

## **Table of Contents**

**State/Territory Name: Connecticut**

**State Plan Amendment (SPA) #: 22-0037**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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March 8, 2023

Andrea Barton Reeves, J.D., Commissioner  
Department of Social Services  
55 Farmington Avenue  
Hartford, CT 06105

Re: Connecticut State Plan Amendment (SPA) 22-0037

Dear Commissioner Reeves:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0037. This amendment expands the coverage and payment for the use of Silver Diamine Fluoride (SDF) to all HUSKY Health (Medicaid) children and adults who receive dental services.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act 1905(a)(10) and 42 CFR 440.100. This letter informs you that Connecticut's Medicaid SPA Transmittal Number 22-0037 was approved on March 6, 2023, with an effective date of November 1, 2022. Enclosed are copies of the approved CMS-179 summary form and the approved SPA pages to be incorporated into the Connecticut State Plan.

If you have any questions, please contact Marie DiMartino at 617-565-9157 or via email at [Marie.DiMartino@cms.hhs.gov](mailto:Marie.DiMartino@cms.hhs.gov).

Sincerely,



James G. Scott, Director  
Division of Program Operations

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 2 0 0 3 7

2. STATE

CT

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX  XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

November 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION  
Social Security Act Section 1905(a)(10) and 42 CFR 440.100

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a FFY 2023 \$ 333,932  
b FFY 2024 \$ 343,950

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Addendum Page 8a to Attachments 3.1-A and 3.1-B  
Attachment 4.19-B, Page 1(e)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Addendum Page 8a to Attachments 3.1-A and 3.1-B  
Attachment 4.19-B, Page 1(e)

9. SUBJECT OF AMENDMENT

This SPA incorporates the expansion of the use of Silver Diamine Fluoride as a caries arresting medicament for children and adults of all ages.

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

12. TYPED NAME  
William Woolston, PhD

13. TITLE  
Director of Medicaid and Division of Health Services

14. DATE SUBMITTED  
December 27, 2022

15. RETURN TO

State of Connecticut  
Department of Social Services  
55 Farmington Avenue - 9th floor  
Hartford, CT 06105  
Attention: Ginny Mahoney

**FOR CMS USE ONLY**

16. DATE RECEIVED  
December 27, 2022

17. DATE APPROVED  
March 6, 2023

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
November 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL  
James G. Scott

21. TITLE OF APPROVING OFFICIAL  
Director, Division of Program Operations

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Connecticut

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

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(b) Limitations

(1) No more than one (1) set of bitewing films during any one (1) calendar year period. However, this limit may be exceeded based on medical necessity. Under EPSDT, children under age 21 will receive all medically necessary services within this category.

(2) For clients 21 years of age and older, the following limitations and annual benefit maximum apply, each of which may be exceeded with prior authorization based on medical necessity:

(A) No more than one (1) oral examination and (1) prophylaxis every year.

(B) All non-emergency services, which includes diagnostic, prevention, prosthetic, basic restoration and non-surgical extractions require prior authorization based on medical necessity after the annual maximum benefit limitation is reached.

The annual benefit maximum for non-emergency services for each adult client shall not exceed \$1,000 for each calendar year beginning January 1 through December 31 and will reset each new calendar year, which as noted above, may be exceeded with prior authorization based on medical necessity. This annual benefit maximum does not apply to emergency dental services, hospital-based procedures, medically necessary dentures, anesthesia, and full-mouth extractions.

(3) Clients residing in long-term care facilities may receive up to two (2) oral examinations, prophylaxis, and fluoride treatments per year, which may be exceeded based on medical necessity.

(4) Pre-molar sealants will not be covered, unless medically necessary with prior authorization.

(5) Any sealants that fail within five years from the date of placement will not be covered unless medically necessary with prior authorization. Either the provider that placed the original sealant must return any reimbursement for any sealants that fail within five years or the provider who placed the original sealant may replace the sealant at no cost.

(6) All direct placed restorations that require replacement within two years from the initial date of placement will not be covered unless medically necessary with prior authorization. Replacement may result in recouping the initial restoration fee paid to the provider.

All limitations will be considered on client-based benefit assignment, rather than a provider-based benefit assignment.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Connecticut

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

ALL

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- (b) Limitations
- (1) No more than one (1) set of bitewing films during any one (1) calendar year period. However, this limit may be exceeded based on medical necessity. Under EPSDT, children under age 21 will receive all medically necessary services within this category.
- (2) For clients 21 years of age and older, the following limitations and annual benefit maximum apply, each of which may be exceeded with prior authorization based on medical necessity:
- (A) No more than one (1) oral examination and (1) prophylaxis every year.
- (B) All non-emergency services, which includes diagnostic, prevention, prosthetic, basic restoration and non-surgical extractions require prior authorization based on medical necessity after the annual maximum benefit limitation is reached.
- The annual benefit maximum for non-emergency services for each adult client shall not exceed \$1,000 for each calendar year beginning January 1 through December 31 and will reset each new calendar year, which as noted above, may be exceeded with prior authorization based on medical necessity. This annual benefit maximum does not apply to emergency dental services, hospital-based procedures, medically necessary dentures, anesthesia, and full-mouth extractions.
- (3) Clients residing in long-term care facilities may receive up to two (2) oral examinations, prophylaxis, and fluoride treatments per year, which may be exceeded based on medical necessity.
- (4) Pre-molar sealants will not be covered, unless medically necessary with prior authorization.
- (5) Any sealants that fail within five years from the date of placement will not be covered unless medically necessary with prior authorization. Either the provider that placed the original sealant must return any reimbursement for any sealants that fail within five years or the provider who placed the original sealant may replace the sealant at no cost.
- (6) All direct placed restorations that require replacement within two years from the initial date of placement will not be covered unless medically necessary with prior authorization. Replacement may result in recouping the initial restoration fee paid to the provider.

All limitations will be considered on client-based benefit assignment, rather than a provider-based benefit assignment.

TN # 22-0037

Approval Date: 03/06/2023

Effective Date: 11/01/2022

Supersedes

TN # 18-0009

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

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**(10) Dental Services:**

(a) Dental Services Provided to Adults: Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of dental services provided to adults. The agency's fee schedule rates were set as of November 1, 2022 and are effective for services provided on or after that date. All rates are published on the Connecticut Medical Assistance Program website:

<https://www.ctdssmap.com>. From this web page, go to "Provider," then to "Provider Fee Schedule Download," then select the applicable fee schedule.

(b) Dental Services Provided to Children: Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of dental services provided to children. The agency's fee schedule rates were set January 1, 2022 and are effective for services provided on or after that date. All rates are published on the Connecticut Medical Assistance Program website: <https://www.ctdssmap.com>.

From this web page, go to "Provider," then to "Provider Fee Schedule Download," then select the applicable fee schedule.

TN # 22-0037

Supersedes

TN # 22-0023Approval Date: 03/06/2023Effective Date 11/01/2022