

Department of Social Services

Notice of Proposed Medicaid State Plan Amendment

Group Counseling for Smoking Cessation – Outpatient Hospital (SPA 14-035)

The State of Connecticut Department of Social Services (DSS) 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.

Changes to Medicaid State Plan

Effective on or after October 1, 2014, the proposed Medicaid State Plan Amendment (SPA) will amend the outpatient hospital fee schedule to reimburse hospitals for providing group counseling for smoking cessation. DSS is making these changes because group counseling for smoking cessation has been shown to be a clinically effective service for many individuals.

Fiscal Information – Estimated Annual Change to Medicaid Expenditures

Based on available information, DSS estimates that the proposed change will result in increased annual aggregate expenditures of approximately \$1,509,000 in Federal Fiscal Year 2015 and \$1,646,000 in Federal Fiscal Year 2016.

Additional Information

In accordance with federal Medicaid requirements, upon request, DSS will provide copies of the proposed SPA. Copies of the proposed SPA may also be obtained at any DSS regional office and on the DSS web site: <http://www.ct.gov/dss>. Go to “Publications” and then to “Updates”.

Written, phone, and email requests should be sent to Ginny Mahoney, Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5145, Fax: 860-424-5799, Email: ginny.mahoney@ct.gov). Please reference the relevant SPA number (*e.g.*, SPA 14-035, Group Counseling for Smoking Cessation – Outpatient Hospital).

Members of the public may also submit written comments on the SPA, by mail, fax, or email. Written comments must be received by DSS at the above contact information no later than October 14, 2014.

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

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
OTHER TYPES OF CARE

(2)

(a) **Outpatient hospital services** – The agency’s fixed fees were set as of October 1, 2014 and are effective for services on or after that date. All fixed fees are published on the Department’s website at www.ctdssmap.com. Rates that are based on hospital service specific ratio of cost to charges are included on each provider’s rate schedule. The rate schedule is sent to the hospital and is revised annually (July 1) based on the most recently filed cost report. Except as otherwise noted in the plan, state developed fee schedules and rate methods are the same for both governmental and private providers.

TN # 14-035
Supersedes
TN # 12-005

Approval Date _____

Effective Date 10-01-2014