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State/Territory Name: Connecticut

State Plan Amendment (SPA) #: 16-012

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- 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 26, 2016

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

Dear Commissioner Bremby:

We are pleased to enclose a copy of approved State plan amendment (SPA) No. 16-012 with an effective date of January 1, 2016, as requested by your Agency.

This proposed SPA transmitted an amendment to Connecticut's approved Title XIX State plan to incorporate the 2016 Healthcare Common Procedure Coding System (HCPCS) changes to the Independent Audiology and Speech and Language Pathology fee schedule. In addition, the methodology for computing the rates for the technical (TC) and professional (26) components for select audiology codes is being revised to the same methodology for other provider types.

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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 16-012	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: January 1, 2016	

5. TYPE OF STATE PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

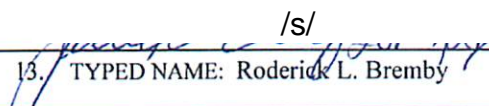
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: Sections 1905(a)(11) of the Social Security Act and 42 CFR 440.110	7. FEDERAL BUDGET IMPACT: a. FFY 2016 \$0 b. FFY 2017 \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19B Page 1(e)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable) Attachment 4.19B Page 1(e)

10. SUBJECT OF AMENDMENT: Effective January 1, 2016, SPA 16-012 amends Attachment 4.19-B of the Medicaid State Plan to incorporate the 2016 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) to the Independent Audiology and Speech and Language Pathology fee schedule. Codes that are being added are being priced using a comparable methodology to other codes in the same or similar category. The Department is making these changes to remain compliant with the Health Insurance Portability and Accountability Act (HIPAA). In addition, the methodology for computing the rates for the technical (TC) and professional (26) components for select audiology codes is being revised to the same methodology for other provider types.

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 55 Farmington Avenue – 9th floor Hartford, CT 06105 Attention: Ginny Mahoney
13. TYPED NAME: Roderick L. Bremby	
14. TITLE: Commissioner	
15. DATE SUBMITTED: March 28, 2016	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 3/30/16	18. DATE APPROVED: 10/26/16
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PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/16	20. SIGNATURE OF REGIONAL OFFICIAL: 
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

- (10) Dental services – Fixed fee schedule. The agency’s rates were set as of January 1, 2016 and are effective for services on or after that date. Rates are the same for private and governmental providers and are published at www.ctdssmap.com. From this page, go to “Provider” then to “Provider Fee Schedule Download”
- (11) Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of independent therapies, including physical therapy and related services, occupational therapy and audiology and speech pathology services and the fee schedule is published at www.ctdssmap.com. From this page, go to “Provider” then to “Provider Fee Schedule Download”.
- a) Physical therapy and related services – Fixed fee schedule. Rates were set as of January 1, 2012 and effective for services on or after that date.
 - b) Occupational therapy – Fixed fee schedule. Rates were set as of January 1, 2012 and are effective for services on or after that date. Occupational therapists will be reimbursed according to the fee schedule for physical therapists.
 - c) Audiology and speech pathology services – Fixed fee schedule. Rates were set as of January 1, 2016 and effective for services on or after that date.

TN # 16-012
Supersedes
TN # 15-043

Approval Date 10/26/16

Effective Date 01/01/2016