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State/Territory Name: CT

State Plan Amendment (SPA) #: 22-0007

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 Page

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

May 13, 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 22-0007

Dear Deputy Commissioner Brennan:

We have reviewed the proposed Connecticut State Plan Amendment (SPA) to Attachment 4.19-B submitted under TN-22-0007, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 30th, 2022. This plan incorporates the 2021 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) to the medical surgical supply fee schedule.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1st, 2022. 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

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER 2 2 — 0 0 0 7 2. STATE CT

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI

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

4. PROPOSED EFFECTIVE DATE
January 1, 2022

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

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2022 \$ 0
b. FFY 2023 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B, Page 1(a)vi

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)
Attachment 4.19-B, Page 1(a)vi

9. SUBJECT OF AMENDMENT
This SPA incorporates the January 2022 federal Healthcare Common Procedure Coding System (HCPCS) updates to the Medical Surgical Supplies (MSS) fee schedule. DSS is making these changes to ensure this fee schedule remains compliant with the Health Insurance Portability and Accountability Act (HIPAA).

10. 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

11. OFFICIAL
[Redacted]
12. TYPED NAME
Deidre S. Gifford, MD, MPH
13. TITLE
Commissioner
14. DATE SUBMITTED
March 30, 2022

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

FOR CMS USE ONLY
16. DATE RECEIVED 03/30/22 17. DATE APPROVED May 13, 2022

PLAN APPROVED - ONE COPY ATTACHED
18. EFFECTIVE DATE OF APPROVED MATERIAL 01/01/22 19. SIGNATURE OF APPROVING OFFICIAL
[Redacted]
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion 21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement Review

22. REMARKS

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

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 January 1, 2022 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. Over-the-counter products provided by pharmacies are reimbursed at Average Wholesale Price (AWP).

TN # 22-0007
Supersedes
TN # 21-0038

Approval Date May 13, 2022

Effective Date 01/01/2022