

Table of Contents

State/Territory Name: Connecticut

State Plan Amendment (SPA) #: 13-032

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 16, 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. 13-032, submitted to my office on September 26, 2013. This SPA transmitted a proposed amendment to Connecticut's approved Title XIX State Plan Attachments 3.1A/B and 4.19B in order to add coverage for male and female condoms and spermicide to the Medical and Surgical Supply fee schedule and the Family Planning Clinic fee schedule. These services will be available for full-benefit Medicaid beneficiaries and also beneficiaries covered under the Family Planning-Limited Benefit coverage group. 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:

- Addendum page 6A to Attachment 3.1A
- Addendum page 6A to Attachment 3.1B
- Attachment 4.19B Page 1(a)v
- Attachment 4.19B Page 1(b)

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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 13-032	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): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> 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) and (9) of the Social Security Act and 42 CFR 440.70 and 440.90	7. FEDERAL BUDGET IMPACT: a. FFY 2014 \$ 2.1 million (costs) b. FFY 2015 \$ 2.4 million (costs)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19B Page 1(a)v Attachment 4.19B Page 1(b) Attachment 3.1A Page 6(a) Attachment 3.1B Page 6(a)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable) Attachment 4.19B Page 1(a)v Attachment 4.19B Page 1(b) Attachment 3.1A Page 6(a) Attachment 3.1B Page 6(a)

10. SUBJECT OF AMENDMENT: Effective July 1, 2013, this SPA proposes to add coverage for male and female condoms and spermicide to the Medical and Surgical Supply fee schedule and the Family Planning Clinic fee schedule. These services will be covered for full-benefit Medicaid beneficiaries and also beneficiaries covered under the Family Planning - Limited Benefit coverage group. These changes are intended to provide consistency with the policy goals of the existing family planning program, reduce unwanted pregnancies and prevent the transmission of HIV and other sexually transmitted diseases. Calculated based on 90% FMAP pursuant to section 1903(a)(5) of the Social Security Act, this change is expected to result in estimated federal costs of \$2.1 million in Federal Fiscal Year 2014 and \$2.4 million in Federal Fiscal Year 2015.

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: 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. Bready	
14. TITLE: Commissioner	
15. DATE SUBMITTED: September 26, 2013	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: September 26, 2013	18. DATE APPROVED: December 16, 2013
---------------------------------------	--------------------------------------

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2013	20. SIGNATURE OF REGIONAL ADMINISTRATOR:
21. TYPED NAME: Richard R. McGreal	22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health Operations

23. REMARKS:

OFFICIAL

State Connecticut

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
CATEGORICALLY NEEDY GROUP(S): ALL

9. Free-standing Clinic Services (non-FOHC)

The Department will not pay for any diagnostic, therapeutic, or treatment service that is: (1) of an unproven, educational, social, cosmetic, experimental or research nature; (2) in excess of those deemed medically necessary and medically appropriate by the Department to treat the client's condition; or (3) not directly related to the client's diagnosis, symptoms, or medical history. This determination may be made at the time of prior authorization, preadmission review, or retrospective review. The fact that a denial was not made at an earlier stage shall not preclude such a determination at a later stage. The Department is entitled to disallow the entirety or any portion of the stay and services provided they do not meet the medically necessary or utilization review standards.

- a. Ambulatory Surgery Centers licensed by the Department of Public Health under Sections 19-13-D45 and 19-13-D56 of the Regulations of Connecticut State Agencies.
- b. Dialysis Clinics licensed by the Department of Public Health under Section 19-13-D55a of the Regulations of Connecticut State Agencies.
- c. Family Planning Clinics licensed by the Department of Public Health under Section 19-13-D45 of the Regulations of Connecticut State Agencies.

Limitations:

- (1) No more than one (1) visit per day.
- (2) No more than one (1) initial visit per provider per recipient.

TN#: 13-032
Supersedes
TN#: 11-029

Approval Date: 12/16/13 Effective Date: 07-01-13

OFFICIAL

State Connecticut

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

9. Free-standing Clinic Services (non-FQHC)

The Department will not pay for any diagnostic, therapeutic, or treatment service that is: (1) of an unproven, educational, social, cosmetic, experimental or research nature; (2) in excess of those deemed medically necessary and medically appropriate by the Department to treat the clients condition; or (3) not directly related to the client's diagnosis, symptoms, or medical history. This determination may be made at the time of prior authorization, preadmission review, or retrospective review. The fact that a denial was not made at an earlier stage shall not preclude such a determination at a later stage. The Department is entitled to disallow the entirety or any portion of the stay and services provided they do not meet the medically necessary or utilization review standards.

- d. Ambulatory Surgery Centers licensed by the Department of Public Health under Sections 19-13-D45 and 19-13-D56 of the Regulations of Connecticut State Agencies.
- e. Dialysis Clinics licensed by the Department of Public Health under Section 19-13-D55a of the Regulations of Connecticut State Agencies.
- f. Family Planning Clinics licensed by the Department of Public Health under Section 19-13-D45 of the Regulations of Connecticut State Agencies.

Limitations:

- (1) No more than one (1) visit per day.
- (2) No more than one (1) initial visit per provider per recipient.

TN#: 13-032
Supersedes
TN#: 11-029

Approval Date: 12/16/13

Effective Date: 07-01-13

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 July 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." All governmental and private providers are reimbursed according to the same fee schedule.

(8) Private duty nursing services – Not provided.

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

-
-
- (9) Clinic services – Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of clinic services and the fee schedule and any annual/periodic adjustments to the fee schedule are published in www.ctdssmap.com. Fees are effective as of the dates noted below, except that fees may be deleted or added and priced in order to remain compliant with HIPAA. Rates for freestanding clinics are set as follows:
- (a) Ambulatory Surgery Centers: 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 published at www.ctdssmap.com. Effective October 1, 2008, reimbursement for freestanding Ambulatory Surgery Centers will be converted to a uniform fixed fee schedule based on CPT codes and Medicare price groups. Fees will be updated when new Medicare price groups are introduced or CPT codes (new or existing) are assigned to new or previously established Medicare price groups. The current fee schedule was set as of October 1, 2008 and is effective for services provided on or after that date. All rates are published at www.ctdssmap.com.
- (b) Dialysis Clinics: 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 published at www.ctdssmap.com.
- (c) Family Planning Clinics: The current fee schedule was set as of July 1, 2013 and is effective for services provided on or after that date. All rates are published at www.ctdssmap.com.

TN # 13-032
Supersedes
TN # 10-020

Approval Date 12/16/13

Effective Date 07-01-13