

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



Division of Medicaid and Children's Health Operations / Boston Regional Office

March 25, 2011

Michael P. Starkowski, Commissioner
Department of Social Services
25 Sigourney Street
Hartford, Connecticut 06106

Dear Commissioner Starkowski:

We are pleased to enclose a copy of approved Connecticut State Plan Amendment (SPA) No. 10-020, submitted to my office on December 30, 2010. This SPA transmitted a proposed amendment to Connecticut's approved Title XIX State Plan to expand the State's Medicaid Program to add smoking cessation for pregnant women as a new benefit under the Affordable Care Act (ACA). This SPA has been approved.

As requested by the State, the pharmacy coverage section has been approved effective October 1, 2010, and the counseling sections approved effective December 1, 2010.

Changes are reflected in the following sections of your approved State Plan:

- Attachment 3.1-A, pages 2 and 2a;
- Attachment 3.1-B, page 2a;
- Addendum page 10a to Attachment 3.1-A;
- Addendum page 10a to Attachment 3.1-B; and
- Attachment 4.19-B, pages 1(a)ii, 1(b) and 1(c).

If you have any questions regarding this matter you may contact Marie Montemagno at (617) 565-1227 or by e-mail at Marie.Montemagno@cms.hhs.gov.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

cc: Mark Schaefer, Director, Medical Care Administration
Enclosure/s

**TRANSMITTAL AND NOTICE OF APPROVAL
OF STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
10-020

2. STATE: CT

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
October 1, 2010 and December 1, 2010

5. TYPE OF STATE PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42 U.S.C. § 1396d(a)(4)(D) and
42 U.S.C. § 1396d(bb)

7. FEDERAL BUDGET IMPACT:
a. FFY 2011 cost - \$129,000
b. FFY 2012 cost - \$147,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-B page 2a
Attachment 4.19-B pages 1(a)ii, 1(b) and 1(c)
Addendum page 10a to Attachment 3.1-A
Addendum Page 10a to Attachment 3.1-B
Attachment 3.1-A page 2
Attachment 3.1-A page 2a

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If applicable)

Attachment 3.1-B page 2a
Attachment 4.19-B pages 1(a)ii, 1(b) and 1(c)
NEW
NEW
Attachment 3.1-A page 2
NEW

SUBJECT OF AMENDMENT: The Department of Social Services is proposing to revise its Medicaid State Plan effective October 1, 2010 and December 1, 2010 in order to add smoking cessation services for pregnant women. Pursuant to Section 4107 of the Patient Protection and Affordable Care Act of 2010, DSS intends to revise Attachments 3.1-A and 3.1-B of the Connecticut Medicaid State Plan effective October 1, 2010 in order to provide coverage for smoking cessation medications for pregnant women. Effective December 1, 2010, the Department proposes to amend Attachment 4.19B in order to expand smoking cessation counseling services provided to pregnant women by an enrolled family planning clinic, medical clinic, mental health clinic or psychologist.

11. 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:
Comments, if any, to follow.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Michael P. Starkowski

14. TITLE: Commissioner, Department of Social Services

15. DATE SUBMITTED:
December 30, 2010

16. RETURN TO:

State of Connecticut
Department of Social Services
25 Sigourney Street - 11th Floor
Hartford, CT 06106-5033
Attention: Ginny Mahoney

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: December 30, 2010

18. DATE APPROVED: March 25, 2011

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
October 1, 2010 December 1, 2010

20. SIGNATURE OF REGIONAL OFFICIAL: 

21. TYPED NAME: Richard R. McGreal

22. TITLE: Associate Regional Administrator
Division of Medicaid and Children's Health Operations

23. REMARKS:

Eff. October 1, 2010 for pharmacy coverage

Eff. December 1, 2010 for counseling services

State: CONNECTICUT

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

4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided: No limitations With limitations*

b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found. *

Provided: No limitations With limitations*

c. Family planning services and supplies for individuals of child-bearing age.

Provided: No limitations With limitations*

d. 1. Face-to-Face Tobacco Cessation Counseling Services for Pregnant Women

Provided: No limitations With limitations*

2. Face-to-Face Tobacco Counseling Services provided:

(i) By or under supervision of a physician;

(ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services other than tobacco cessation services; or

(iii) By any other health care professional legally authorized to provide tobacco cessation services under State law and who is specifically designated by the Secretary in regulations.

*Description provided on attachment.

