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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

June 6, 2016

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

Dear Mr. Bremby:

We are pleased to enclose a copy of approved Connecticut State Plan Amendment (SPA) No. 16-007, submitted to my office on March 31, 2016 and approved on May 23, 2016. This SPA amends Attachment 4.19-B of the State Plan in order to revise the DSS fee schedule for Medical Equipment, Devised and Supplies (MEDS). Changes include the addition, pricing, and deletion of codes and changes to code descriptions on the MEDS fee schedule consistent with Healthcare Common Procedure Coding System (HCPCS) updates to ensure that this fee schedule remains compliant with the Health Insurance Portability and Accountability Act (HIPAA). This SPA also makes various other changes to the MEDS schedule, including restructuring specific codes. This SPA also adjusts quantity limits in the fee schedule, which can be exceeded with prior authorization based on medical necessity.

This SPA has been approved effective March 1, 2016, as requested by the State.

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

- Attachment 4.19B-Page 1(a)v
- Supplement 1 to Attachment 4.19B, Page 4

If you have any questions regarding this matter you may contact Marie DiMartino (617) 565-9157 or by e-mail at Marie.DiMartino@cms.hhs.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:
16-007

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:
March 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:
Sections 1905(a)(7) and (12) of the Social Security
Act and 42 CFR 440.70(b)(3) and 440.120(c)

7. FEDERAL BUDGET IMPACT:
a. FFY 2016 \$(28,000) Savings
b. FFY 2017 \$(54,000) Savings

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19B Page 1(a)v
Supplement 1 to Attachment 4.19B Page 4

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR
ATTACHMENT (If applicable)
Attachment 4.19B Page 1(a)v
Supplement 1 to Attachment 4.19B Page 4

10. SUBJECT OF AMENDMENT: Effective March 1, 2016, Medicaid State Plan Amendment (SPA) 16-007 amends Attachment 4.19-B of the Medicaid State Plan in order to revise the DSS fee schedule for Medical Equipment, Devices and Supplies (MEDS). Changes include the addition, pricing, and deletion of codes and changes to code descriptions on the MEDS fee schedule consistent with Healthcare Common Procedure Coding System (HCPCS) updates to ensure that this fee schedule remains compliant with the Health Insurance Portability and Accountability Act (HIPAA). This SPA also makes various other changes to the MEDS fee schedule, including restructuring specific codes, as described in more detail in the cover letter. This SPA also adjusts quantity limits in the fee schedule, which can be exceeded with prior authorization based on medical necessity.

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/

13. TYPED NAME: Roderick L. Bremby

14. TITLE: Commissioner

15. DATE SUBMITTED:
March 31, 2016

16. RETURN TO:

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 31, 2016

18. DATE APPROVED: May 23, 2016

PLAN APPROVED – ONE COPY ATTACHED

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

20. SIGNATURE OF REGIONAL OFFICIAL:

/S/

21. TYPED NAME: Richard R. McGreal

22. TITLE: Associate Regional Administrator
Division of Medicaid & Children's Health Operations

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. From this web page, go to “Provider,” then to “Provider Fee Schedule Download.” Home health service rates were set as of October 1, 2015 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, 2016 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.” Over-the-counter products provided by pharmacies are reimbursed at Average Wholesale Price (AWP). All governmental and private providers are reimbursed according to the same fee schedule.

(8) Private duty nursing services – Not provided.

TN # 16-007
Supersedes
TN # 15-049

Approval Date 5/23/16

Effective Date 03/01/2016

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 March 1, 2016 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. 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. 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. Select "Provider," then select "Provider Fee Schedule Download."