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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

May 7, 2018

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

Dear Commissioner Bremby:

We are pleased to enclose via e-mail a copy of approved Connecticut State Plan Amendment (SPA) No. 18-006, submitted to my office on March 27, 2018 and approved on April 25, 2018. This SPA amends Attachment 4.19-B of the Medicaid State Plan to incorporate the 2018 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) to the Independent Therapy fee schedule. Codes that are being added are being priced using a comparable methodology to other codes in the same or similar category.

This SPA has been approved effective January 1, 2018, as requested by the State.

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

• Attachment 4.19B, Page 1(f)

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

Sincerely,

/S/

Richard R. McGreal Associate Regional Administrator

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE AND MEDICAID SERVICES		FORM APPROVED OMB NO 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL	1. TRANSMITTAL NUMBER: 18-0006	2. STATE: CT
OF STATE PLAN MATERIAL 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES 3. OCIAL SECURITY ACT (MEDICAID)		
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: January 1, 2018	
5. TYPE OF STATE PLAN MATERIAL (Check One): NEW STATE PLANAMENDMENT TO BE CONSIDERED AS NEW PLANAMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		
 FEDERAL STATUTE/REGULATION CITATION: Sections 1905(a)(11) of the Social Security Act and 42 CFR 440.110 	7. FEDERAL BUDGET IMPACT: a. FFY 2018 \$9,000 b. FFY 2019 \$15,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Page 1(f)	9. PAGE NUMBER OF THE SUPERSEDED PLA ATTACHMENT (If applicable) Attachment 4.19-B, Page 1(f)	IN SECTION OR
10. SUBJECT OF AMENDMENT: Effective January 1, 2018, SPA 18-0006		
11. GOVERNOR'S REVIEW (Check One):		
X_GOVERNOR'S OFFICE REPORTED NO COMMENT _OTHER, AS SPECIFIED: _COMMENTS OF GOVERNOR'S OFFICE ENCLOSED _OTHER, AS SPECIFIED: _NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL OTHER, AS SPECIFIED:		
12; SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
/S/		
13. TYPED NAME: Roderick L. Bremby	State of Connecticut Department of Social Services 55 Farmington Avenue – 9th floor Hartford, CT 06105	
14. TITLE: Commissioner		
15. DATE SUBMITTED: March 27, 2018	Attention: Ginny Mahoney	68
Manager and a second state of the	LOFFICE USE ONLY	
17. DATE RECEIVED: March 27 2018	18. DATE APPROVED: April 25 2018	
PLAN APPROVED - ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1 2018	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:		
FÓRM CMS-179 (07-92)		

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State <u>Connecticut</u>

- (10) Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of independent therapies, including physical therapy and related services, occupational therapy and audiology and speech pathology services and the fee schedule is published at www.ctdssmap.com From this page, go to "Provider" then to "Provider Fee Schedule Download".
 - a) Physical therapy and related services Fixed fee schedule. Rates were set as of January 1, 2018 and are effective for services on or after that date.
 - b) Occupational therapy Fixed fee schedule. Rates were set as of January 1, 2018 and are effective for services on or after that date. Occupational therapists will be reimbursed according to the fee schedule for physical therapists.
 - c) Audiology and speech pathology services Fixed fee schedule. Rates were set as of January 1, 2018 and are effective for services on or after that date.

TN # <u>18-0006</u> Supersedes TN # <u>17-0005</u> Approval Date 04/25/2018

Effective Date 01/01/2018