

**STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES**

**Notice of Proposed Medicaid State Plan Amendment (SPA)**

**CT 22-AE SPA: October 2022 HCPCS Billing Code and Additional Reimbursement Updates to Specified Fee Schedules, Adding Monkeypox Testing and Vaccinations to Select Fee Schedules, Coverage Expansions for Naturopath Services and Behavioral Health Clinicians**

The State of Connecticut Department of Social Services (DSS) proposes to submit the following Medicaid State Plan Amendment (SPA) to the Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health and Human Services (HHS).

**Changes to Medicaid State Plan**

Effective on or after October 1, 2022, SPA 22-AE will amend, as applicable, Attachments 3.1-A, 3.1-B, and 4.19-B of the Medicaid State Plan to make the coverage and reimbursement updates detailed below.

First, this SPA incorporates various October 2022 federal Healthcare Common Procedure Coding System (HCPCS) billing code updates (additions, deletions and description changes) to the physician office and outpatient, medical clinics, and DME/MEDS fee schedules. Newly added codes are being priced using a comparable methodology to other codes in the same or similar category. The purpose of this change is to ensure that this fee schedule remains compliant with the Health Insurance Portability and Accountability Act (HIPAA).

Second, this SPA amends Attachment 4.19-B to implement the following increase to the rate for the following long-acting reversible contraceptive [LARC] device on the physician office and outpatient fee schedule.

Code	Description	Rate
J7307	Etonogestrel implant system	\$1092.48

The purpose of this change is to maintain access to LARC devices by ensuring that the rate continues to align with the providers' costs of obtaining the device.

Third, the procedure code for the monkeypox diagnostic testing will be added to the following fee schedules: family planning clinic, medical clinic, and laboratory. Additionally, procedure codes for the monkeypox vaccines were added to the physician office and outpatient, medical clinic and family planning clinic fee schedules to reimburse CMAP provider when commercially purchased. The purpose of this change is to help promote access to monkeypox testing and vaccination to promote detection of the disease and prevent its transmission.

Fourth, this SPA amends Attachment 4.19-B to implement the following additions to the Medical Equipment Devices and Supplies (MEDS) fee schedule:

Code	Procedure Code Description	Quantity	Rate
A4284	Breast shield and splash protector for use with breast pump, replacement	1 pair per 6 months if different size flanges are required.	\$14.54
E0183	Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty	1 per 5 years	*
K1005	Disposable collection and storage bag for breast milk, any size, any type, each	100 per month	\$0.26 each

\* Procedure code E0183 will be priced at 85% of the Medicare fee schedule when Medicare pricing is available. If Medicare pricing is not available, then procedure code E0183 will be manually priced at the lesser of Manufacturer Suggested Retail Price (MSRP) minus 15% or Actual Acquisition Cost (AAC) plus 35%.

The purpose of adding these codes is to encourage and support breastfeeding among HUSKY Health members.

In addition, the Department will create an additional reimbursement methodology on the medical surgical supply fee schedule for extended wear insulin infusion set supplies by adding modifier SC – (medically necessary service or supply) to procedure code A4230 (Infusion set for external insulin pump non needle cannula type). The inclusion of modifier SC will allow a new frequency option for extended wear infusion set supplies which last 7 days versus 2-3 days for traditional infusion sets. These extended wear infusion sets will be priced at \$143.48 per month which would be equivalent to billing 4 extended wear sets per month at a rate of \$35.87 each. The purpose of this change is to provide HUSKY Health members with a new frequency option for extended wear insulin infusion set supplies, providing additional choice to enable members, in consultation with their clinicians, to best meet their clinical needs.

Fifth, effective October 1, 2022, as required by recently adopted state law in section 247 of Public Act 22-118, An Act Adjusting the State Budget for the Biennium Ending June 30, 2023, Concerning Provisions Related to Revenue, School Construction and Other Items to Implement the State Budget and Authorizing and Adjusting Bonds of the State, this SPA amends Attachments 3.1-A and 3.1-B to remove

the age limit for HUSKY Health members to receive services from naturopaths in private practice (solo practice or in naturopath groups). Before this SPA, naturopath services in private practice were covered only for HUSKY Health members under age twenty-one. This SPA does not change the reimbursement methodology or rates for naturopath services. The purpose of this change is to comply with the above-referenced state law and to provide increased access to naturopath services for HUSKY Health members.

