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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. 18-021, submitted to my office on June 28, 2018 and approved on August 16, 2018.

This SPA amends Attachment 4.19-8 of the Medicaid State Plan to reduce and adjust the payment methodology for Durable Medical Equipment (DME) in order to comply with section 1903(i)(27) of the Social Security Act, as amended by provisions in P.L. 114-255, which limit federal financial participation (FFP) to the amount that Medicare Part B would have paid for specified DME items, incorporating the Medicare Competitive Bidding Program payment amounts.

Specifically, in order to comply with the federal DME FFP limit, this SPA changes the reimbursement methodology for the DME procedure codes subject to the federal law described above to the lower of the current Connecticut Medicaid rate or 100% of the applicable Medicare fee (incorporating the Medicare Competitive Bidding Program payment amount), except for the two patient lift codes (E0639 and E0640) which are manually priced.

This SPA also establishes set fees for certain miscellaneous custom wheelchair components billed under procedure code K0108 (wheelchair component or accessory, not otherwise specified).

This SPA's approval is effective April 1, 2018, as requested by the State.

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

- Attachment 4.19-B Page 1(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](mailto: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:  
18-0021

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:  
April 1, 2018

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) and 1903(i)(27) of the Social Security  
Act and 42 CFR 440.70(b)(3)

7. FEDERAL BUDGET IMPACT:  
a. FFY 2018 (\$1.1 million) (savings)  
b. FFY 2019 (\$2.7 million) (savings)

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

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR  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

10. SUBJECT OF AMENDMENT: SPA 18-0021 amends Attachment 4.19-B of the Medicaid State Plan to reduce and adjust the payment methodology for DME in order to comply with section 1903(i)(27) of the Social Security Act, as amended by provisions in P.L. 114-255, which limit federal financial participation (FFP) to the amount that Medicare Part B would have paid for specified DME items, incorporating the Medicare Competitive Bidding Program payment amounts. Specifically, in order to comply with the federal DME FFP limit, this SPA changes the reimbursement methodology for the DME procedure codes subject to the federal law described above to the lower of the current Connecticut Medicaid rate or 100% of the applicable Medicare fee (incorporating the Medicare Competitive Bidding Program payment amount), except for the two patient lift codes (E0639 and E0640) which are manually priced.

This SPA also establishes set fees for certain miscellaneous custom wheelchair components billed under procedure code K0108 (wheelchair component or accessory, not otherwise specified).

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:  
June 28, 2018

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: June 28, 2018

18. DATE APPROVED: August 16, 2018

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
April 1, 2018

20. SIGNATURE OF REGIONAL OFFICIAL:

/S/

21. TYPED NAME:

22. TITLE: Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

23. REMARKS:

FORM CMS-179 (07-92)

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

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(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](http://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, 2017 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 the home – The current fee schedule was set as of April 1, 2018 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](http://www.ctdssmap.com). From this web page, go to “Provider,” then to “Provider Fee Schedule Download.” Over-the-counter and prescription products provided by pharmacies are each reimbursed using the applicable methodology specified in section 12 of Attachment 4.19-B. All governmental and private providers are reimbursed according to the same fee schedule.

(8) Private duty nursing services – Not provided.

TN # 18-0021

Supersedes

TN # 18-0019

Approval Date

8/16/18

Effective Date 04/01/2018