

## **Table of Contents**

**State/Territory Name: Connecticut**

**State Plan Amendment (SPA) #: 17-0009**

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. 17-0009, 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 Family Planning Clinic, Ambulatory Surgical Center, Dialysis Clinic, and Behavioral Health 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:  
17-0009

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:  
Sections 1905(a)(9) of the Social Security Act and  
42 CFR 440.90

7. FEDERAL BUDGET IMPACT:  
a. FFY 2017 \$273,000  
b. FFY 2018 \$383,000

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

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR  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

10. SUBJECT OF AMENDMENT: Effective January 1, 2017, SPA 17-0009 amends Attachment 4.19-B of the Medicaid State Plan to revise the Family Planning Clinic, Ambulatory Surgical Center, Dialysis Clinic, and Behavioral Health Clinic fee schedules. These revisions incorporate 2017 Healthcare Common Procedure Coding System (HCPCS) changes. Changes to the Ambulatory Surgical Center fee schedule include addition, deletion and replacement of various procedure codes, which are priced at 100% of applicable Medicare rates. Changes to the Dialysis Clinic fee schedule include the addition of a new procedure code, J0884 – Argatroban ESRD dialysis, 1 mg. This code is manually priced and is paid using the applicable Medicaid pharmacy reimbursement methodology. Changes to the Family Planning Clinic fee schedule include the addition of the Tetanus-Diphtheria-Pertussis (T-DAP) vaccine, the dispensation of smoking cessation products and the pre-exposure prophylaxis medication (PrEP) Truvada. These codes are being paid at the acquisition cost established in accordance with section 340B of the Public Health Services Act, plus a \$10 dispensing fee (although the dispensing fee does not apply to over-the-counter products). Changes to the Behavioral Health Clinic fee schedule include the addition of code J1942 - Injection, aripiprazole lauroxil, 1 mg. This code is manually priced and is paid using the applicable Medicaid pharmacy reimbursement methodology.

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: Rogerick 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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9. Clinic services – Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of clinic services and the fee schedule and any annual/periodic adjustments to the fee schedule are published in [www.ctdssmap.com](http://www.ctdssmap.com). Fees are effective as of the dates noted below, except that fees may be deleted or added and priced in order to remain compliant with HIPAA. Rates for freestanding clinics are set as follows:

(a) Ambulatory Surgery Centers: 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 # 17-0009  
Supersedes  
TN # 16-010

Approval Date 11/15/18

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- (b) Dialysis 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).

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**OFFICIAL**

**Attachment 4.19-B  
Page 1(b)ii**

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**State Connecticut**

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- (c) Family Planning 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).

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(e) Behavioral Health Clinics:

(e.1) **Private Behavioral Health Clinics.**

The current fee schedule was set as of January 1, 2017 and is effective for services on or after that date. Fees for services provided to individuals 18 years of age and over will be 95% of the published fee.

Effective January 1, 2012 the Department established a separate fee schedule for private behavioral health clinics that meet special access and quality standards and such fees are higher than the fees available to clinics that do not meet such special standards. These clinics must accept all (100%) telephonic and walk-in referrals that present during business hours. All referrals must be screened by a trained intake worker or clinician and triaged to determine whether the referral is emergent, urgent or routine. A clinician must evaluate a client who presents at the clinic with an emergent condition within two (2) hours. Clients that undergo telephonic or walk-in screening and are determined to be in urgent need of services must be offered an appointment for an urgent face-to-face clinical evaluation with a clinician to take place within two (2) calendar days of the screening. Clients that undergo telephonic or walk-in screening and are determined to have routine needs must be offered an appointment for a routine face-to-face clinical evaluation with a clinician to take place within 14 calendar days of the screening. These clinics must have at least nine (9) extended hours per week beyond routine business hours of 8:00 AM to 5:00 PM. Providers that are designated Enhanced Care Clinics and have a valid Letter of Agreement with the Department that holds them accountable to the quality standards and access standards receive the enhanced rate for all routine outpatient services provided. The state monitors the access standards on a routine basis and provides access standard reports to the providers on a quarterly basis. The state has established a process for providers to submit corrective action plans (CAPs) if they do not meet the access standards for any reason except in increase in volume in excess of 20% compared to the same quarter of the previous year. All Enhanced Care Clinics must electronically register appointments made with the Administrative Services Organization (ASO).

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