

DEPARTMENT OF SOCIAL SERVICES

Special Notice of Proposed Medicaid State Plan Amendment Addition of Hospital Grade Breast Pumps (SPA # 14-009) Date: March 26, 2014

On March 25, 2014, the Department issued public notice of its intent to submit a Medicaid State Plan Amendment (SPA) to revise the durable medical equipment fee schedule in order to add hospital grade breast pumps.

The Department is correcting the time frame for the submission of comments to April 9, 2014.

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.

Proposed Changes to Medicaid State Plan

Effective on or after April 1, 2014, the proposed Medicaid State Plan Amendment (SPA) will amend Attachment 4.19-B of the Medicaid State Plan in order to add hospital grade breast pumps to the durable medical equipment fee schedule. The purpose of adding hospital grade breast pumps is to assist mothers with special needs newborns, in supporting a better milk supply than the double electric pumps that are currently being dispensed without prior authorization.

Fiscal Information – Estimated Annual Change to Medicaid Expenditures

DSS estimates that the proposed changes will result in increased annual aggregate expenditures of approximately \$23,000 in Federal Fiscal Year 2014 and \$32,000 in Federal Fiscal Year 2015.

Information on Obtaining SPA Language and Submission of Comments

In accordance with federal requirements governing the Medicaid program, upon request, DSS will provide copies 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 DSS 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 # 14-009: Hospital Grade Breast Pumps”).

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 **March 25 April 9, 2014**.

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,” then to “Provider Fee Schedule Download.” Home health service rates were set as of December 1, 2013 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 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

(c) Medical supplies, equipment and appliances suitable for use in the home – The current fee schedule was set as of April 1, 2014 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. From this web page, go to “Provider,” then to “Provider Fee Schedule Download.” All governmental and private providers are reimbursed according to the same fee schedule.

(8) Private duty nursing services – Not provided.

TN # 14-009

Approval Date _____

Effective Date 04/01/2014

Supersedes

TN # 13-039