

Table of Contents-CT SPA 19-0021

1. Table of Contents
2. Approval Letter
3. CMS-179
4. Approved Pages



Boston Regional Operations Group

November 4, 2019

Dr. Deidre Gifford, Commissioner
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105

Dear Commissioner Gifford:

We are pleased to enclose via email a copy of approved Connecticut State Plan Amendment (SPA) No. 19-0021, submitted to my office on September 30, 2019 and approved on November 4, 2019.

This SPA amends Attachment 4.19-B of the Medicaid State Plan in order to add three procedure codes, A4459, A9274 and A9283 to the MEDS fee schedule which will allow for correct coding of services already covered and reimbursed. This SPA also revises the reimbursement methodology for procedure code E0635 (patient lift, electric with seat or sling) in order to improve access to this type of patient lift. All of these codes will also be manually priced.

This SPA's approval is effective July 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)
Regional Operations Group
Center for Medicaid and CHIP Services

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 19-0021	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 July 1, 2019
---	--

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)(7) of the Social Security Act and 42 CFR 440.70(b)(3)	7. FEDERAL BUDGET IMPACT: a. FFY 2019 \$600 b. FFY 2020 \$3,600
---	---

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Pages 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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable) Attachment 4.19-B Page 1(a)v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 July 1, 2019, SPA 19-0021 amends Attachment 4.19-B of the Medicaid State Plan in order to add three procedure codes to the MEDS fee schedule which will allow for correct coding of services already covered and reimbursed, specifically, codes are A4459, A9274 and A9283. This SPA also revises the reimbursement methodology for procedure code E0635 (patient lift, electric with seat or sling) in order to improve access to this type of patient lift, which is generally associated with improved safety outcomes compared to certain other types of lifts. All of these codes will also be manually priced.

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: State of Connecticut Department of Social Services 55 Farmington Avenue, 9 th Floor Hartford, CT 06105 Attention: Ginny Mahoney, Medical Policy
13. TYPED NAME: Kathleen M. Brennan	
14. TITLE: Deputy Commissioner	
15. DATE SUBMITTED: September 30, 2019	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: September 30, 2019	18. DATE APPROVED: November 4, 2019
---------------------------------------	-------------------------------------

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2019	20. SIGNATURE OF REGIONAL OFFICIAL: /S/
21. TYPED NAME: Francis T. McCullough	22. TITLE: Director Medicaid Field Operations East

23. REMARKS

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 June 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 July 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. 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 # 19-0021
Supersedes
TN # 19-0016

Approval Date 11/4/2019

Effective Date 07/01/2019