Lastly, effective October 1, 2022, as required by recently adopted state law in section 25 of Public Act 22-81, An Act Expanding Preschool and Mental and Behavioral Services for Children, this SPA amends Attachments 3.1-A, 3.1-B, and 4.19-B to expand coverage for services provided by behavioral health clinicians in private practice. Specifically, this SPA newly enables an independent licensed clinician (defined as a licensed psychologist, licensed marital and family therapist, licensed clinical social worker, or licensed professional counselor) to bill for and be paid by the covered behavioral health services performed by an associate licensed clinician (defined as a licensed master social worker, licensed marital and family therapy associate, or licensed professional counselor associate) working under the person's supervision. This SPA does not change any scope of practice requirements, so an independent licensed clinician may supervise and bill for the services only of an associate licensed clinician that the person is authorized to supervise under state law. The independent licensed behavioral health clinician is paid at the same rate for services performed by an associate licensed clinician under the person's supervision as for services directly performed by the independent licensed behavioral health clinician. This SPA does not change the reimbursement methodology or rates for behavioral health clinician services. The purpose of this SPA is to comply with the above-referenced state law and to provide increased access to routine outpatient behavioral health services for HUSKY Health members.

Fee schedules are published at this link: <http://www.ctdssmap.com>, then select "Provider", then select "Provider Fee Schedule Download."

### **Fiscal Impact**

DSS estimates that the HIPAA compliance updates for the physician office and outpatient fee schedule are not anticipated to change annual aggregate expenditures by in State Fiscal Year (SFY) 2023 and SFY 2024.

DSS estimates that increasing the LARC device rate as detailed above will increase annual aggregate expenditures by \$58,207 in SFY 2023 and \$79,355 in SFY 2024.

DSS estimates that the HIPAA compliance updates for the independent laboratory fee schedule, which includes adding the monkeypox diagnostic testing, will increase aggregate expenditures by \$28,484 in State Fiscal Year (SFY) 2023 and \$63,535 in SFY 2024.

DSS estimates that the HIPAA compliance updates for the family planning and medical clinic fee schedules, which includes adding the monkeypox diagnostic testing code, will increase annual aggregate expenditures by \$1,810 in State Fiscal Year (SFY) 2023 and \$4,021 in SFY 2024.

DSS estimates that addition the breast pump supply procedure codes to the MEDS fee schedule will increase annual aggregate expenditures by \$629,540 in SFY 2023 and \$1,414,196 in SFY 2024.

DSS estimates that adding the reimbursement methodology for extended-wear insulin infusion set supplies to the medical surgical supply fee schedule will not change annual aggregate expenditures because adding these codes is anticipated to result in a utilization shift to similarly priced codes.

DSS estimates that expanding coverage of naturopath services by removing the age restriction as detailed above will increase annual aggregate expenditures by \$239,944 in SFY 2023 and \$561,844 in SFY 2024.

DSS estimates that enabling independent licensed behavioral health clinicians (as defined above) to bill for the services performed by associate licensed behavioral health clinicians (as defined above) working under their supervision will increase annual aggregate expenditures by \$1,126,197 in SFY 2023 and \$5,443,285 in SFY 2024.

#### **Obtaining SPA Language and Submitting Comments**

The proposed SPA is posted on the DSS website at this link: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-State-Plan-Amendments>. The proposed SPA may also be obtained at any DSS field office, at the Town of Vernon Social Services Department, or upon request from DSS (see below).

To request a copy of the SPA from DSS or to send comments about the SPA, please email: [Public.Comment.DSS@ct.gov](mailto:Public.Comment.DSS@ct.gov) or write to: Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105. Please reference “CT 22-AE SPA: October 2022 HCPCS Billing Code and Additional Reimbursement Updates to Specified Fee Schedules, Adding Monkeypox Testing and Vaccinations to Select Fee Schedules, Coverage Expansions for Naturopath Services and Behavioral Health Clinicians”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than October 12, 2022.

**Addendum Page 4b  
To Attachment 3.1-A**

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

c. Chiropractor Services

- i. Chiropractors must be licensed by the state in accordance with state law.
- ii. Services are limited to a chiropractor's scope of practice.
- iii. Services include only those that meet the requirements set forth in 42 C.F.R. § 440.60(b).

d. Licensed Psychologist Services

- i. Psychologists must be licensed under state law
- ii. Services are limited to routine diagnostic, assessment, treatment, rehabilitation or palliative services or psychological testing and within a psychologist's scope of practice and as set forth on the applicable published fee schedule. The following limits also apply, each of which may be exceeded with prior authorization based on medical necessity:
  - (1) Only one diagnostic interview in any twelve-month period by a psychologist for the same beneficiary; and
  - (2) Only two staff consultations with the beneficiary or the beneficiary's family for the benefit of the beneficiary per year by a psychologist for the same beneficiary.

iii. Covered psychologist services include services personally performed by the psychologist and services performed by an associate licensed practitioner working under the psychologist's supervision and whom the psychologist is authorized to supervise under state law, specifically the services of licensed master social workers and licensed professional counselor associates.

