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Boston Regional Operations Group

April 23, 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. 19-0001, submitted to my office on March 29, 2019 and approved on April 23, 2019.

This SPA amends Attachment 4.19-B of the Medicaid State Plan by increasing the rate paid to home health agencies for home health aide, nursing aide, and certified nursing assistant services by 2% (for services billed using codes TI004 and TI021). The purpose of this SPA is to increase the wages of home health aides, nursing aides, and certified nursing assistants who are providing services in home health agencies.

This SPA's approval is effective January 1, 2019, as requested by the State.

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

- Attachment 4.19-B, Page 1(a)v

If you have any questions regarding this matter you may contact Marie DiMartino (978) 330-8063 or by e-mail at Marie.DiMartino@cms.hhs.gov

Sincerely, /S/

Francis T. McCullough
Director
Division of Medicaid Field Operations East
(Boston)

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 19-0001	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, 2019	
5. TYPE OF STATE PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> 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	7. FEDERAL BUDGET IMPACT: a. FFY 2019 \$277,000 b. FFY 2020 \$422,000
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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable) Attachment 4.19-B, Page 1(a)v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 January 1, 2019, this SPA amends Attachment 4.19-B of the Medicaid State Plan by increasing the rate paid to home health agencies for home health aide, nursing aide, and certified nursing assistant services by 2% (for services billed using codes T1004 and T1021). The purpose of this SPA is to increase the wages of home health aides, nursing aides, and certified nursing assistants who are providing services in home health agencies.

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: <i>/S/</i>	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, 2019	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 29, 2019	18. DATE APPROVED: April 23, 2019
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2019	20. SIGNATURE OF REGIONAL OFFICIAL: <i>/S/</i>
21. TYPED NAME: Francis T. McCullough	22. TITLE: Director Division of Medicaid Field Operations-East
23. REMARKS: State approved pen and ink change to box 7, changing the federal budget impact from negative numbers to positive numbers as originally submitted.	

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.

(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. From this web page, go to “Provider,” then to “Provider Fee Schedule Download.” Home health service rates were set as of January 1, 2019 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 the home – 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. 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 # 19-0001
Supersedes
TN # 18-0028

Approval Date 4/23/19 Effective Date 01/01/2019