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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



Division of Medicaid and Children's Health Operations / Boston Regional Office

August 23, 2017

Roderick Bremby, Commissioner
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105

Dear Commissioner Bremby:

We are pleased to enclose a copy of approved Connecticut State Plan Amendment (SPA) No. 15-019, submitted to my office on June 25, 2015 and approved on August 1, 2017. This SPA amends Attachment 4.19-B of the Medicaid State Plan to adjust the reimbursement rate for rehabilitation clinics to 95% of the 2008 Medicare fee schedule. For fees that were not listed on the 2008 Medicare schedule, those fees were adjusted to 95% of the 2013 Medicare fee schedule.

This adjustment restructures the reimbursement for rehabilitation clinics to follow a uniform pricing methodology based on Medicare.

This SPA has been approved effective April 1, 2015, as requested by the State.

Changes are reflected in the following sections of your approved State Plan:

- Attachment 4.19-B, Page 1(c)vii

If you have any questions regarding this matter you may contact Marie DiMartino (617) 565-9157 or by e-mail at Marie.DiMartino@cms.hhs.gov

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

cc: Kate McEvoy, Director of Medical Administration - Health Services and Supports

**TRANSMITTAL AND NOTICE OF APPROVAL
OF STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:
15-019

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:
April 1, 2015

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)(9) of the Social Security Act and
42 CFR 440.90

7. FEDERAL BUDGET IMPACT:
a. FFY 2015 \$212,000 (savings)
b. FFY 2016 \$521,000 (savings)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19B Page 1(c)vii

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR
ATTACHMENT (If applicable)
Attachment 4.19B Page 1(c)vii

10. SUBJECT OF AMENDMENT: Effective April 1, 2015, SPA 15-019 amends Attachment 4.19-B of the Medicaid State Plan in order to adjust the current reimbursement rate for rehabilitation clinics to 95% of the 2008 Medicare fee schedule. For fees that were not listed on the 2008 Medicare fee schedule, the fees are adjusted to 95% of the 2013 Medicare fee schedule. This change makes reimbursement for rehabilitation clinics more consistent by following a uniform pricing methodology based on specified Medicare rates.

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:

/S/

16. RETURN TO:

13. TYPED NAME: Roderick L. Bremby

State of Connecticut
Department of Social Services
55 Farmington Avenue – 9th floor
Hartford, CT 06105
Attention: Ginny Mahoney

14. TITLE: Commissioner

15. DATE SUBMITTED:
June 25, 2015

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: June 25, 2015

18. DATE APPROVED: August 1, 2017

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
April 1, 2015

20. SIGNATURE OF REGIONAL OFFICIAL:
/S/

21. TYPED NAME: Richard R. McGreal

22. TITLE: Associate Regional Administrator
Division of Medicaid & Children's Health Operations

23. REMARKS: Pen and ink change made to box 8 and 9 to reflect correct SPA page approved by the State 7/10/17

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

(f) Rehabilitation Clinics:

Effective September 1, 2008, reimbursement for physical therapy and occupational therapy provided by rehabilitation clinics will change from a per visit fee to CPT modality-specific fee based reimbursement. The current fee schedule was set as of April 1, 2015 and is effective for services provided on or after that date. All rates are published at www.ctdssmap.com.

TN # 15-019
Supersedes
TN # 11-017

Approval Date _____

Effective Date 04-01-2015