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e. Naturopathic Services

- i. Naturopaths must be licensed under state law.
- ~~ii. The Department will pay enrolled naturopaths only for services provided to individuals under twenty one (21) years of age.~~
- ~~iii.~~ Services are limited to a naturopath's scope of practice.

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TN # 21-0035

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

h. Licensed Clinical Social Worker (LCSW) Services

i Clinical social workers must be licensed by the Connecticut Department of Public Health (DPH) (a) after (i) completing a doctorate or master's degree in a social work program accredited by the Council on Social Work Education or a program outside the United States deemed equivalent by the Council on Social Work Education, (ii) complete 3,000 hours of post-master's social work experience, including at least 100 hours under supervision by a licensed clinical or certified independent social worker, with such hours completed in Connecticut as a licensed master social worker, (iii) pass the clinical level examination of the Association of Social Work Boards or any other examination prescribed by DPH or (b) without meeting the above requirements if the individual is licensed or certified as a clinical social worker in another jurisdiction whose requirements are substantially similar or higher than Connecticut's requirements and who has also passed the clinical level examination of the Association of Social Work Boards or any examination prescribed by DPH.

ii Services are provided under the benefit category of 42 C.F.R. § 440.60, other licensed practitioners, and include routine diagnostic, assessment, treatment, rehabilitation or palliative services provided to individuals with a behavioral health disorder, within a licensed clinical social worker's scope of practice and as set forth on the applicable published fee schedule. In addition, only one diagnostic interview may be provided by a licensed clinical social worker in any twelve month period for the same beneficiary, which may be exceeded by prior authorization based on medical necessity.

iii Covered LCSW services include services personally performed by the LCSW and services performed by an associate licensed practitioner working under the LCSW's supervision and whom the LCSW is authorized to supervise under state law, specifically the services of licensed master social workers and licensed professional counselor associates.

i. Licensed Marital and Family Therapists (LMFT) Services

i Marital and family therapists must be licensed by the Connecticut Department of Public Health (DPH) (a) after (i) completing a graduate degree program in marital and family therapy from a regionally accredited college or university or an accredited postgraduate clinical training program approved by the Commission on Accreditation for Marriage and Family Therapy Education and recognized by the U.S.

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

Department of Education, (ii) completing a supervised practicum or internship with emphasis on marital and family therapy supervised by the program granting the degree or by an accredited postgraduate clinical training program approved by the Commission on Accreditation for Marriage and Family Therapy Education and recognized by the U.S. Department of Education with at least 500 clinical hours, including 100 hours of clinical supervision, (iii) complete at least twelve months of relevant postgraduate experience after being awarded a master's or doctorate or the training specified in (ii) and including at least 1,000 hours of direct client contact offering marital and family therapy and 100 hours of postgraduate clinical supervision by a licensed marital and family therapy, and (iv) passed an examination prescribed by DPH or (b) without taking the examination if the individual is currently licensed or certified as a marital or marriage and family therapist in another jurisdiction whose standards, in DPH's opinion, are equivalent to or higher than Connecticut's standards. However, an individual licensed or certified as a marital or marriage and family therapist in another jurisdiction whose standards are not equivalent to or higher than Connecticut's standards may substitute five years of licensed or certified work experience in the practice of marital and family therapy in lieu of the requirements of (a)(ii) and (iii) above.

ii Services are provided under the benefit category of 42 C.F.R. § 440.60, other licensed practitioners, and include routine diagnostic, assessment, treatment, rehabilitation or palliative services provided to individuals with a behavioral health disorder, within a licensed marital and family therapist's scope of practice and as set forth on the applicable published fee schedule. In addition, only one diagnostic interview may be provided by a licensed marital and family therapist in any twelve month period for the same beneficiary, which may be exceeded by prior authorization based on medical necessity.

iii Covered LMFT services include services personally performed by the LMFT and services performed by an associate licensed practitioner working under the LMFT's supervision and whom the LMFT is authorized to supervise under state law, specifically the services of licensed master social workers, licensed marital and family therapy associates, and licensed professional counselor associates.

