

## **Table of Contents**

**State/Territory Name: Connecticut**

**State Plan Amendment (SPA) #: 16-0016-B**

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**

October 18, 2018

Roderick Bremby, Commissioner  
Department of Social Services  
55 Farmington Avenue  
Hartford, CT 06105

Dear Commissioner Bremby:

We are pleased to enclose via email a copy of approved Connecticut State Plan Amendment (SPA) No. 16-0016-B, submitted to my office on September 30, 2016 and approved on October 18, 2018.

This SPA amends Attachment 4.19-B of the Medicaid State Plan to align with the changes made in SPA 16-0016-A. SPA 16-0016-B removes the person-centered medical home (PCMH) language from the outpatient hospital section of Attachment 4.19-B. This change is necessary because SPA 16-0016-A implements an ambulatory payment classification (APC) reimbursement system for outpatient hospital services, which includes facility services only and excludes professional services. Instead, professional services must be billed under the physician or other licensed practitioner benefit categories in sections 1905(a)(5) and (6). Accordingly, any PCMH services provided in the outpatient hospital setting will be provided under those benefit categories (without any change to the existing language in those categories), so the PCMH language in the outpatient hospital section is no longer necessary. This SPA also removes a payment limitation that no longer applies under the APC payment methodology and removes obsolete hospital reimbursement language.

This SPA's approval is effective July 1, 2016, as requested by the State.

If you have any questions regarding this matter you may contact Robert Cruz at 781-335-3455 or by email at [Robert.Cruz@cms.hhs.gov](mailto:Robert.Cruz@cms.hhs.gov).

Sincerely,

/s/

Richard R. McGreal  
Associate Regional Administrator

Enclosure

**TRANSMITTAL AND NOTICE OF APPROVAL  
OF STATE PLAN MATERIAL  
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:  
16-0016-B

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, 2016

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)(2)(A) of the Social Security Act and  
42 CFR 440.20(a)

7. FEDERAL BUDGET IMPACT:  
a. FFY 2016 \$0  
b. FFY 2017 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Addendum Pages 1k, 2, 3, 4, 5, 6, 7, and 8 to Attachment 4.19-B, Page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR  
ATTACHMENT (If applicable)  
Addendum Pages 1k, 2, 3, 4, 5, 6, 7, and 8 to Attachment 4.19-B, Page 1

10. SUBJECT OF AMENDMENT:

Effective July 1, 2016, in order to align with the changes made in SPA 16-016-A, SPA 16-016-B removes the person-centered medical home (PCMH) language from the outpatient hospital section of Attachment 4.19-B. This change is necessary because SPA 16-016-A implements an ambulatory payment classification (APC) reimbursement system for outpatient hospital services, which includes facility services only and excludes professional services. Instead, professional services must be billed under the physician or other licensed practitioner benefit categories in sections 1905(a)(5) and (6). Accordingly, any PCMH services provided in the outpatient hospital setting will be provided under those benefit categories (without any change to the existing language in those categories), so the PCMH language in the outpatient hospital section is no longer necessary. This SPA also removes a payment limitation that no longer applies under the APC payment methodology and removes obsolete hospital reimbursement language.

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:

13. TYPED NAME: Roderick L. Bremby

State of Connecticut  
Department of Social Services  
55 Farmington Avenue – 9th floor  
Hartford, CT 06105  
Attention: Ginny Mahoney

14. TITLE: Commissioner

15. DATE SUBMITTED:  
September 30, 2016

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: September 30, 2016

18. DATE APPROVED: October 18, 2018

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
July 1, 2016

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: The state and CMS agreed to the following pen and ink changes to the CMS Form 179. Please see the following page.

1. **Box 1:** Change SPA number to 16-016-B.
2. **Box 8:** Delete all referenced pages and replace with "Addendum Pages lk, 2, 3, 4, 5, 6, 7, and 8 to Attachment 4.19-B Page 1".
3. **Box 9:** Delete all referenced pages and replace with "Addendum Pages lk, 2, 3, 4, 5, 6, 7, and 8 to Attachment 4.19-B Page 1".
4. **Box 10:** Delete all text in this box and replace with the following:

Effective July 1, 2016, in order to align with the changes made in SPA 16-016-A, SPA 16-016-B removes the person-centered medical home (PCMH) language from the outpatient hospital section of Attachment 4.19-B. This change is necessary because SPA 16-016-A implements an ambulatory payment classification (APC) reimbursement system for outpatient hospital services, which includes facility services only and excludes professional services. Instead, professional services must be billed under the physician or other licensed practitioner benefit categories in sections 1905(a)(5) and (6). Accordingly, any PCMH services provided in the outpatient hospital setting will be provided under those benefit categories (without any change to the existing language in those categories), so the PCMH language in the outpatient hospital section is no longer necessary. This SPA also removes a payment limitation that no longer applies under the APC payment methodology and removes obsolete hospital reimbursement language.

**OFFICIAL**

**Addendum Page 1k to**

**Attachment 4.19-B**

**Page 1**

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

**State Connecticut**

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TN# 16-0016-B

Supersedes

TN # 16-015

Approval Date 10/18/18

Effective Date 07/01/2016

**OFFICIAL**

**Addendum Page 2 to  
Attachment 4.19-B  
Page 1**

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

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Effective January 1, 2012, evaluation rates for Child and Adolescent Rapid Emergency Stabilization Services (CARES) provided in a designated general hospital unit with an approved Certificate of Need that specifically provides for the operation of a CARES unit for such services shall be \$450.00 per encounter. This is a comprehensive medical and psychiatric evaluation, including an evaluation by a psychiatrist, for complex emergency department presentations with a special emphasis on clinically appropriate disposition planning.

TN # 16-016-B  
Supersedes  
TN # 12-005

Approval Date 10/18/18

Effective Date 07-01-2016

**OFFICIAL**

**Addendum Page 3 to  
Attachment 4.19-B  
Page 1**

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

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TN # 16-016-B  
Supersedes  
TN # 12-005

Approval Date 10/18/18

Effective Date 07-01-2016

**OFFICIAL**

**Addendum Page 4 to  
Attachment 4.19-B  
Page 1**

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

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[Page intentionally deleted.]

TN # 16-016-B  
Supersedes  
TN # 16-002

Approval Date 10/18/18

Effective Date 07-01-2016



**OFFICIAL**

**Addendum Page 5 to  
Attachment 4.19-B  
Page 1**

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

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2. (b) **Rural Health Clinic Services**. Not provided.

TN # 16-016-B

Supersedes

TN # 16-015

Approval Date 10/18/18

Effective Date 07-01-2016

**OFFICIAL**

**Addendum Page 6 to  
Attachment 4.19-B  
Page 1**

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

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[Page intentionally deleted.]

TN # 16-016-B

Supersedes

TN # 12-005

Approval Date 10/18/18

Effective Date 07-01-2016

**OFFICIAL**

**Addendum Page 7 to**

**Attachment 4.19-B**

**Page 1**

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

**State Connecticut**

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[Page intentionally deleted.]

TN # 16-016-B

Supersedes

TN # 12-005

Approval Date 10/18/18

Effective Date 07-01-2016

**OFFICIAL**

**Addendum Page 8 to  
Attachment 4.19-B  
Page 1**

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

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[Page intentionally deleted.]

TN # 16-016-B  
Supersedes  
TN # 16-002

Approval Date 10/18/18

Effective Date 07-01-2016