

## **Table of Contents**

**State/Territory Name: Connecticut**

**State Plan Amendment (SPA) #: 17-0004**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 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**

November 16, 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. 17-0004, submitted to my office on March 30, 2017 and approved on November 15, 2018.

This SPA amends Attachment 4.19-B of the Medicaid State Plan to revise the Medical Clinic and Rehabilitation Clinic fee schedules.

This SPA's approval is effective January 1, 2017, 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:  
17-0004

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, 2017

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)(9) of the Social Security Act and  
42 CFR 440.90

7. FEDERAL BUDGET IMPACT:  
a. FFY 2017 \$42,000  
b. FFY 2018 \$58,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Attachment 4.19B Page 1(c)  
Attachment 4.19B Page 1(c)vii

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR  
ATTACHMENT (If applicable)  
Attachment 4.19B Page 1(c)  
Attachment 4.19B Page 1(c)vii

10. SUBJECT OF AMENDMENT: Effective January 1, 2017, SPA 17-0004 amends Attachment 4.19-B of the Medicaid State Plan to revise the Medical Clinic and Rehabilitation Clinic fee schedules. These revisions incorporate the 2017 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) to remain compliant with the Health Insurance Portability and Accountability Act (HIPAA). Additional changes include adding Fluclevax to the Medical Clinic fee schedule and several wound care codes to the Rehabilitation Clinic fee schedule.

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:  
 /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: March 30, 2017

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: March 30, 2017

18. DATE APPROVED: November 15, 2018

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
January 1, 2017

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

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- (d) Medical Clinics: The current fee schedule was set as of January 1, 2017 and is effective for services provided on or after that date. All rates are published at [www.ctdssmap.com](http://www.ctdssmap.com). Rates are the same for private and governmental providers.

TN # 17-0004  
Supersedes  
TN # 15-044

Approval Date 11/15/18

Effective Date 01-01-2017

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

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(f) Rehabilitation Clinics:

The current fee schedule was set as of January 1, 2017 and is effective for services provided on or after that date. All rates are published at [www.ctdssmap.com](http://www.ctdssmap.com).

TN # 17-0004  
Supersedes  
TN # 16-0010

Approval Date: 11/15/18      Effective Date 01-01-2017