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**Addendum Page 4e  
To Attachment 3.1-A**

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

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- j. Licensed Professional Counselor (LPC) Services.
  - i Professional counselors must be licensed under Chapter 376b, Section 20-74s through 74t of the Connecticut General Statutes.
  - ii Services include routine diagnostic, assessment, treatment, rehabilitation or palliative services provided to individuals with a behavioral health disorder, within a licensed professional counselor's scope of practice, and as set forth on the applicable published fee schedule. In addition, only one diagnostic interview may be provided by a licensed professional counselor in any twelve month period for the same beneficiary, which may be exceeded by prior authorization based on medical necessity.
  - iii Covered LPC services include services personally performed by the LPC and services performed by an associate licensed practitioner working under the LPC's supervision and whom the LPC is authorized to supervise under state law, specifically the services of licensed master social workers and licensed professional counselor associates.
  
- k. Licensed Alcohol and Drug Counselor Services.
  - i Alcohol and drug counselors must be licensed under Chapter 383c, Section 20-195aa through 195cc of the Connecticut General Statutes.
  - ii Services include routine diagnostic, assessment, treatment, rehabilitation or palliative services provided to individuals with alcohol and drug dependency problems, within a licensed alcohol and drug counselor's scope of practice, and as set forth on the applicable published fee schedule. In addition, only one diagnostic interview may be provided by a licensed alcohol and drug counselor in any twelve month period for the same beneficiary, which may be exceeded by prior authorization based on medical necessity.

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**Addendum Page 4b  
To Attachment 3.1-B**

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

- c. Chiropractor Services
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  - i. Psychologists must be licensed under state law
  
  - ii. Services are limited to routine diagnostic, assessment, treatment, rehabilitation or palliative services or psychological testing and within a psychologist's scope of practice and as set forth on the applicable published fee schedule. The following limits also apply, each of which may be exceeded with prior authorization based on medical necessity:
    - (1) Only one diagnostic interview in any twelve-month period by a psychologist for the same beneficiary; and
  
    - (2) Only two staff consultations with the beneficiary or the beneficiary's family for the benefit of the beneficiary per year by a psychologist for the same beneficiary.
  
  - iii. Covered services include services personally performed by the psychologist and services performed by associate licensed practitioners working under the psychologist's supervision and whom the psychologist is authorized to supervise under state law, specifically the services of licensed master social workers and licensed professional counselor associates.
  
- e. Naturopathic Services
  - i. Naturopaths must be licensed pursuant to state law.
  - ii. ~~The Department will pay enrolled naturopaths only for services provided to individuals under twenty one (21) years of age.~~
  - iii. Services are limited to a naturopath's scope of practice.

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ii Services are provided under the benefit category of 42 C.F.R. § 440.60, other licensed practitioners, and include routine diagnostic, assessment, treatment, rehabilitation or palliative services provided to individuals with a behavioral health disorder, within a licensed clinical social worker's scope of practice and as set forth on the applicable published fee schedule. In addition, only one diagnostic interview may be provided by a licensed clinical social worker in any twelve month period for the same beneficiary, which may be exceeded by prior authorization based on medical necessity.

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i. Licensed Marital and Family Therapists (LMFT) Services

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

Department of Education, (ii) completing a supervised practicum or internship with emphasis on marital and family therapy supervised by the program granting the degree or by an accredited postgraduate clinical training program approved by the Commission on Accreditation for Marriage and Family Therapy Education and recognized by the U.S. Department of Education with at least 500 clinical hours, including 100 hours of clinical supervision, (iii) complete at least twelve months of relevant postgraduate experience after being awarded a master's or doctorate or the training specified in (ii) and including at least 1,000 hours of direct client contact offering marital and family therapy and 100 hours of postgraduate clinical supervision by a licensed marital and family therapy, and (iv) passed an examination prescribed by DPH or (b) without taking the examination if the individual is currently licensed or certified as a marital or marriage and family therapist in another jurisdiction whose standards, in DPH's opinion, are equivalent to or higher than Connecticut's standards. However, an individual licensed or certified as a marital or marriage and family therapist in another jurisdiction whose standards are not equivalent to or higher than Connecticut's standards may substitute five years of licensed or certified work experience in the practice of marital and family therapy in lieu of the requirements of (a)(ii) and (iii) above.

ii Services are provided under the benefit category of 42 C.F.R. § 440.60, other licensed practitioners, and include routine diagnostic, assessment, treatment, rehabilitation or palliative services provided to individuals with a behavioral health disorder, within a licensed marital and family therapist's scope of practice and as set forth on the applicable published fee schedule. In addition, only one diagnostic interview may be provided by a licensed marital and family therapist in any twelve month period for the same beneficiary, which may be exceeded by prior authorization based on medical necessity.

iii Covered LMFT services include services personally performed by the LMFT and services performed by an associate licensed practitioner working under the LMFT's supervision and whom the LMFT is authorized to supervise under state law, specifically the services of licensed master social workers, licensed marital and family therapy associates, and licensed professional counselor associates.

