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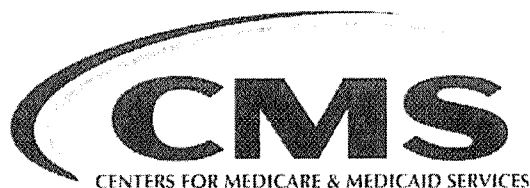
State/Territory Name: CT

State Plan Amendment (SPA) #: 13-039

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 28, 2014

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.13-039, submitted to my office on December 31, 2013. This SPA transmitted a proposed amendment to Connecticut's approved Title XIX State Plan in order to establish coverage for home health medication administration services provided by home health agencies using electronic medication administration devices when clinically appropriate for beneficiary. This service will be available only to beneficiaries that are not already receiving a comparable service as part of comprehensive package of services under section 1915(c) waiver or a section 1915(i) home and community-based services state plan amendment option.

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

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

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

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, 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: 13-039	2. STATE: CT
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: NATIONAL INSTITUTIONAL REIMBURSEMENT TEAM CMS/CMSO DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 12/01/2013	

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)(7) of the Social Security Act; 42 CFR 440.70(b)(1)	7. FEDERAL BUDGET IMPACT: a. FFY 2014 - \$188,000 Costs b. FFY 2015 - \$225,000 Costs
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Addendum Page 6 to Attachment 3.1-A Addendum Page 6 to Attachment 3.1-B Attachment 4.19 B Page 1a (v)	9. PAGE NUMBER OF THE SUPERSEDED PLAN: Addendum Page 6 to Attachment 3.1-A Addendum Page 6 to Attachment 3.1-B Attachment 4.19 B Page 1a (v)
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10. SUBJECT OF AMENDMENT: Effective December 1, 2013, state plan amendment 13-039 will establish coverage for home health medication administration services provided by home health agencies using electronic medication administration devices when clinically appropriate for the beneficiary. This service will be available only to beneficiaries that are not already receiving a comparable service as part of a comprehensive package of services under section 1915(c) waiver or a section 1915(i) home and community-based services state plan amendment option.

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: *Roderick L. Bremby*
 13. TYPED NAME: Roderick L. Bremby
 14. TITLE: Commissioner
 15. DATE SUBMITTED:
December 31, 2013

16. RETURN TO:

State of Connecticut
Department of Social Services - 11th floor
25 Sigourney Street
Hartford, CT 06106-5033
Attention: Ginny Mahoney

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 12/31/13 18. DATE APPROVED: 3/28/14

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
12/1/13
21. TYPED NAME: RICHARD R. MCGREAL
23. REMARKS:

20. SIGNATURE OF REGIONAL OFFICIAL: *[Signature]*
22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR
DIVISION OF MEDICAID AND CHILDREN'S HEALTH
OPERATIONS, BOSTON REGIONAL OFFICE

State Connecticut

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

OFFICIAL

- 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. When two or more nursing patients in the same household are receiving skilled nursing services, the full rate will be paid for one patient, and one half the rate for each additional patient receiving care in the same household, in accordance with 42 CFR § 440.70.

When clinically appropriate for a beneficiary, the home health agency may provide medication administration services using an electronic medication administration device and associated monitoring capabilities that enable the home health agency and appropriate caretakers to be promptly notified if the beneficiary is not following the medication administration portion of the beneficiary's plan of care, provided that the beneficiary is not receiving a comparable service as part of a comprehensive package of services, such as those provided under a section 1915(c) waiver or a section 1915(i) home and community-based services state plan amendment option, including the Connecticut Home Care for Elders Program and the Personal Care Assistants waiver.

- b. Home Health Aide Services provided by a Home Health Agency in accordance with 42 CFR § 440.70. All home health agencies must comply with the Department's cost effectiveness test set forth in Sec. 17b-262-730(a) through (f) inclusive of the Home Health Services Regulation.
- c. Medical supplies, equipment and appliances suitable for use in the home, in accordance with 42 CFR § 440.70. These supplies, equipment and appliances are provided to patients in their own home through medical supply and equipment providers.

1. Customized wheelchairs

- (a) No more than three (3) month rental period shall be allowed for a wheelchair pending delivery of a customized model ordered for a recipient living in their own home, which may be extended by prior authorization.
- (b) Customized wheelchairs are provided for patients in nursing facilities and intermediate care facilities for individuals with intellectual disabilities who require them for proper body alignment and support.

2. The Department will not pay for any procedure or service of an unproven, experimental or research nature.

- d. Physical therapy, occupational therapy, speech pathology and audiology services provided by a home health agency or medical rehabilitation facility, in accordance with 42 CFR § 440.110.

Covered services include the services of a physical therapist or physical therapy assistant licensed in accordance with Sec. 20-66 of the Connecticut General Statutes, an occupational therapy assistant licensed in accordance with Sec. 20-74a of the Connecticut General Statutes or a speech therapist/speech pathologist licensed in accordance with Sec. 20-408 of the Connecticut General Statutes.

8. Private Duty Nursing Not provided except under EPSDT if the service is medically necessary.

TN#: 13-039
Supersedes
TN#: 13-026

Approval Date: 3/11/14 3/28/14

Effective Date: 12/01/2013

State Connecticut

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

OFFICIAL

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Approval Date: ~~3/11/14~~ 3/28/14

Effective Date: 12/01/2013

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

OFFICIAL

(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 December 1, 2013 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 August 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.

TN # 13-039

Supersedes

TN # 13-026Approval Date ~~3/11/14~~ 3/28/14 Effective Date 12/1/2013