

Department of Social Services

Notice of Proposed Medicaid State Plan Amendment

Home Health Medication Administration: Nurse Delegation to Home Health Aides (SPA # 14-011)

The State of Connecticut Department of Social Services (the “Department”) proposes to submit the following 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 March 15, 2014, State Plan Amendment (SPA) 14-011 will amend Attachment 4.19-B of the Medicaid State Plan to establish a rate of payment for home health medication administration services delegated by registered nurses and provided by home health aides with certification to administer medication when the nurse determines that it is in the best interest of the beneficiary. Section 11 of Public Act 12-1 of the June 2012 special session, codified in section 19a-492e of the Connecticut General Statutes and amendments to other statutory sections, authorizes registered nurses to delegate medication administration services to homemaker-home health aides after the home health aide receives certification for the administration of medication.

Fiscal Information

Based on the information that is available at this time, the Department estimates that the proposed changes will result in increased annual aggregate expenditures of approximately \$4,977,000 in Federal Fiscal Year 2014 and \$9,198,000 in Federal Fiscal Year 2015. However, when considering the likely impact of the proposed changes on other services, it is anticipated that overall expenditures will be reduced.

Information on Obtaining SPA Language and Submission of Comments

In accordance with federal requirements governing the Medicaid program, upon request, the Department will provide copies of the proposed Medicaid State Plan Amendment. In addition, copies of the proposed amendment may be obtained at any DSS regional office and on the Department’s web site: <http://www.ct.gov/dss>. Go to “Publications” and then to “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 “SPA TN # 14-011: Medication Administration Devices”. Members of the public may also submit written comments on the SPA by mail, fax, or email. Written comments must be received by the Department at the above contact information no later than March 26, 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 March 15, 2014 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 March 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 # 14-011
Supersedes
TN # 14-017

Approval Date _____

Effective Date 03/15/2014