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DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
JFK Federal Building, Government Center Room 2275 Boston,  
Massachusetts 02203



## **Regional Operations Group**

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March 22, 2019

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. 18-0028, submitted to my office on September 27, 2018 and approved on March 22, 2019.

This SPA amends Attachment 4.19-B of the Connecticut State Plan in order to begin allowing reimbursement of supplies used with Continuous Positive Airway Pressure (CPAP) and Bi-level Positive Airway Pressure (BiPAP) respiratory assist devices during the rental period of CPAP and BiPAP devices. In order for that change to be feasible, effective August 1, 2018, the reimbursement is reduced for the following supply codes used with CPAP and BiPAP devices: A4604, A7027 through A7039; A7044 through A7046; E0561 and E0562.

This SPA's approval is effective August 1, 2018, as requested by the State.

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

- Attachment 4.19-B, Page I (a)v

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](mailto:Marie.DiMartino@cms.hhs.gov)

Sincerely,

/S/

Francis T. McCullough  
Director  
Division of Medicaid Field Operations East

**TRANSMITTAL AND NOTICE OF APPROVAL  
OF STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES**

1. TRANSMITTAL NUMBER:  
18-0028

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:  
August 1, 2018

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)(7) of the Social Security Act and 42 CFR  
440.70(b)(3)

7. FEDERAL BUDGET IMPACT:  
a. FFY 2018 (\$10,000) (savings)  
b. FFY 2019 (\$124,000) (savings)

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

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR  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

10. SUBJECT OF AMENDMENT: Effective August 1, 2018, this SPA amends Attachment 4.19-B in order to begin allowing reimbursement of supplies used with Continuous Positive Airway Pressure (CPAP) and Bi-level Positive Airway Pressure (BiPAP) respiratory assist devices during the rental period of CPAP and BiPAP devices. In order for that change to be feasible, effective August 1, 2018, the reimbursement is reduced for the following supply codes used with CPAP and BiPAP devices: A4604, A7027 through A7039; A7044 through A7046; E0561 and E0562

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 27, 2018

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: September 27 2018

18. DATE APPROVED: March 22, 2019

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
August 1 2018

20. SIGNATURE OF REGIONAL OFFICIAL:  
/S/

21. TYPED NAME: Francis T. McCullough

22. TITLE: Director  
Division of Medicaid Field Operations East

23. REMARKS:

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

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(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.

(c) 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 (c) above can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: [www.ctdssmap.com](http://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, 2017 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. 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.

(d) Medical supplies, equipment and appliances suitable for use in any setting in which normal life activities take place – The current fee schedule was set as of August 1, 2018 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](http://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 # 18-0028  
Supersedes  
TN # 18-0021

Approval Date 03/22/2019

Effective Date 08/01/2018