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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

February 15, 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. 17-030, submitted to my office on December 28, 2017 and approved on January 15, 2019.

This SPA amends Attachment 4.19-B of the Medicaid State Plan in order to increase the rate on the home health fee schedule for skilled nursing services billed with Healthcare Common Procedure Coding System (HCPCS) Modifier TG-Complex High Level of Care. This SPA increases the rate of modifier TG to reimburse at 47.2% of the flat fee for each of those codes.

This SPA's approval is effective October 1, 2017, as requested by the State.

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

- Attachment 4.19B, 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

**TRANSMITTAL AND NOTICE OF APPROVAL
OF STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES**

1. TRANSMITTAL NUMBER:
17-0030

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:
October 1, 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 440.70

7. FEDERAL BUDGET IMPACT:
a. FFY 2018 \$441,000
b. FFY 2019 \$495,000

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

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR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

10. SUBJECT OF AMENDMENT: Effective October 1, 2017, this SPA amends Attachment 4.19-B of the Medicaid State Plan to increase the rate on the home health fee schedule for skilled nursing services billed with HCPCS Modifier TG – Complex/High Level of Care. Modifier TG is billed with HCPCS codes, S9123 and S9124 when home health agencies provide skilled nursing services to Medicaid members with complex medical needs. This SPA increases the rate of modifier TG to reimburse at 47.2% of the flat fee for each of those codes.

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:

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

13. TYPED NAME: Roderick L. Bremby

14. TITLE: Commissioner

15. DATE SUBMITTED:
December 28, 2017

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: December 28, 2017

18. DATE APPROVED: January 15, 2019

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
October 1, 2017

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:

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 October 1, 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 # 17-0030Approval Date 01/15/2019Effective Date 10/01/2017

Supersedes

TN # 17-0029

¹ **EXPLANATORY FOOTNOTE 1:** The language on this SPA page does not affect the previous out-of-order approval of SPA 18-0021, 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 17-0030. See the formal RAI response letter for SPA 17-0030 for additional details.

² See explanatory footnote 1.