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State/Territory Name: Connecticut

State Plan Amendment (SPA) #: 20-0020

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

November 17, 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 20-0020

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 September 29, 2020. This plan amendment increased the rate per box of 100 non-sterile gloves to \$8.00 per box and reduced the quantities to 3 boxes per month, which may be exceeded with prior authorization based on medical necessity.

Based upon the information provided by the State, we have approved the amendment with an effective date of September 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,

A solid black rectangular box redacting the signature of Todd McMillion.

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:
20-0020

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
September 1, 2020

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 2020 \$0
b. FFY 2021 \$108,000

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: Effective September 1, 2020 and continuing through 90 days after the termination of the of the federal Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE) declarations, as extended, this SPA amends Attachment 4.19-B of the Medicaid State Plan in order to revise the medical surgical supplies fee schedule to increase the rate per box of 100 non-sterile gloves to \$8.00 per box and to reduce the quantities to 3 boxes per month, which may be exceeded with prior authorization based on medical necessity. The federal budget impact is listed as \$0 for FFY 2020 due to routine delay in claims submission and processing.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:



16. RETURN TO:

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

13. TYPED NAME: Deidre S. Gifford, MD, MPH

14. TITLE: Commissioner

15. DATE SUBMITTED:
September 29, 2020

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
9/30/2020

18. DATE APPROVED:
11/17/2020

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

9/1/2020

20. SIGNATURE OF REGIONAL OFFICIAL:


21. TYPED NAME:
Todd McMillon

22. TITLE:
Director, Division of Reimbursement Review

23. REMARKS State authorized P&I change to box 10 to remove reference to state PHE

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 October 1, 2019 and are effective for services provided on or after that date. All rates are published on the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page, go to "Provider," then to "Provider Fee Schedule Download."

(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 September 1, 2020 and are effective for services provided on or after that date. All rates are published on 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). 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.

TN # 20-0020
Supersedes
TN # 20-0011

Approval Date 11/17/20 Effective Date 09/01/2020