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State/Territory Name:  CT

State Plan Amendment (SPA) #:  21-0038

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
March 9, 2022

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 21-0038

Dear Deputy Commissioner Brennan:

We have reviewed the proposed Connecticut State Plan Amendment (SPA) to Attachment 4.19-B submitted under TN-21-0038, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 29th, 2021. This plan amendment incorporates the CMS 2021 4th quarter HCPCS updates and removes the end date for the temporary fee increase of $8.00 per box of non-sterile gloves.

Based upon the information provided by the State, we have approved the amendment with an effective date of November 1st, 2021. 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 Jerica Bennett at 1-410-786-1167 or jerica.bennett@cms.hhs.gov.

Sincerely,

Todd McMillion
Director
Division of Reimbursement Review

Enclosures
TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  

5. FEDERAL STATUTE/REGULATION CITATION  
Section 1905(a)(7) of the Social Security Act and 42 CFR 440.70

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2022 $36,400  
b. FFY 2023 $40,872

9. SUBJECT OF AMENDMENT  
1. Incorporates CMS 2021 4th Quarter HCPCS updates and 2. removes end-date that is currently in place on the temporarily increased fee of $8.00 per box of non-sterile gloves (100 per box) in order to help ensure continued access to non-sterile gloves.

10. 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

11. SIGNATURE OF STATE AGENCY OFFICIAL:  
Deidre S. Gifford, MD, MPH
Commissioner

12. TYPED NAME  
Deidre S. Gifford, MD, MPH
Commissioner

13. TITLE  
Commissioner

14. DATE SUBMITTED  
December 29, 2021

15. RETURN TO  
State of Connecticut  
Department of Social Service  
55 Farmington Avenue, 9th Floor  
Hartford, CT 06105  
Attention: Ginny Mahoney

16. DATE RECEIVED  
December 29, 2021

17. DATE APPROVED  
March 9, 2022

18. EFFECTIVE DATE OF APPROVED MATERIAL  
November 1, 2021

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL  
Todd McMillion

21. TITLE OF APPROVING OFFICIAL  
Director, DRR

22. REMARKS

Instructions on Back
Home Health Services (Continued)

(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 November 1, 2021 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](https://www.ctdssmap.com). From this web page, go to “Provider,” then to “Provider Fee Schedule Download,” then select the applicable fee schedule. Over-the-counter products provided by pharmacies are reimbursed at Average Wholesale Price (AWP).