

CT 17-0005:

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Approval Letter

CMS 179

Approved Pages

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

July 5, 2017

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

Dear Commissioner Bremby:

We are pleased to enclose a copy of approved Connecticut State Plan Amendment (SPA) No. 17-0005, submitted to my office on March 30, 2017 and approved on June 19, 2017. This SPA amends Attachment 4.19-B of the Medicaid State Plan to incorporate the 2017 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. The Department is making these changes to remain compliant with the Health Insurance Portability and Accountability Act (HIPAA).

This SPA has been approved effective January 1, 2017, as requested by the State.

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

- Attachment 4.19B, Page 1(e)
- 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 Marie.DiMartino@cms.hhs.gov

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

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

**TRANSMITTAL AND NOTICE OF APPROVAL
OF STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:
17-0005

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, 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:
Sections 1905(a)(11) of the Social Security
Act and 42 CFR 440.110

7. FEDERAL BUDGET IMPACT:
a. FFY 2017 \$12,000
b. FFY 2018 \$16,000

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

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR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

10. SUBJECT OF AMENDMENT: Effective January 1, 2017, SPA 17-0005 amends Attachment 4.19-B of the Medicaid State Plan to incorporate the 2017 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. The Department is making these changes to remain compliant with the Health Insurance Portability and Accountability Act (HIPAA).

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:

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
Attention: Ginny Mahoney

14. TITLE: Commissioner

15. DATE SUBMITTED:
March 30, 2017

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 30, 2017

18. DATE APPROVED: June 19, 2017

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
January 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

- (10) Dental services – Fixed fee schedule. The agency’s rates were set as of January 1, 2017 and are effective for services on or after that date. Rates are the same for private and governmental providers and are published at www.ctdssmap.com. From this page, go to “Provider” then to “Provider Fee Schedule Download”.

TN # 17-0005
Supersedes
TN # 16-0030

Approval Date 6/19/2017

Effective Date 01/01/2017

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

- (11) 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, 2017 and effective for services on or after that date.
 - b) Occupational therapy – Fixed fee schedule. Rates were set as of January 1, 2017 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, 2016 and effective for services on or after that date.

TN # 17-0005

Supersedes

TN # NEWApproval Date 6/19/2017Effective Date 01/01/2017