

**DEPARTMENT OF SOCIAL SERVICES**

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

**SPA 19-R: Updates to the Tuberculosis Limited Benefit Plan**

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.

**Changes to Medicaid State Plan**

Effective on or after May 1, 2019, SPA 19-R will amend Attachment 4.19-B of the Medicaid State Plan to revise the fee schedules for home health services and special services based on the 2019 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) related to the tuberculosis limited benefit plan. These changes are necessary to remain compliant with the Health Insurance Portability and Accountability Act (HIPAA).

- HCPCS G0163 - Skilled Services By A Licensed Nurse (LPN or RN) for the observation and assessment of the patient's condition, each 15 minutes, will be ended dated effective April 30, 2019 on the home health agency fee schedule;
- The following HCPCS codes will replace HCPCS code G0163 to the home health agency fee schedule and added to the special services fee schedule, effective May 1, 2019:

HCPCS Code	Description	Rate
G0493	Skilled Services By A Licensed Nurse (LPN) for the observation and assessment of the patient's condition, each 15 minutes	\$58.78
G0494	Skilled Services By A Registered Nurse (RN) for the observation and assessment of the patient's condition, each 15 minutes	\$58.78

**Fiscal Impact**

DSS estimates that this SPA will increase annual aggregate Medicaid expenditures by approximately \$200 in State Fiscal Year (SFY) 2019 and \$2,200 in SFY 2020.

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

This SPA is posted on the DSS web site at this link: <http://portal.ct.gov/dss>. Scroll down to the bottom of the webpage and click on “Publications” and then click on “Updates”. Then click on “Medicaid State Plan Amendments”. The proposed SPA may also be obtained at any DSS field office or 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 (Phone: 860-424-5067). Please reference “SPA 19-R: Updates to the Tuberculosis Limited Benefit Plan”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than May 15, 2019.

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

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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.
- (c) 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 (c) above can be accessed and downloaded by going to 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.” Home health service rates were set as of May 1, 2019 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. The Department may add or delete codes 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.

((d) Medical supplies, equipment and appliances suitable for use in the home – The current fee schedule was set as of March 1, 2019 and is effective for services provided on or after that date, except that codes may be deleted or added 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](http://www.ctdssmap.com). From this web page, go to “Provider,” then to “Provider Fee Schedule Download.” Over-the-counter products provided by pharmacies are reimbursed at Average Wholesale Price (AWP). All governmental and private providers are reimbursed according to the same fee schedule.

Private duty nursing services – Not provided.

TN # 19-R  
Supersedes  
TN # 19-0010

Approval Date: \_\_\_\_\_

Effective Date 05/01/2019