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State/Territory Name: CT

State Plan Amendment (SPA) #: 21-0021

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 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

December 17, 2021

Deidre S. Gifford, MD, MPH, Commissioner
Department of Social Services
55 Farmington Avenue, 9th Floor
Hartford, Connecticut 06105

RE: Connecticut State Plan Amendment (SPA) Transmittal Number 21-0021

Dear Commissioner Gifford:

We have reviewed the proposed Connecticut State Plan Amendment (SPA) to Attachment 4.19-B submitted under TN-21-0021, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 30th, 2021. This plan amendment makes the following changes: increases the rate for pediatric complex care skilled nursing services provided by home health agencies by 1.7%, reduces the rates for diabetic test strips and lancets on the medical/surgical supplies fee schedule to 100% of the current Medicare rates, and reduces specified soft quantity limits for certain procedure codes within the medical/surgical supplies, durable medical equipment (DME), and prosthetic/orthotic fee schedules.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1st, 2021. 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 Jerica Bennett at 1-410-786-1167 or jerica.bennett@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: 21-0021	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, 2021	
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 2021 (\$389,000) b. FFY 2022 (\$2.4 million)	
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: This SPA amends Attachment 4.19-B of the Medicaid State Plan to make the following changes: (1) increases the rate for pediatric complex care skilled nursing services provided by home health agencies by 1.7%; (2) reduces the rates for diabetic test strips and lancets on the medical/surgical supplies fee schedule to 100% of the current Medicare rate; and (3) reduces specified soft quantity limits for certain procedure codes within the medical/surgical supplies, durable medical equipment, and prosthetic/orthotic fee schedules. All these limits may be exceeded with prior authorization based on medical necessity. These updated limits more precisely align with expected use, durability, and general sustainability of each item and are designed to help prevent unnecessary utilization.			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO: State of Connecticut Department of Social Service 55 Farmington Avenue- 9th floor Hartford, CT 06105 Attention: Ginny Mahoney	
13. TYPED NAME: Deidre S. Gifford, MD, MPH			
14. TITLE: Commissioner			
15. DATE SUBMITTED: September 30, 2021			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: September 30, 2021		18. DATE APPROVED: December 17, 2021	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2021		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

(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.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of home health services provided by a home health agency listed above in (a), (b), and (c). The agency's fee schedule rates were set as of July 1, 2021 and are effective for services provided on or after that date. All rates are published on the Connecticut Medical Assistance Program website: <https://www.ctdssmap.com>. From this web page, go to "Provider," then to "Provider Fee Schedule Download," then select the applicable fee schedule.

(d) Medical supplies, equipment and appliances suitable for use in the home – Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Medical supplies, equipment and appliances suitable for use in the home. The agency's fee schedule rates were set as of July 1, 2021 and are effective for services provided on or after that date. All rates are published on the Connecticut Medical Assistance Program website: <https://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). The temporary rate increase for non-sterile gloves is effective September 1, 2020 and expires 90 days after the end of the Coronavirus Disease 2019 (COVID-19) federal public health emergency declaration, as extended. After such date, the rate for non-sterile gloves reverts to the rate in effect immediately prior to September 1, 2020.

(8) Private duty nursing services – Not provided.

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

(b) Prosthetic devices

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of prosthetic devices. The agency's fee schedule rates were set as of July 1, 2021 and are effective for services provided on or after that date. All rates are published on the Connecticut Medical Assistance Program website: <https://www.ctdssmap.com>. From this web page, go to "Provider," then to "Provider Fee Schedule Download," then select the applicable fee schedule.

(c) Eyeglasses

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of eyeglasses. The agency's fee schedule rates were set as of 7/1/2008 and are effective for services provided on or after that date. All rates are published on the Connecticut Medical Assistance Program website: <https://www.ctdssmap.com>. From this web page, go to "Provider," then to "Provider Fee Schedule Download," then select the applicable fee schedule.

(d) Hearing Aids

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of hearing aids. The agency's fee schedule rates were set as of March 1, 2019 and are effective for services provided on or after that date. All rates are published on the Connecticut Medical Assistance Program website: <https://www.ctdssmap.com>. From this web page, go to "Provider," then to "Provider Fee Schedule Download," then select the applicable fee schedule. The price allowed for hearing aids 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.

TN # 21-0021
Supersedes
TN # 21-0011

Approval Date 12/17/2021

Effective Date 07/01/2021