2013, this SPA proposes to modify Attachment 4.19 B of the Medicaid State Plan to: (1) revise the title of the audiology fee schedule to "independent audiology and speech and language pathology" and (2) add a series of vestibular function tests, audiologic function tests and evaluative and therapeutic procedures to the fee schedule. These changes are necessary in order to accurately reflect the types of providers able to bill for services and to improve access to medically necessary services for beneficiaries under age 21. This change is expected to result in estimated federal costs of \$15,000 in Federal Fiscal Year 2014 and \$64,000 in Federal Fiscal Year 2015.

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. 

14. TITLE: Commissioner

15. DATE SUBMITTED:  
September 27, 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: September 27, 2013

18. DATE APPROVED: December 13, 2013

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
July 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:

**OFFICIAL**

Attachment 4.19B  
Page 1(e)

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

State Connecticut

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- (10) Dental services (including dentures) – Fixed fee schedule. The agency’s rates were set as of April 1, 2008 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](http://www.ctdssmap.com).
- (11) Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of independent therapies, including physical therapy and related services, occupational therapy and audiology and speech pathology services and the fee schedules are published at [www.ctdssmap.com](http://www.ctdssmap.com)
- a) Physical therapy and related services – Select the “Independent Physical Therapy and Occupational Therapy” fixed fee schedule. Rates were set as of January 1, 2012 and effective for services on or after that date.
  - b) Occupational therapy – Select the “Independent Physical Therapy and Occupational Therapy” fixed fee schedule. Rates were set as of January 1, 2012 and are effective for services on or after that date. Occupational therapists are reimbursed according to the same fee schedule as physical therapists.
  - c) Audiology and speech pathology services – Select the “Independent Audiology and Speech and Language Pathology” fixed fee schedule. Rates were set as of July 1, 2013 and effective for services on or after that date.
- (12) Prescribed drugs and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist whichever the individual may select. The current fee schedule was set as of July 1, 2008 and is effective for services provided on or after that date. All rates are the same for private and governmental providers and are published at [www.ctdssmap.com](http://www.ctdssmap.com).

**TN # 13-030**  
**Supersedes**  
**TN # 12-010**

**Approval Date 12/13/13 \_\_\_\_\_**

**Effective Date 07/01/13**