

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



CENTERS for MEDICARE & MEDICAID SERVICES

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

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March 24, 2011

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

Dear Mr. Starkowski:

We are pleased to enclose a copy of approved Connecticut State Plan Amendment (SPA) No. 10-023, submitted to my office on December 30, 2010. This SPA transmitted a proposed revision to Connecticut's approved Title XIX State Plan in order to modify Attachments 3.1-A and 3.1-B of the State Plan pertaining to Dental Services. The Department proposed prior authorization requirements for hospital dental clinics and freestanding dental clinics for identified dental services and requirements for documentation of medical necessity for high cost procedures by dental clinics. This SPA has been approved effective November 1, 2010, as requested by the state.

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

- Addendum Page 8 to Attachment 3.1-A
- Addendum Page 8 to Attachment 3.1-B

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](mailto: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  
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:  
10-023

2. STATE: CT

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

TO: REGIONAL ADMINISTRATOR - CMS/CSMO

4. PROPOSED EFFECTIVE DATE:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

11/01/2010

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:  
Section 1905 (a) (10) of the Social Security Act;  
42 CFR 440.100

7. FEDERAL BUDGET IMPACT:  
a. FFY 2011 savings - \$ 2.3 million savings  
b. FFY 2012 savings - \$ 2.7 million savings

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Addendum Page 8 to Attachment 3.1A  
Addendum Page 8 to Attachment 3.1B

9. PAGE NUMBER OF THE SUPERSEDED PLAN  
SECTION OR ATTACHMENT (if applicable)  
Addendum Page 8 to Attachment 3.1A  
Addendum Page 8 to Attachment 3.1B

10. SUBJECT OF AMENDMENT: Under state plan amendment 10-023, the Department of Social Services intends to modify Attachments 3.1-A and 3.1-B of the Connecticut Medicaid State Plan pertaining to dental services. The Department proposes prior authorization requirements for hospital dental clinics and freestanding dental clinics for identified dental services and requirements for documentation of medical necessity for high cost procedures performed by dental clinics. The Department will perform utilization review assessments to determine whether services delivered to members are appropriate. Federally qualified health centers are not included in the requirements at this time. The effective date of this amendment is November 1, 2010.

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:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

16. RETURN TO:

13. TYPED NAME: Michael Starkowski

State of Connecticut  
Department of Social Services - 11<sup>th</sup> floor  
25 Sigourney Street  
Hartford, CT 06106-5033  
Attention: Ginny Mahoney

14. TITLE: Deputy Commissioner

15. DATE SUBMITTED:  
December 30, 2010

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: December 30, 2010

18. DATE APPROVED: March 24, 2011

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
November 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:

State Connecticut

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

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(10) Dental Services

- (a)
- i. Dentists must be licensed under Chapter 379 of the Connecticut General Statutes.
  - ii. Dental specialists must be licensed under Chapter 379 of the Connecticut General Statutes and must have received and successfully completed advanced post graduate training by an accredited program supported by the American Dental Association's Commission on Dental Accreditation.
  - iii. Dental clinics and dental speciality clinics must be licensed under Regulations of Connecticut State Agencies Sections 19-13-D45 to 19-13-D53, inclusive.
  - iv. The Department will only pay for orthodontia for individuals under twenty-one (21) years of age.
  - v. Services must meet the requirements of 42 CFR 440.100 and are limited to the dental provider's scope of practice.
  - vi. The Department subjects nonemergency dental services provided by dentists, dental specialists and dental clinics to prior authorization. Nonemergency services that are exempt from prior authorization include diagnostic, prevention, basic restoration procedures and nonsurgical extractions that are consistent with standard and medically necessary dental practices

TN#: 10-023  
Supercedes  
TN#: 09-026

Approval Date: 3/24/11

Effective Date: 11/01/2010

State Connecticut

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

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(10) Dental Services

- (a)
- i. Dentists must be licensed under Chapter 379 of the Connecticut General Statutes.
  - ii. Dental specialists must be licensed under Chapter 379 of the Connecticut General Statutes and must have received and successfully completed advanced post graduate training by an accredited program supported by the American Dental Association's Commission on Dental Accreditation.
  - iii. Dental clinics and dental speciality clinics must be licensed under Regulations of Connecticut State Agencies Sections 19-13-D45 to 19-13-D53, inclusive.
  - iv. The Department will only pay for orthodontia for individuals under twenty-one (21) years of age.
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  - vi. The Department subjects nonemergency dental services provided by dentists, dental specialists and dental clinics to prior authorization. Nonemergency services that are exempt from prior authorization include diagnostic, prevention, basic restoration procedures and nonsurgical extractions that are consistent with standard and medically necessary dental practices.