

## **Table of Contents**

**State/Territory Name: Connecticut**

**State Plan Amendment (SPA) #: 14-017**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 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**

April 18, 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. 14-017 with an effective date of March 1, 2014, as requested by your Agency.

This proposed SPA transmitted an amendment to Connecticut's approved Title XIX State plan to revise the fee schedule for Medical Equipment, Devices, and Supplies (MEDS). These revisions include the addition and deletion of codes and changes to code descriptions on the MEDS fee schedule consistent with the Healthcare Common Procedure Coding System (HCPCS) updates.

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

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	1. TRANSMITTAL NUMBER: 14-017	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 3/1/2014	

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 2014 - \$0 b. FFY 2015 - \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 4.19 B Page 1a (v) Supplement 1 to Attachment 4.19 B Page 4	9. PAGE NUMBER OF THE SUPERSEDED PLAN  Attachment 4.19 B Page 1a (v) Supplement 1 to Attachment 4.19 B Page 4

10. SUBJECT OF AMENDMENT: SPA 14-017 will amend the Medicaid State Plan effective March 1, 2014 in order to revise the fee schedule for Medical Equipment, Devices and Supplies (MEDS). Changes include the addition and deletion of codes and changes to code descriptions on the MEDS fee schedule consistent with Healthcare Common Procedure Coding System (HCPCS) updates. This enables Connecticut to remain HIPAA compliant with the 2014 National Code Set. There is no quantifiable fiscal impact associated with these changes at this time.

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:  /s/	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
13. TYPED NAME: Roderick L. Bremby	
14. TITLE: Commissioner	
15. DATE SUBMITTED: March 24, 2014	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 3/24/14	18. DATE APPROVED: 4/18/14
----------------------------	----------------------------

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: 3/1/14	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
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

## (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](http://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 March 1, 2014 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](http://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.



**OFFICIAL**

Supplement 1 to  
Attachment 4.19B  
Page 4

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 3/1/2014 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](http://www.ctdssmap.com). Select "Provider," then select "Provider Fee Schedule Download."

(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](http://www.ctdssmap.com). Select "Provider," then select "Provider Fee Schedule Download."

(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, which are published on the agency's website at [www.ctdssmap.com](http://www.ctdssmap.com). Select "Provider," then select "Provider Fee Schedule Download."

---

TN# 14-017

Supersedes

TN # 13-016

Approval Date 4/18/14

Effective Date 3-1-2014