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## **Boston Regional Operations Group**

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May 1, 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. 19-0010, submitted to my office on March 29, 2019 and approved on May 1, 2019.

This SPA amends Attachment 4.19-B of the Medicaid State Plan to incorporate the 2019 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) to the Medical Equipment, Devices and Supplies (MEDS) and Early Intervention Services (EIS) pursuant to Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services fee schedules. These revisions are necessary to ensure that the fee schedules remain compliant with the Health Insurance Portability and Accountability Act (HIPAA).

This SPA's approval is effective March 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(a)v
- Attachment 4.19-B, Page 1(a)i(D)1
- Supplement 1 to Attachment 4.19-B Page 4

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

Sincerely,

/S/

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

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER: 19-0010	2. STATE: CT
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR, CENTERS FOR MEDICARE AND MEDICAID SERVICES <u>DEPARTMENT OF HEALTH AND HUMAN SERVICES</u>	4. PROPOSED EFFECTIVE DATE March 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: Sections 1905(a)(4)(B) and (a)(7) of the Social Security Act and 42 CFR 440.40(b) and 440.70(b)(3)	7. FEDERAL BUDGET IMPACT: a. FFY 2019 \$13,000 b. FFY 2020 \$26,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Pages 1(a)v and 1(a)i(D)1 Supplement 1 to Attachment 4.19-B Page 4	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable) Attachment 4.19-B Page 1(a)v and 1(a)i(D)1 Supplement 1 to Attachment 4.19-B Page 4
10. SUBJECT OF AMENDMENT: Effective March 1, 2019, SPA 19-0010 amends Attachment 4.19-B of the Medicaid State Plan in order to make the changes described below. This SPA incorporates the 2019 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) to the Medical Equipment, Devices and Supplies (MEDS) and Early Intervention Services (EIS) pursuant to Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services fee schedules. These revisions are necessary to ensure that the fee schedules remain compliant with the Health Insurance Portability and Accountability Act (HIPAA). The MEDS fee schedule also includes several additional changes described in the cover letter for this SPA.	

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/

TYPED NAME: Roderick L. Bremby

14. TITLE: Commissioner

15. DATE SUBMITTED:  
March 29, 2019

16. RETURN TO:

State of Connecticut  
Department of Social Services  
55 Farmington Avenue, 9<sup>th</sup> Floor  
Hartford, CT 06105  
Attention: Ginny Mahoney, Medical Policy

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: March 29 2019	18. DATE APPROVED: May 1, 2019
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: March 1, 2019	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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**b.2. Early Intervention Services (EIS) Pursuant to EPSDT.** The current fee schedule was updated as of March 1, 2019 and is effective for services provided on or after that date. The fee schedule is posted to the Connecticut Medical Assistance Program website at this link: [www.ctdssmap.com](http://www.ctdssmap.com). From this web page, go to “Provider,” then to “Provider Fee Schedule Download.” All governmental and private providers are reimbursed according to the same fee schedule.

**TN # 19-0010**

**Supersedes**

**TN # 17-0019**

**Approval Date 5/1/19\_\_\_\_\_ Effective Date 03-01-2019**

**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 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 March 1, 2019 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 # 19-0010  
Supersedes  
TN # 19-0001

Approval Date 5/1/19

Effective Date 03/01/2019

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

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(b) Prosthetic devices

Except as otherwise noted in the plan, payment for these services is based on state-developed fee schedule rates, which are the same for both governmental and private providers of prosthetic devices. The agency's rates were set as of March 1, 2019 and are effective for services rendered on or after that date. The fee schedule is subject to periodic adjustment. All rates are published on the agency's website at [www.ctdssmap.com](http://www.ctdssmap.com). Select "Provider," then select "Provider Fee Schedule Download."

(c) Eyeglasses

Except as otherwise noted in the plan, payment for these services is based on state-developed fee schedule rates, which are the same for both governmental and private providers of eyeglasses. The agency's rates were set as of 7/1/2008 and are effective for services rendered on or after that date. The fee schedule is subject to periodic adjustment. All rates are published on the agency's website at [www.ctdssmap.com](http://www.ctdssmap.com). Select "Provider," then select "Provider Fee Schedule Download."

(d) Hearing aids

Except as otherwise noted in the plan, payment for these services is based on state-developed fee schedule rates, which are the same for both governmental and private providers of prosthetic devices. The agency's rates were set as of March 1, 2019 and are effective for services rendered on or after that date. The price allowed shall be the actual acquisition cost of the hearing aid(s) to the provider, not to exceed the applicable rates on the Hearing Aid/Prosthetic Eye fee schedule, which are published on the agency's website at [www.ctdssmap.com](http://www.ctdssmap.com). Select "Provider," then select "Provider Fee Schedule Download."