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State/Territory Name: Connecticut

State Plan Amendment (SPA) #: 20-0013

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

June 11, 2020

Kathleen M. Brennan, Deputy Commissioner
Department of Social Services
Office of the Deputy Commissioner
55 Farmington Avenue
Hartford, CT 06105-3730

RE: Connecticut State Plan Amendment (SPA) Transmittal Number 20-0013

Dear Deputy Commissioner Brennan:

We have reviewed the proposed Connecticut State Plan Amendment (SPA) to Attachment 4.19-B of your state plan, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 31, 2020. This plan amendment increases the rate for Liletta, a Long-Acting Reversible Contraceptive device (LARC), code J7297 (Liletta, 52 mg) to \$100 on the Family Planning Clinic fee schedule, which is necessary to reimburse providers for the device's increased acquisition cost. This SPA also removes code 90461 - Immunization administration from the Medical Clinic fee schedule to ensure accurate billing based on national definitions.

Based upon the information provided by the State, we have approved the amendment with an effective date of March 1, 2020. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact LaJoshica Smith at 214-767-6453 or via email at lajoshica.smith@cms.hhs.gov.

Sincerely,

[Redacted Signature]

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

**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 SERVICES

1. TRANSMITTAL NUMBER:
20-0013

2. STATE: CT

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE:
March 1, 2020

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)(9) of the Social Security Act and
42 CFR 440.90

7. FEDERAL BUDGET IMPACT:
a. FFY 2020 \$90
b. FFY 2021 \$180

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19-B, Pages 1(b)ii, 1(c)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR
ATTACHMENT (If applicable)
Attachment 4.19-B, Pages 1(b)ii, 1(c)

10. SUBJECT OF AMENDMENT: Effective March 1, 2020, this SPA amends Attachment 4.19-B of the Medicaid State Plan as described below. This SPA increases the rate for Liletta, a Long-Acting Reversible Contraceptive device (LARC), code J7297 (Liletta, 52 mg) to \$100 on the Family Planning Clinic fee schedule, which is necessary to reimburse providers for the device's increased acquisition cost. This SPA also removes code 90461 - Immunization administration from the Medical Clinic fee schedule to ensure accurate billing based on national definitions.

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:

13. TYPED NAME: Kathleen M. Brennan

14. TITLE: Deputy Commissioner

15. DATE SUBMITTED: March 31, 2020

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: 03/31/2020

18. DATE APPROVED: 6/11/2020

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
03/01/2020

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Todd McMillion

22. TITLE: Director, Division of Reimbursement Review

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: CONNECTICUT

- (c) Family Planning Clinics: The current fee schedule was set as of March 1, 2020 and is effective for services provided on or after that date. All rates are published at www.ctdssmap.com.

TN # 20-0013
Supersedes
TN # 20-0005

Approval Date 06/11/20

Effective Date 03-01-2020

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

- (d) Medical Clinics: The current fee schedule was set as of March 1, 2020 and is effective for services provided on or after that date. All rates are published at www.ctdssmap.com. Rates are the same for private and governmental providers.

TN # 20-0013

Supersedes

TN # 20-0005

Approval Date 06/11/20

Effective Date 03-01-2020