

15-5-2247

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



Division of Medicaid and Children's Health Operations / Boston Regional Office

RECEIVED
State of Connecticut April 28, 2015

MAY 7 2015

Dept. of Social Services
Commissioner's Office

Roderick Bremby, Commissioner
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105

Dear Mr. Bremby:

We are pleased to enclose a copy of approved Connecticut State Plan Amendment (SPA) No. 14-035, submitted to my office on December 30, 2014 and approved on March 26, 2015. This SPA proposes to amend Attachment 4.19B of the Medicaid State Plan in order to reimburse outpatient hospitals for providing group counseling for tobacco cessation.

This SPA has been approved effective October 1, 2014, as requested by the State.

Changes are reflected in the following sections of your approved State Plan:

- Attachment 4.19B, Page 1

If you have any questions regarding this matter you may contact Marie DiMartino (617) 565-9157 or by e-mail at Marie.DiMartino@cms.hhs.gov

Sincerely,

Richard R. McGreal
Associate Regional Administrator

cc: Kate McEvoy, Director of Medical Administration - Health Services and Supports

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 14-035	2. STATE: CT
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CMS/CMSO DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 10/01/2014	

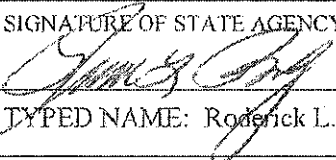
5. TYPE OF STATE PLAN MATERIAL (Check One):
 NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 1905(a)(2)(a) of Social Security Act and 42 CFR 440.20(a)	7. FEDERAL BUDGET IMPACT: a. FFY 2014 \$180,000 costs b. FFY 2015 \$197,000 costs
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B Page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable) Attachment 4.19-B Page 1

SUBJECT OF AMENDMENT: Effective October 1, 2014, this SPA proposes to modify Attachment 4.19-B of the Medicaid State Plan in order to reimburse outpatient hospitals for providing group counseling for tobacco cessation. This SPA is anticipated to result in estimated federal budgetary impact of approximately \$180,000 in Federal Fiscal Year 2015 and \$197,000 in Federal Fiscal Year 2016.


11. 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

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: State of Connecticut Department of Social Services 55 Farmington Avenue, 9 th floor Hartford, CT 06105 Attention: Ginny Mahoney
13. TYPED NAME: Roderick L. Bremby	
14. TITLE: Commissioner, Department of Social Services	
15. DATE SUBMITTED: December 30, 2014	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: December 30, 2014	18. DATE APPROVED: March 26, 2015
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2014	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Richard R. McGreal	22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health Oper.

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT **OFFICIAL**
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 3/26/15

Effective Date 10-01-2014