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**TRANSMITTAL AND NOTICE OF APPROVAL
OF STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES**TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE AND MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES1. TRANSMITTAL NUMBER:
17-0028

2. STATE: CT

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)4. PROPOSED EFFECTIVE DATE:
August 11, 2017

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:
Section 1905(a)(7) of the Social Security Act and
42 CFR 440.707. FEDERAL BUDGET IMPACT:
a. FFY 2017 (\$274,000) (savings)
b. FFY 2018 (\$3.3 million) (savings)8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19-B, Page 1(a)v
Addendum Page 6 to Attachment 3.1A/3.1B9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR
ATTACHMENT (If applicable)
Attachment 4.19-B, Page 1(a)v
Addendum Page 6 to Attachment 3.1A/3.1B

10. SUBJECT OF AMENDMENT: Effective August 11, 2017, this SPA amends Attachment 4.19-B of the Medicaid State Plan by eliminating home health add-on fees. Specifically, this SPA removes the description of add-on fees from the plan and also removes related codes from the home health fee schedule. This SPA does not change the underlying home health fee schedule.

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:
September 29, 2017

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: September 29, 2017

18. DATE APPROVED: January 11, 2019

PLAN APPROVED - ONE COPY ATTACHED19. EFFECTIVE DATE OF APPROVED MATERIAL:
August 11, 2017

/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 adding addendum page 6 to attachment 3.1A/B to box 8 and 9

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

February 4, 2019

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. 17-028, submitted to my office on September 29, 2017 and approved on January 11, 2019.

This SPA amends Attachment 4.19-B of the Medicaid State Plan to eliminate home health add-on fees. Specifically, this SPA removes the description of add-on fees from the plan and also removes related codes from the home health fee schedule. The underlying home health fee schedule is not changed.

This SPA's approval is effective August 11, 2017, as requested by the State.

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

- Addendum Page 6 to Attachment 3.1A
- Addendum Page 6 to Attachment 3.1B
- Attachment 4.19-B Page 1(a)v

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

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.

The fee schedule for licensed home health care agencies for service (a), (b), and (c) 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 August 11, 2017¹ 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. 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.

(d) Medical supplies, equipment and appliances suitable for use in any setting in which normal life activities take place – The current fee schedule was set as of March 1, 2017² 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.

TN # 17-0028

Approval Date 1/11/19

Effective Date 08/11/2017

Supersedes

TN # 17-0014

¹ **EXPLANATORY FOOTNOTE 1:** The language on this SPA page does not affect the previous out-of-order approvals of SPAs 17-0029 and 18-0021, each of which remains in effect from its effective date until otherwise superseded. The effective date(s) and superseded SPA are listed in order to be consistent with the language and effective date for SPA 17-0028. See the formal RAI response letter for SPA 17-0028 for additional details.

² See Explanatory Footnote 1.

State Connecticut

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

7. **Home Health Services.** Provided in accordance with 42 CFR § 440.70. In accordance with 42 CFR §§ 440.70(f) and (g), a face-to-face encounter is required. Additional details are as follows:

- 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.

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.
- c. Medical supplies, equipment and appliances suitable for use in any setting in which normal life activities take place. These supplies, equipment and appliances are provided to patients through 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.

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

TN# 17-0028
Supersedes
TN# 13-039

Approval Date: 1/11/19

Effective Date: 08/11/2017

State Connecticut

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MEDICALLY NEEDY GROUP(S): ALL

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