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State/Territory Name: Connecticut

State Plan Amendment (SPA) #: 16-0027

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

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

December 29, 2016

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

Dear Commissioner Bremby:

We are pleased to enclose a copy of approved State plan amendment (SPA) No. 16-0027 with an effective date of August 10, 2016, as requested by your Agency.

This proposed SPA transmitted an amendment to Connecticut's approved Title XIX State plan to revise the DSS fee schedule for durable medical equipment (DME). Specifically, the K0108 RB modifier (wheelchair component or accessory not otherwise specified) is being reduced from \$2000 to \$1000. The amount is a soft limit and can be overridden with prior authorization.

If there are questions, please contact Robert Cruz. He can be reached at (617) 565-1257.

Sincerely,
/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure

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:
16-0027

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 SERVICES4. PROPOSED EFFECTIVE DATE:
August 10, 2016

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) and (12) of the Social Security
Act and 42 CFR 440.70(b)(3) and 440.120(c)7. FEDERAL BUDGET IMPACT:
a. FFY 2016 \$(0)
b. FFY 2017 \$(0)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B Page 1(a)v
Addendum Pages 5 and 6 to Attachment 3.1-A
Addendum Pages 5 and 6 to Attachment 3.1-B9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR
ATTACHMENT (If applicable)Attachment 4.19-B Page 1(a)v
Addendum Pages 5 and 6 to Attachment 3.1-A
Addendum Pages 5 and 6 to Attachment 3.1-B

10. SUBJECT OF AMENDMENT: Effective August 10, 2016, this SPA amends Attachment 4.19-B of the Medicaid State Plan in order to revise the DME fee schedule for procedure code K0108 used with the RB modifier (Replacement of a part of a DME, orthotic or prosthetic item furnished as part of a repair). The K0108 RB modifier fee amount is being reduced from \$2,000.00 to \$1,000.00. That amount is a soft limit, which can be overridden with prior authorization. In addition, the Department will add modifier KA (add-on option/accessory for a wheelchair) to procedure code K0108 and will set this fee at \$1,000.00. Any modifications to wheelchairs in which the miscellaneous components or parts are in excess of \$1,000.00 will require prior authorization. This SPA also makes minor pagination and clarifying language changes to the coverage language in Attachments 3.1-A and 3.1-B.

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:
September 30, 2016**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: September 30, 2016

18. DATE APPROVED: December 29, 2016

PLAN APPROVED – ONE COPY ATTACHED19. EFFECTIVE DATE OF APPROVED MATERIAL:
August 10, 201620. SIGNATURE OF REGIONAL OFFICIAL:
/s/

21. TYPED NAME: Richard R. McGreal

22. TITLE: Associate Regional Administrator, Division of Medicaid and
Children's Health Operations, Boston Regional Office

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.

(d) 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 (d) 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 July 1, 2016 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. Any fee payable to a home health care agency may qualify for an add-on to the standard fee for the applicable home health service upon application by the agency evidencing extraordinary costs associated with (1) treating AIDS patients; (2) high risk maternal child health care; (3) escort security services or (4) extended hour services. The provider must complete the appropriate application form showing the incremental costs that the agency incurs for the service. The allowable added cost is divided by all projected visits with and without the additional special circumstance (i.e., 1, 2, 3 or 4 above). 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.

(c) Medical supplies, equipment and appliances suitable for use in the home – The current fee schedule was set as of August 10, 2016 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.

State Connecticut

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
CATEGORICALLY NEEDY GROUP(S): ALL

7. Home Health Services

The department shall pay a home health care agency:

- 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. When two or more nursing patients in the same household are receiving skilled nursing services, the full rate will be paid for one patient, and one half the rate for each additional patient receiving care in the same household, in accordance with 42 CFR § 440.70.

When clinically appropriate for a beneficiary, the home health agency may provide medication administration services using an electronic medication administration device and associated monitoring capabilities that enable the home health agency and appropriate caretakers to be promptly notified if the beneficiary is not following the medication administration portion of the beneficiary's plan of care, provided that the beneficiary is not receiving a comparable service as part of a comprehensive package of services, such as those provided under a section 1915(c) waiver or a section 1915(i) home and community-based services state plan amendment option, including the Connecticut Home Care for Elders Program and the Personal Care Assistants waiver.

- b. Home Health Aide Services provided by a Home Health Agency in accordance with 42 CFR § 440.70.
- c. Medical supplies, equipment and appliances suitable for use in any setting where normal life activities occur, in accordance with 42 CFR § 440.70. These supplies, equipment and appliances are provided to patients by the medical supply and equipment providers.

1. Customized wheelchairs

- (a) No more than three (3) month rental period shall be allowed for a wheelchair pending delivery of a customized model ordered for a recipient living in their own home, which may be extended by prior authorization.

- (b) Customized wheelchairs are provided for patients in nursing facilities and intermediate care facilities for individuals with intellectual disabilities who require them for proper body alignment and support.

2. The Department will not pay for any procedure or service of an unproven, experimental or research nature.

- d. Physical therapy, occupational therapy, speech pathology and audiology services provided by a home health agency or medical rehabilitation facility, in accordance with 42 CFR § 440.110.

State Connecticut

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
CATEGORICALLY NEEDY GROUP(S): ALL

7. Home Health Services

Limitations:

The department shall not pay a home health care agency:

- a. For services provided to a client who is receiving the same service concurrently from an individual therapist, clinic, hospital, practitioner, rehabilitation center or other health care provider.
- b. For services provided by or through another agency or facility as part of its licensing requirements. For example, the department shall not pay for home health aide services if the client lives in a facility that provides home health aide services as part of its licensing requirements.
- c. When the client is in a hospital, nursing facility, chronic disease hospital, ICF/IID or other facility that is paid an all-inclusive rate directly by Medicaid for the care of the client.
- d. When the client is receiving the same home health care services concurrently from another home health care agency. This limitation does not preclude a home health care agency from contracting with another agency as described in section 19-13-D70 of the Regulations of Connecticut State Agencies.
- e. For well child care or for prenatal or postpartum care that is not high risk.
- f. For medical and surgical supplies or durable medical equipment used by the nurse, home health aide or therapist as part of the course of treatment for a client.
- g. For services of an unproven, experimental or research nature or for services in excess of those deemed medically necessary and medically appropriate by the department to treat the client's condition or for services not directly related to the client's diagnosis, symptoms or medical history.

8. Private Duty Nursing Not provided except under EPSDT if the service is medically necessary.

TN#: 16-0027

Supersedes

TN#: 11-029

Approval Date: 12/29/16

Effective Date: 08/10/16

State Connecticut

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
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