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State/Territory Name: Connecticut

State Plan Amendment (SPA) #: 20-0008

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

May 28, 2020

Kathleen M. Brennan, Deputy Commissioner
Department of Social Services
Office of the Deputy Commissioner
55 Farmington Avenue
Hartford, CT 06105-3730

RE: Connecticut State Plan Amendment (SPA) Transmittal Number 20-0008

Dear Deputy Commissioner Brennan:

We have reviewed the proposed Connecticut State Plan Amendment (SPA) to Attachment 4.19-B of your state plan, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 31, 2020. This plan amendment incorporates the 2020 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) to the Independent Therapy fee schedule. Codes that are being added are being priced using a comparable methodology to other codes in the same or similar category. These changes are being made to ensure this fee schedule remains compliant with the Health Insurance Portability and Accountability Act (HIPAA).

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2020. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact James Moreth at 206-615-2043 or James.Moreth@cms.hhs.gov.

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 20-0008	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, 2020	
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)(11) of the Social Security Act and 42 CFR 440.110	7. FEDERAL BUDGET IMPACT: a. FFY 2020 \$9,000 b. FFY 2021 \$14,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Page 1(f)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable) Attachment 4.19-B, Page 1(f)


10. SUBJECT OF AMENDMENT: Effective January 1, 2020, this SPA amends Attachment 4.19-B of the Medicaid State Plan to incorporate the 2020 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) to the Independent Therapy fee schedule. Codes that are being added are being priced using a comparable methodology to other codes in the same or similar category. The Department is making these changes to ensure this fee schedule remains compliant with the Health Insurance Portability and Accountability Act (HIPAA).

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

 L: 13. TYPED NAME: Kathleen M. Brennan 14. TITLE: Deputy Commissioner 15. DATE SUBMITTED: March 31, 2020	16. RETURN TO: State of Connecticut Department of Social Services 55 Farmington Avenue – 9th floor Hartford, CT 06105 Attention: Ginny Mahoney
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FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 03/31/2020	18. DATE APPROVED: 05/28/2020
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/2020	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Todd McMillion	22. TITLE: Director, Division of Reimbursement Review
23. REMARKS:	

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

- (11) Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of independent therapies, including physical therapy and related services, occupational therapy and audiology and speech pathology services and the fee schedule is published at www.ctdssmap.com. From this page, go to “Provider” then to “Provider Fee Schedule Download”.
- a) Physical therapy and related services – Fixed fee schedule. Rates were set as of January 1, 2020 and are effective for services on or after that date.
 - b) Occupational therapy – Fixed fee schedule. Rates were set as of January 1, 2020 and are effective for services on or after that date. Occupational therapists will be reimbursed according to the fee schedule for physical therapists.
 - c) Audiology and speech pathology services – Fixed fee schedule. Rates were set as of January 1, 2020 and are effective for services on or after that date.

TN # 20-0008
Supersedes
TN # 18-0006

Approval Date 05/28/20

Effective Date 01/01/2020