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**Addendum Page 4e  
To Attachment 3.1-B**

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

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j. Licensed Professional Counselor (LPC) Services.

- i Professional counselors must be licensed under Chapter 376b, Section 20-74s through 74t of the Connecticut General Statutes.
- ii Services include routine diagnostic, assessment, treatment, rehabilitation or palliative services provided to individuals with a behavioral health disorder, within a licensed professional counselor's scope of practice, and as set forth on the applicable published fee schedule. In addition, only one diagnostic interview may be provided by a licensed professional counselor in any twelve month period for the same beneficiary, which may be exceeded by prior authorization based on medical necessity.
- iii Covered LPC services include services personally performed by the LPC and services performed by an associate licensed practitioner working under the LPC's supervision and whom the LPC is authorized to supervise under state law, specifically the services of licensed master social workers and licensed professional counselor associates.

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k. Licensed Alcohol and Drug Counselor Services.

- i Alcohol and drug counselors must be licensed under Chapter 383c, Section 20-195aa through 195cc of the Connecticut General Statutes.
- ii Services include routine diagnostic, assessment, treatment, rehabilitation or palliative services provided to individuals with alcohol and drug dependency problems, within a licensed alcohol and drug counselor's scope of practice, and as set forth on the applicable published fee schedule. In addition, only one diagnostic interview may be provided by a licensed alcohol and drug counselor in any twelve month period for the same beneficiary, which may be exceeded by prior authorization based on medical necessity.

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

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(3) Other Laboratory and X-ray Services –

- Laboratory Services: Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of laboratory services. The agency's fee schedule rates were set as of ~~January~~October 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." The Department reviews Medicare rate changes annually to ensure compliance with federal requirements.
- X-ray Services provided by independent radiology centers: Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of x-ray services provided by independent radiology centers. The agency's fee schedule rates were set as of January 1, 2022. 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." Select the "Independent Radiology" fee schedule, which displays global fees, including both the technical and professional components of each fee.

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## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

(5) Physician's services – Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of physician's services. The agency's fee schedule rates were set as of ~~July~~-October 1, 2022 and are effective for services provided on or after that date. All rates are published on the Connecticut Medical Assistance Program website: [www.ctdssmap.com](http://www.ctdssmap.com). From this web page, go to "Provider," then to "Provider Fee Schedule Download," then select the applicable fee schedule.

Person-Centered Medical Home (PCMH) practices are individual sites of independent physician groups, solo physician practices, nurse practitioner groups, and individual nurse practitioners that have met National Committee for Quality Assurance (NCQA) Level 2 or Level 3 medical home recognition or NCQA medical home recognition under the 2017 or later NCQA standards (which do not recognize specific levels of recognition). PCMH practices must comply with all NCQA PCMH requirements and all additional written department requirements, including participation in various primary care initiatives operated by the State.

The department offers a PCMH Glide Path program, which pays enhanced rates to practices that are providing some of the additional Medicaid services required for NCQA PCMH recognition. In order to qualify for Glide Path, a practice must demonstrate that it has begun providing a more advanced standard of primary care and has committed to achieving NCQA PCMH recognition in a set period of time. Glide Path practices must also comply with all additional written department requirements, including participation in various primary care initiatives operated by the State.

Beginning January 1, 2012, PCMH and Glide Path practices may be eligible for a rate add-on to the procedure codes on the physician fee schedule identified below. PCMH practices may also be eligible for retrospective annualized supplemental payments for performance incentives and performance improvement. Independent physician-led Glide Path practices with five or fewer full-time equivalent practitioners across all practice locations may also be eligible for a supplemental payment at each Glide Path phase.

- (a) Glide Path and PCMH Rate Add-On: The department will pay a rate add-on for the following procedures in addition to the amounts listed for each procedure code on the physician fee schedule: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99339, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99406, 99407, 99408, 99409, 99411, 99412, 99417, 99374, 99377, 99379, 99380, 96110, 99050, 99051, 99053, D0145,

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State: CONNECTICUT

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- (c) Family Planning Clinics: Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of family planning clinic services. The agency's fee schedule rates were set as of ~~July~~-October 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.

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

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- (d) Medical Clinics: Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of medical clinic services. The agency's fee schedule rates were set as of ~~July~~October 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.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

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**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 ~~April~~October 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).

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