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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

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

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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2 1 - 0 0 3 8</u>	2. STATE <u>CT</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE November 1, 2021	
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 <u>2022</u> \$ <u>36,400</u> b. FFY <u>2023</u> \$ <u>40,872</u>	
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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B, Page 1(a)vi	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
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)

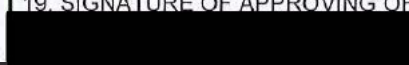
- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
- OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO State of Connecticut Department of Social Service 55 Farmington Avenue, 9th Floor Hartford, CT 06105 Attention: Ginny Mahoney
12. TYPED NAME Deidre S. Gifford, MD, MPH	
13. TITLE Commissioner	
14. DATE SUBMITTED December 29, 2021	

FOR CMS USE ONLY

16. DATE RECEIVED December 29, 2021	17. DATE APPROVED March 9, 2022
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PLAN APPROVED - ONE COPY ATTACHED

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

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 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>. 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 # 21-0038
Supersedes
TN # 21-0034

Approval Date March 9, 2022

Effective Date 11/01/2021