

DEPARTMENT OF SOCIAL SERVICES

NOTICE OF PROPOSED MEDICAID STATE PLAN AMENDMENT

ADDITION OF CONDOM COVERAGE (SPA # 13-032)

The State of Connecticut Department of Social Services (the “Department”) proposes to submit an amendment to the Medicaid State Plan to the Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health and Human Services.

Proposed Changes to Medicaid State Plan

Effective on or after July 1, 2013, the proposed Medicaid State Plan Amendment (SPA) will amend Attachment 4.19-B of the Medicaid State Plan in order to add coverage for male and female condoms and spermicide to the Medical and Surgical Supply fee schedule and the Family Planning Clinic fee schedule. These services will be covered for clients under Medicaid (HUSKY A, C, and D) and clients covered under the Family Planning – Limited Benefit coverage group (FAMPL). This amendment is intended to provide consistency with the policy goals of the existing family planning program, reduce unwanted pregnancies and prevent the transmission of HIV and other sexually transmitted diseases.

Fiscal Information

Based on the information that is available at this time, the Department estimates that the proposed changes will result in increased annual aggregate expenditures of \$2,269,321 in State Fiscal Year 2014 and \$2,616,475 in State Fiscal Year 2015.

Information on Obtaining SPA Language and Submission of Comments

In accordance with federal requirements governing the Medicaid program, upon request, the Department will provide a copy of the proposed amendment to the Medicaid State Plan. In addition, copies of the proposed amendment may be obtained at each of the DSS regional offices and on the Department’s web site: <http://www.ct.gov/dss>. Go to “Publications” and then “Updates”.

Written, phone, and email requests should be directed to Ginny Mahoney, Department of Social Services, Medical Policy Unit, 25 Sigourney Street, 11th Floor, Hartford, CT 06106-5033 (Phone: 860-424-5145, Fax: 860-424-5799, Email: ginny.mahoney@ct.gov). Please reference the appropriate SPA heading listed above (*e.g.*, “SPA # 13-032: Addition of Condom Coverage”).

Members of the public may also submit written comments on the SPA by mail, fax, or email. Written comments must be received by the Department at the above contact information no later than July 10, 2013.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

(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.

(d) Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility are provided with limitations.

The fee schedule for licensed home health care agencies for service (a), (b), and (d) above can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page go to "Provider Services" then to "Fee Schedule Download. Home health service rates were set as of July 1, 2007 and are effective for services on or after that date. Rates are the same for private and governmental providers and are published on the agency's website. Any fee payable to a home health care agency may qualify for an add-on to the standard fee for the applicable home health service upon application by the agency evidencing extraordinary costs associated with (1) treating AIDS patients; (2) high risk maternal child health care; (3) escort security services or (4) extended hour services. The provider must complete the appropriate application form showing the incremental costs that the agency incurs for the service. The allowable added cost is divided by all projected visits with and without the additional special circumstance (i.e., 1, 2, 3 or 4 above). The Department may add, adjust or eliminate service fees in order to remain compliant with HIPAA. In no case will the fee paid to an agency exceed the agency charge to the general public for similar services

(c) Medical supplies, equipment and appliances suitable for use in the home – The current fee schedule was set as of July 1, 2013 and is effective for services provided on or after that date, except that fees may be deleted or added and priced in order to remain compliant with HIPAA. The fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page go to "Provider Services" then to "Fee Schedule Download."

(8) Private duty nursing services – Not provided.

TN # 13-032
Supersedes
TN # 11-003

Approval Date _____

Effective Date 07-01-13

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

- (9) Clinic services – Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of clinic services and the fee schedule and any annual/periodic adjustments to the fee schedule are published in www.ctdssmap.com. Fees are effective as of the dates noted below, except that fees may be deleted or added and priced in order to remain compliant with HIPAA. Rates for freestanding clinics are set as follows:
- (a) Ambulatory Surgery Centers: The current fee schedule was set as of July 1, 2008 and is effective for services provided on or after that date. All rates are published at www.ctdssmap.com. Effective October 1, 2008, reimbursement for freestanding Ambulatory Surgery Centers will be converted to a uniform fixed fee schedule based on CPT codes and Medicare price groups. Fees will be updated when new Medicare price groups are introduced or CPT codes (new or existing) are assigned to new or previously established Medicare price groups. The current fee schedule was set as of October 1, 2008 and is effective for services provided on or after that date. All rates are published at www.ctdssmap.com.
 - (b) Dialysis Clinics: The current fee schedule was set as of July 1, 2008 and is effective for services provided on or after that date. All rates are published at www.ctdssmap.com.
 - (c) Family Planning Clinics: The current fee schedule was set as of July 1, 2013 and is effective for services provided on or after that date. All rates are published at www.ctdssmap.com.

TN # 13-032
Supersedes
TN # 10-020

Approval Date _____

Effective Date 07-01-13

State Connecticut

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
CATEGORICALLY NEEDY GROUP(S): ALL

9. Free-standing Clinic Services (non-FQHC)

The Department will not pay for any diagnostic, therapeutic, or treatment service that is 1) of an unproven, educational, social, cosmetic, experimental or research nature; 2) in excess of those deemed medically necessary and medically appropriate by the Department to treat the clients condition; or 3) not directly related to the client's diagnosis, symptoms, or medical history. This determination may be made at the time of prior authorization, preadmission review, or retrospective review. The fact that a denial was not made at an earlier stage shall not preclude such a determination at a later stage. The Department is entitled to disallow the entirety or any portion of the stay and services provided they do not meet the medically necessary or utilization review standards.

- a. Ambulatory Surgery Centers licensed by the Department of Public Health under Sections 19-13-D45 and 19-13-D56 of the Regulations of Connecticut State Agencies.
- b. Dialysis Clinics licensed by the Department of Public Health under Section 19-13-D55a of the Regulations of Connecticut State Agencies.
- c. Family Planning Clinics licensed by the Department of Public Health under Section 19-13-D45 of the Regulations of Connecticut State Agencies.

Limitations:

- (1) No more than one (1) visit per day.
- (2) No more than one (1) initial visit per provider per recipient.

TN#: 13-032
Supersedes
TN#: 11-029

Approval Date: _____

Effective Date: 07-01-13

State Connecticut

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

9. Free-standing Clinic Services (non-FQHC)

The Department will not pay for any diagnostic, therapeutic, or treatment service that is 1) of an unproven, educational, social, cosmetic, experimental or research nature; 2) in excess of those deemed medically necessary and medically appropriate by the Department to treat the clients condition; or 3) not directly related to the client's diagnosis, symptoms, or medical history. This determination may be made at the time of prior authorization, preadmission review, or retrospective review. The fact that a denial was not made at an earlier stage shall not preclude such a determination at a later stage. The Department is entitled to disallow the entirety or any portion of the stay and services provided they do not meet the medically necessary or utilization review standards.

- d. Ambulatory Surgery Centers licensed by the Department of Public Health under Sections 19-13-D45 and 19-13-D56 of the Regulations of Connecticut State Agencies.
- e. Dialysis Clinics licensed by the Department of Public Health under Section 19-13-D55a of the Regulations of Connecticut State Agencies.
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