TN # 10-020
Supersedes
TN # 93-13

Approval Date 3/25/11

Effective Date: 12/1/2010

State: CONNECTICUT

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

5. a. Physician's services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.
 Provided: No limitations With limitations*
- b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).
 Provided: No limitations With limitations*
6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.
- a. Podiatrists' services.
 Provided: No limitations With limitations*

*Description provided on attachment.

TN # 10-020
Supersedes
TN # NEW

Approval Date 3/25/11

Effective Date: 12/1/2010

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State CONNECTICUT
AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED TO THE
MEDICALLY NEEDY GROUP (S): ALL**

The Medicaid agency will provide coverage of prescription and over-the-counter (OTC) smoking/tobacco cessation covered outpatient drugs for pregnant women as recommended in "Treating Tobacco Use and Dependence – 2008 Update: A Clinical Practice Guideline" published by the Public Health Service in May 2008 or any subsequent modification of such guideline.

TN# 10-020
Supersedes
TN# NEW

Approval Date 3/28/11

Effective Date 10/01/2010

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

- (b) Optometrists – 90% of physician fees as noted in (5) above. The current fee schedule was set as of January 1, 2008 and is effective for services provided on or after that date. 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 Services" then to "Fee Schedule Download." All governmental and private providers are reimbursed according to the same fee schedule.
- (c) Chiropractors – 100% of physician fees as noted in (5) above. The current fee schedule was set as of January 1, 2008 and is effective for services provided on or after that date. The fee schedule for chiropractors can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page go to "Provider Services" then to "Fee Schedule Download." All governmental and private providers are reimbursed according to the same fee schedule.
- (d) Other practitioners –
- (i) Psychologists – 90% of physician fees as noted in (5) above. The current fee schedule was set as of December 1, 2010 and is effective for services provided on or after that date. The fee schedule for psychologists can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page go to "Provider Services" then to "Fee Schedule Download."

TN # 10-020
Supersedes
TN # 09-013

Approval Date 3/25/11

Effective Date 12-01-10

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

- (9) Clinic services – Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of clinic services and the fee schedule and any annual/periodic adjustments to the fee schedule are published in www.ctdssmap.com. Fees are effective as of the dates noted below, except that fees may be deleted or added and priced in order to remain compliant with HIPAA. Rates for freestanding clinics are set as follows:
- (a) Ambulatory Surgery Centers: The current fee schedule was set as of July 1, 2008 and is effective for services provided on or after that date. All rates are published at www.ctdssmap.com. Effective October 1, 2008, reimbursement for freestanding Ambulatory Surgery Centers will be converted to a uniform fixed fee schedule based on CPT codes and Medicare price groups. Fees will be updated when new Medicare price groups are introduced or CPT codes (new or existing) are assigned to new or previously established Medicare price groups. The current fee schedule was set as of October 1, 2008 and is effective for services provided on or after that date. All rates are published at www.ctdssmap.com.
 - (b) Dialysis Clinics: The current fee schedule was set as of July 1, 2008 and is effective for services provided on or after that date. All rates are published at www.ctdssmap.com.
 - (c) Family Planning Clinics: The current fee schedule was set as of December 1, 2010 and is effective for services provided on or after that date. All rates are published at www.ctdssmap.com.

TN # 10-020
Supersedes
TN # 08-013

Approval Date 3/25/11

Effective Date 12-01-10

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

- (d) **Medical Clinics**: The current fee schedule was set as of December 1, 2010 and is effective for services provided on or after that date. All rates are published at www.ctdssmap.com.
- (e) **Mental Health and Substance Abuse Clinics**: The current fee schedule was set as of December 1, 2010 and is effective for services provided on or after that date. Effective July 1, 2008 the Department has established a separate fee schedule for mental health and substance abuse clinics other than Federally Qualified Health Centers that meet special access and quality standards and such fees are higher than the fees available to mental health and substance abuse clinics that do not meet such special standards. All rates are published at www.ctdssmap.com.
- (f) **Rehabilitation Clinics**: Effective September 1, 2008, reimbursement for physical therapy and occupational therapy provided by rehabilitation clinics will change from a per visit fee to CPT modality specific fee based reimbursement. The current fee schedule was set as of September 1, 2008 and is effective for services provided on or after that date. All rates are published at www.ctdssmap.com.

TN # 10-020
Supersedes
TN # 10-011

Approval Date 3/25/11

Effective Date 12-01-10