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**State/Territory Name: Connecticut**

**State Plan Amendment (SPA) #: 20-0024**

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



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**Financial Management Group**

March 17, 2021

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 20-0024**

Dear Deputy Commissioner Brennan:

We have reviewed the proposed Connecticut amendment to Attachment 4.19-B of your state plan, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 30, 2020. This plan amendment updated the home health services fee schedule by increasing the rates by 2.3% for Healthcare Common Procedure Coding System codes T1004 and T1021 provided by licensed home health agencies.

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

If you have any additional questions or need further assistance, please contact James Moreth at 206-615-2043 or [James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures


<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER: 20-0024	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: November 1, 2020	
5. TYPE OF STATE PLAN MATERIAL (Check One):  <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> 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 2021    \$324,000 b. FFY 2022    \$395,000
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: Effective November 1, 2020, this SPA amends Attachment 4.19-B of the Medicaid State Plan to update the home health services fee schedule by increasing the rates by 2.3% for the following services: Healthcare Common Procedure Coding System (HCPCS) codes T1004 (Services of a qualified nursing aide, up to 15 minutes) and T1021 (Home Health aide or certified nurse assistant, per visit) provided by licensed home health agencies. The purpose of this SPA is to recognize that home health agencies have increased costs from paying higher wages to home health aides in order to comply with the recent increase in the state's minimum wage.

11. GOVERNOR'S REVIEW (Check One):  
 GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE: 	16. RETURN TO:  State of Connecticut Department of Social Services 55 Farmington Avenue- 9th floor Hartford, CT 06105 Attention: Ginny Mahoney
13. TYPED NAME: Deidre S. Gifford	
14. TITLE: Commissioner	
15. DATE SUBMITTED: December 30, 2020	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 12/30/2020	18. DATE APPROVED: 3/17/2021
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 11/1/2020	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Todd McMillion	22. TITLE: Director, FMG Division of Reimbursement Review

23. REMARKS:

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.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of home health services provided by a home health agency listed above in (a), (b), and (c). The agency's fee schedule rates were set as of November 1, 2020 and are effective for services provided on or after that date. All rates are published on the Connecticut Medical Assistance Program website: <https://www.ctdssmap.com>. From this web page, go to "Provider," then to "Provider Fee Schedule Download," then select the applicable fee schedule.

(d) Medical supplies, equipment and appliances suitable for use in the home – Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Medical supplies, equipment and appliances suitable for use in the home. The agency's fee schedule rates were set as of September 1, 2020 and are effective for services provided on or after that date. All rates are published on the Connecticut Medical Assistance Program website: <https://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). The temporary rate increase for non-sterile gloves is effective September 1, 2020 and expires 90 days after the end of the Coronavirus Disease 2019 (COVID-19) federal public health emergency declaration, as extended. After such date, the rate for non-sterile gloves reverts to the rate in effect immediately prior to September 1, 2020.

(8) Private duty nursing services – Not provided.

TN # 20-0024  
Supersedes  
TN # 20-0020

Approval Date 3/17/21 Effective Date 11/01/2020