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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 28, 2018

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

Dear Commissioner Bremby:

We are pleased to enclose via email a copy of approved Connecticut State Plan Amendment (SPA) No. 16-010, submitted to my office on March 31, 2016 and approved on August 28, 2018.

This SPA amends Attachment 4.19-B of the Medicaid State Plan to revise the Family Planning Clinic, Ambulatory Surgical Center, Behavioral Health Clinic, and Rehabilitation Clinic fee schedules. These revisions incorporate the 2016 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) to remain compliant with the Health Insurance Portability and Accountability Act (HIP AA). Codes that are being added are being priced using a comparable methodology to other codes in the same or similar category. Most of the changes associated with this SPA are estimated to be cost-neutral. The only change that is anticipated to affect federal expenditures is the addition of a new procedure code for the three-year Liletta intra-uterine device (IUD), which is substantially less expensive than the pricing for the five year Mirena IUD.

This SPA's approval is effective January 1, 2016, as requested by the State.

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

- Attachment 4.19-B Page 1(b)
- Attachment 4.19-B Page 1(b)I and 1(b)ii
- Attachment 4.19-B Page 1(c)I
- 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

**TRANSMITTAL AND NOTICE OF APPROVAL
OF STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**1. TRANSMITTAL NUMBER:
16-010

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, 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)(9) of the Social Security
Act and 42 CFR 440.907. FEDERAL BUDGET IMPACT:
a. FFY 2015 \$68,000 (savings)
b. FFY 2016 \$103,000 (savings)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19B Page 1(b)
Attachment 4.19B Page 1(b)i and 1(b)ii
Attachment 4.19B Page 1(c)i
Attachment 4.19B Page 1(c)vi9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR
ATTACHMENT (If applicable)Attachment 4.19B Page 1(b)
Attachment 4.19B Page 1(b)i and (b)ii
Attachment 4.19B Page 1(c)i
Attachment 4.19B Page 1(c)vi

10. SUBJECT OF AMENDMENT: Effective January 1, 2016, SPA 16-010 amends Attachment 4.19-B of the Medicaid State Plan to revise the Family Planning Clinic, Ambulatory Surgical Center, Behavioral Health Clinic, and Rehabilitation Clinic fee schedules. These revisions incorporate the 2016 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) to remain compliant with the Health Insurance Portability and Accountability Act (HIPAA). Codes that are being added are being priced using a comparable methodology to other codes in the same or similar category. Most of the changes associated with this SPA are estimated to be cost-neutral. The only change that is anticipated to affect federal expenditures is the addition of a new procedure code for the three-year Liletta intra-uterine device (IUD), which is substantially less expensive than the pricing for the five year Mirena IUD.

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/

13. TYPED NAME: Roderick L. Bremby

14. TITLE: Commissioner

15. DATE SUBMITTED: March 31, 2016

16. RETURN TO:

State of Connecticut
Department of Social Services
55 Farmington Avenue – 9th floor
Hartford, CT 06105
Attention: Ginny Mahoney**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: March 31, 2016

18. DATE APPROVED: August 26, 2018

PLAN APPROVED – ONE COPY ATTACHED19. EFFECTIVE DATE OF APPROVED MATERIAL:
January 1, 2016

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 to add page Attachment 4.19-B Page 1(b)i to box 8 and 9 approved on 8/7/18

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

9. Clinic services – Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of clinic services and the fee schedule and any annual/periodic adjustments to the fee schedule are published in www.ctdssmap.com. Fees are effective as of the dates noted below, except that fees may be deleted or added and priced in order to remain compliant with HIPAA. Rates for freestanding clinics are set as follows:

- (a) Ambulatory Surgery Centers: The current fee schedule was set as of January 1, 2016 and is effective for services provided on or after that date. All rates are published at www.ctdssmap.com.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

- (b) Dialysis Clinics: The current fee schedule was set as of October 1, 2015¹ and is effective for services provided on or after that date. All rates are published at www.ctdssmap.com.

TN # 16-010
Supersedes
TN # 14-012

Approval Date: 8/26/18_____ Effective Date 01-01-2016

¹ **EXPLANATORY FOOTNOTE:** This SPA does not affect the previous approval of SPA 15-045 (dialysis clinic reimbursement), which remains in effect until substantively modified by a SPA with the same or later effective date. Due to a pagination error, SPA 15-045 amended Attachment 4.19-B, Page 1(b)(ii), even though approved SPA 14-012 put the dialysis clinic page on Attachment 4.19-B, Page 1(b)(i). That pagination inconsistency is being corrected by SPA 16-010. See the RAI response letter for SPA 16-010 for additional information.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

- (c) Family Planning Clinics: The current fee schedule was set as of January 1, 2016 and is effective for services provided on or after that date. All rates are published at www.ctdssmap.com.²

TN # 16-010
Supersedes
TN # 15-045

Approval Date 8/26/18 Effective Date 01-01-2016

² **EXPLANATORY FOOTNOTE:** This SPA does not affect the previous approval of SPA 15-045 (dialysis clinic reimbursement), which remains in effect until substantively modified by a SPA with the same or later effective date. Due to a pagination error, SPA 15-045 amended Attachment 4.19-B, Page 1(b)(ii), even though approved SPA 14-012 put the dialysis clinic page on Attachment 4.19-B, Page 1(b)(i). That pagination inconsistency is being corrected by SPA 16-010. See the RAI response letter for SPA 16-010 for additional information.

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

(e) Behavioral Health Clinics:

(e.1) **Private Behavioral Health Clinics.**

The current fee schedule was set as of January 1, 2016 and is effective for services on or after that date.

The separate fee schedule for enhanced care clinics (ECCs) was set as of July 1, 2015 and is effective for services on or after that date. ECCs are private behavioral health clinics that meet special access and quality standards and such fees are higher than the fees available to clinics that do not meet such special standards. These clinics must accept all (100%) telephonic and walk-in referrals that present during business hours. All referrals must be screened by a trained intake worker or clinician and triaged to determine whether the referral is emergent, urgent or routine. A clinician must evaluate a client who presents at the clinic with an emergent condition within two (2) hours. Clients that undergo telephonic or walk-in screening and are determined to be in urgent need of services must be offered an appointment for an urgent face-to-face clinical evaluation with a clinician to take place within two (2) calendar days of the screening. Clients that undergo telephonic or walk-in screening and are determined to have routine needs must be offered an appointment for a routine face-to-face clinical evaluation with a clinician to take place within 14 calendar days of the screening. These clinics must have at least nine (9) extended hours per week beyond routine business hours of 8:00 AM to 5:00 PM. Providers that are designated Enhanced Care Clinics and have a valid Letter of Agreement with the Department that holds them accountable to the quality standards and access standards receive the enhanced rate for all routine outpatient services provided. The state monitors the access standards on a routine basis and provides access standard reports to the providers on a quarterly basis. The state has established a process for providers to submit corrective action plans (CAPs) if they do not meet the access standards for any reason except in increase in volume in excess of 20% compared to the same quarter of the previous year. All Enhanced Care Clinics must electronically register appointments made with the Administrative Services Organization (ASO).

TN # 16-010
Supersedes
TN # 15-037

Approval Date 8/26/18

Effective Date 01-01-2016

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State 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 January 1, 2016 and is effective for services provided on or after that date. All rates are published at www.ctdssmap.com.

TN # 16-010
Supersedes
TN # 15-019

Approval Date 8/26/18 Effective Date 01-01-2016