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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
John F. Kennedy Federal Building
Boston, Massachusetts 02203



Boston Regional Operations Group

May 16, 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. 19-0005, submitted to my office on March 29, 2019 and approved on May 16, 2019.

This SPA amends Attachment 4.19-B of the Medicaid State Plan to revise the fee schedules for the following clinic types: Ambulatory Surgical Centers, Dialysis Clinics, Family Planning Clinics, Medical Clinics, Private Behavioral Health Clinics and Rehabilitation Clinics. These revisions incorporate the 2019 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) to remain compliant with the Health Insurance Portability and Accountability Act (HIPAA). In accordance with section 12 of Attachment 4.19-B of the Medicaid State Plan, this SPA also incorporates the required annual update for reimbursement of physician-administered drugs, immune globulins, vaccines and toxoids.

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, Pages 1(b)
- Attachment 4.19-B, Pages 1(b)i
- Attachment 4.19-B, Pages 1(b)ii
- Attachment 4.19-B, Pages 1(c)
- Attachment 4.19-B, Pages 1(c)i
- Attachment 4.19-B, Pages 1(c)vii

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: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 19-0005	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
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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 2019 \$36,000 b. FFY 2020 \$55,000
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B Pages 1(b), 1(b)i, 1(b)ii, 1(c), 1(c)i, 1(c)vii	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable) Attachment 4.19-B Pages 1(b), 1(b)i, 1(b)ii, 1(c), 1(c)i, 1(c)vii
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10. SUBJECT OF AMENDMENT: Effective January 1, 2019, SPA 19-0005 amends Attachment 4.19-B of the Medicaid State Plan to revise the fee schedules for the following clinic types: Ambulatory Surgical Centers, Dialysis Clinics, Family Planning Clinics, Medical Clinics, Private Behavioral Health Clinics and Rehabilitation Clinics. These revisions incorporate the 2019 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) to remain compliant with the Health Insurance Portability and Accountability Act (HIPAA). In accordance with section 12 of Attachment 4.19-B of the Medicaid State Plan, this SPA also incorporates the required annual update for reimbursement of physician-administered drugs, immune globulins, vaccines and toxoids.

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

/S/

13. TYPED NAME: Roderick L. Bremby

14. TITLE: Commissioner

15. DATE SUBMITTED: March 28, 2019

16. RETURN TO:

State of Connecticut
Department of Social Services
55 Farmington Avenue – 9th floor
Hartford, CT 06105
Attention: Ginny Mahoney

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 29 2019	18. DATE APPROVED: May 16, 2019
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PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1 2019	20. SIGNATURE OF REGIONAL OFFICIAL: /S/
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21. TYPED NAME: Francis T. McCullough	22. TITLE: Director Division of Medicaid Field Operations-East
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23. REMARKS:

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

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. 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 Surgical Centers: The current fee schedule was set as of January 1, 2019 and is effective for services provided on or after that date. All rates are published at www.ctdssmap.com.

TN # 19-0005
Supersedes
TN # 18-0029

Approval Date 05/16/2019 Effective Date 01-01-2019

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

(b) Dialysis Clinics: The current fee schedule was set as of January 1, 2019 and is effective for services provided on or after that date. All rates are published at www.ctdssmap.com.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: CONNECTICUT

- (c) Family Planning Clinics: The current fee schedule was set as of January 1, 2019 and is effective for services provided on or after that date. All rates are published at www.ctdssmap.com.

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State Connecticut

- (d) Medical Clinics: The current fee schedule was set as of January 1, 2019 and is effective for services provided on or after that date. All rates are published at www.ctdssmap.com. Rates are the same for private and governmental providers.

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

(e) Behavioral Health Clinics:

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

The current fee schedule was set as of January 1, 2019 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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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State of Connecticut

(f) Rehabilitation Clinics:

The current fee schedule was set as of January 1, 2019 and is effective for services provided on or after that date. All rates are published at www.ctdssmap.com.

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