

Department of Social Services

Notice of Proposed Medicaid State Plan Amendment Medicaid Administration Devices (SPA # 13-039)

The State of Connecticut Department of Social Services (DSS) 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 December 1, 2013, State Plan Amendment (SPA) 13-039 will amend Attachments 3.1-A and 3.1-B of the Medicaid State Plan to establish a description of coverage for home health medication administration services provided by home health agencies using electronic medication administration devices when clinically appropriate for the beneficiary, which will only be available to beneficiaries that are not already receiving a comparable service as part of a comprehensive package of services under a section 1915(c) waiver or a section 1915(i) home and community-based services state plan amendment option. This SPA will also amend Attachment 4.19-B of the Medicaid State Plan to establish a rate of payment for such services.

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 in Federal Fiscal Years 2014 and 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, DSS 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 DSS 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 # 13-039: 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 DSS at the above contact information no later than December 11, 2013.

State Connecticut

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

- 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. When two or more nursing patients in the same household are receiving skilled nursing services, the full rate will be paid for one patient, and one half the rate for each additional patient receiving care in the same household, in accordance with 42 CFR § 440.70.

When clinically appropriate for a beneficiary, the home health agency may provide medication administration services using an electronic medication administration device and associated monitoring capabilities that enable the home health agency and appropriate caretakers to be promptly notified if the beneficiary is not following the medication administration portion of the beneficiary's plan of care, provided that the beneficiary is not receiving a comparable service as part of a comprehensive package of services under a section 1915(c) waiver or a section 1915(i) home and community-based services state plan amendment option.

- b. Home Health Aide Services provided by a Home Health Agency in accordance with 42 CFR § 440.70. All home health agencies must comply with the Department's cost effectiveness test set forth in Sec. 17b-262-730(a) through (f) inclusive of the Home Health Services Regulation.
- c. Medical supplies, equipment and appliances suitable for use in the home, in accordance with 42 CFR § 440.70. These supplies, equipment and appliances are provided to patients in their own home through medical supply and equipment providers.

1. Customized wheelchairs

(a) No more than three (3) month rental period shall be allowed for a wheelchair pending delivery of a customized model ordered for a recipient living in their own home, which may be extended by prior authorization.

(b) Customized wheelchairs are provided for patients in nursing facilities and intermediate care facilities for individuals with intellectual disabilities who require them for proper body alignment and support.

2. The Department will not pay for any procedure or service of an unproven, experimental or research nature.

- d. Physical therapy, occupational therapy, speech pathology and audiology services provided by a home health agency or medical rehabilitation facility, in accordance with 42 CFR § 440.110.

Covered services include the services of a physical therapist or physical therapy assistant licensed in accordance with Sec. 20-66 of the Connecticut General Statutes, an occupational therapy assistant licensed in accordance with Sec. 20-74a of the Connecticut General Statutes or a speech therapist/speech pathologist licensed in accordance with Sec. 20-408 of the Connecticut General Statutes.

8. Private Duty Nursing Not provided except under EPSDT if the service is medically necessary.

TN#: 13-039
Supersedes
TN#: 13-016

Approval Date: _____

Effective Date: 12/01/2013

State Connecticut

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

- 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. When two or more nursing patients in the same household are receiving skilled nursing services, the full rate will be paid for one patient, and one half the rate for each additional patient receiving care in the same household, in accordance with 42 CFR § 440.70.

When clinically appropriate for a beneficiary, the home health agency may provide medication administration services using an electronic medication administration device and associated monitoring capabilities that enable the home health agency and appropriate caretakers to be promptly notified if the beneficiary is not following the medication administration portion of the beneficiary's plan of care, provided that the beneficiary is not receiving a comparable service as part of a comprehensive package of services under a section 1915(c) waiver or a section 1915(i) home and community-based services state plan amendment option.

- b. Home Health Aide Services provided by a Home Health Agency in accordance with 42 CFR § 440.70. All home health agencies must comply with the Department's cost effectiveness test set forth in Sec. 17b-262-730(a) through (f) inclusive of the Home Health Services Regulation.
- c. Medical supplies, equipment and appliances suitable for use in the home, in accordance with 42 CFR § 440.70. These supplies, equipment and appliances are provided to patients in their own home through medical supply and equipment providers.

1. Customized wheelchairs

(a) No more than three (3) month rental period shall be allowed for a wheelchair pending delivery of a customized model ordered for a recipient living in their own home, which may be extended by prior authorization.

(b) Customized wheelchairs are provided for patients in nursing facilities and intermediate care facilities for individuals with intellectual disabilities who require them for proper body alignment and support.

2. The Department will not pay for any procedure or service of an unproven, experimental or research nature.

- d. Physical therapy, occupational therapy, speech pathology and audiology services provided by a home health agency or medical rehabilitation facility, in accordance with 42 CFR § 440.110.

Covered services include the services of a physical therapist or physical therapy assistant licensed in accordance with Sec. 20-66 of the Connecticut General Statutes, an occupational therapy assistant licensed in accordance with Sec. 20-74a of the Connecticut General Statutes or a speech therapist/speech pathologist licensed in accordance with Sec. 20-408 of the Connecticut General Statutes.

8. Private Duty Nursing Not provided except under EPSDT if the service is medically necessary.

TN#: 13-039
Supersedes
TN#: 13-016

Approval Date: _____

Effective Date: 12/01/2013

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 August 1, 2013 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#: 13-039
Supersedes
TN#: 12-029

Approval Date: _____

Effective Date: 12/01/2013