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State/Territory Name: Connecticut

State Plan Amendment (SPA) #: CT 12-009

This file contains the following documents in the order listed:

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

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

December 17, 2012

Roderick Bremby, Commissioner
Department of Social Services
25 Sigourney Street
Hartford, Connecticut 06106

Dear Mr. Bremby:

We are pleased to enclose a copy of approved Connecticut State Plan Amendment (SPA) No. 12-009, submitted to my office on March 30, 2012. This SPA transmitted a proposed amendment to Connecticut's approved Title XIX State Plan Attachments 2.2A, 2.6A, 3.1A, and 4.19B in order to establish a Family Planning Services coverage group pursuant to Section 2303 of the Patient Protection and Affordable Care Act, P.L. 111-148. This new eligibility group will provide coverage for family planning and family planning-related services to individuals of child-bearing age who are not otherwise eligible for Medicaid and whose income does not exceed 250% of the federal poverty level. The Department will offer presumptive eligibility for this coverage group.

This SPA has been approved effective March 1, 2012, as requested by the State.

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

- Attachment 2.2A, page 9d
- Attachment 2.2A, page 9e
- Supplement 8a to Attachment 2.6A, page 10
- Attachment 3.1A, page 2
- Attachment 4.19B, page 19
- Attachment 4.19B, page 1(a)i(D)

If you have any questions regarding this matter you may contact Marie Montemagno (617) 565-9157 or by e-mail at Marie.Montemagno@cms.hss.gov

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

cc: Kate McEvoy, Associate Director of Medical Administration - Health Services and Supports

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

1. TRANSMITTAL NUMBER 12-009	2. STATE CT
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE: 03/01/2012	

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

5. TYPE OF 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 1902((a)(10)(A)(ii)(XXI); 1902(ii); 1920C, and 1905(a)(4)(C) of the Social Security Act	7. FEDERAL BUDGET IMPACT a. FFY 2012 \$ 546,840 b. FFY 2013 \$ 1,800,000.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 2.2-A page 9(d) Attachment 3.1-A page 2 Attachment 4.19B page 1(a)(i)(D) Supplement page 8a to Attachment 2.6A, page 10	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) (NEW) Attachment 3.1-A page 2 Attachment 4.19B page 1(a)(i)(D) (NEW)

10. SUBJECT OF AMENDMENT

The Department of Social Services is proposing to modify Attachments 2.2-A, 3.1-A and 4.19-B of the Connecticut Medicaid State Plan in order to establish a Family Planning Services coverage group pursuant to Section 2303 of the Patient Protection and Affordable Care Act, P.L. 111-148. This new eligibility group will provide coverage for family planning and family planning-related services to individuals of child-bearing age who are not otherwise eligible for Medicaid and whose income does not exceed 250% of the federal poverty level. The Department will offer presumptive eligibility for this coverage group.

11. GOVERNOR'S REVIEW (Check One)


GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO State of Connecticut Department of Social Services 25 Sigourney Street Hartford, CT 06106-5033 Attention: Ginny Mahoney
13. TYPED NAME Roderick L. Bremby	
14. TITLE Commissioner	
15. DATE SUBMITTED March 30, 2012	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED March 30, 2012	18. DATE APPROVED 12/12/12
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL March 1, 2012	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME Richard R. McGreal	22. TITLE Associate Regional Administrator Div of Medicaid and Children's Health Operations

State approved pen and ink change to box 8 and 15

State: Connecticut

Citation	Groups Covered
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B. Optional Groups Other Than the Medically Needy (cont'd)

(1902(a)(10)(A)(ii)(XXI)
1902(ii)

Individuals who are *not* pregnant and whose income does not exceed the State established income standard of 250% of the Federal Poverty Level. This amount does not exceed the highest income limit for pregnant women in this State Plan, which is 250% of the Federal Poverty Level.

The State applies the income disregard listed on supplement 8A to Attachment 2.6-A.

Note: Services are limited to family planning services and family planning-related services as described in section 4.c(ii) of Attachment 3.1-A.

1920C

Presumptive Eligibility for Family Planning:

The State provides a period of presumptive eligibility for family planning services to individuals determined by a qualified entity, based on preliminary information from the individual, described in the group the State has elected to make eligible under the above option. The period of presumptive eligibility ends on the earlier of the date a formal determination of Medicaid eligibility is made under 1902(a)(10)(A)(ii)(XXI), or, when no application has been filed, the last day of the month following the month during which the qualified entity determines the individual presumptively eligible.

TN No. 12-009

Approval Date 12/12/12

Effective Date: March 1, 2012

Supersedes TN No.: NEW

State: Connecticut

Citation

Groups Covered

In addition to family planning services, the State covers family planning-related services to such individuals during the period of presumptive eligibility.

TN No. 12-009

Approval Date 12/12/12

Effective Date: March 1, 2012

Supersedes TN No.: NEW

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: CONNECTICUT

METHODS FOR TREATMENT OF INCOME THAT ARE LESS
RESTRICTIVE THAN THOSE OF THE AFDC OR SSI PROGRAMS PURSUANT TO
SECTION 1902 (r) (2) OF THE ACT.

Section 1902 (f) State Non-Section 1902 (f) State

The more liberal income methodologies described below apply to the following
coverage groups:

1. Tuberculosis (TB) infected individuals who are described in sections
1902(a)(10)(A)(ii)(XII) and 1902(z)(1) of the Act.

Disregard all income.

2. Family Planning coverage group as described in 1902(a)(10)(A)(ii)(XXI), for
an individual under the age of twenty-one.

Disregard income of parents or other legally liable relatives, except for
the income of a spouse who lives with the individual applying.

State/Territory: Connecticut

Citation

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

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*

4.b. Early and period screening, diagnosis and treatment services for individuals under 21 years of age, and treatment of conditions found.*

1905(a)(4)(C) 4c.(i) Family planning services and supplies for individuals of child-bearing age and for Individuals eligible pursuant to Att. 2.2-A, B, if this eligibility option is elected by the State.

Provided: No limitations With limitations*

4c.(ii) Family-planning related services provided under the above State Eligibility Option.

5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

Provided: No limitations With limitations*

5.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*

TN No.: 12-009

Approval Date 12/12/12 Effective Date 3/01/2012

Supersedes TN No. 93-13

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: CONNECTICUT

Methods and Standards for Establishing Rates -Other types of Care

23. Pediatric and family nurse practitioners

Rates for each procedure shall be set at 90% of the department's fees for physician procedure codes. The department's fees were set as of July 1, 2008 and are effective for services provided on or after that date. Rates are published on the department's website at Connecticut Medical Assistance manual located at <http://www.ctdssmap.com>.

TN No. 12-009
Supersedes
TN No. 08-002

Approval Date 12/12/12

Effective Date 03/01/2012

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

1. **Cost Settlement**
Cost reports will be reconciled and settlements will occur within 24 months of the reporting period contained in the annual SBCH cost report. Connecticut will not modify the CMS-approved scope of costs, time study methodology or the annual cost report methodology without CMS approval. If it has been determined that an overpayment has been made, the Department of Social Services will return the federal share of the overpayment. If the actual, certified Medicaid allowable costs of a School Based Child Health Service Provider exceed the interim Medicaid rates, the Department of Social Services will submit claims to CMS for the underpayment. Cost settlement will occur within the timelines set forth in 42 CFR 433 Subpart F.

2. **Audit**
All supporting accounting and school records, statistical data and all other records related to the provision of School Based Child Health services paid for by the Department shall be subject to audit. If an audit discloses discrepancies in the accuracy and/or allowances of actual direct or indirect costs or statistical data as submitted for each fiscal year by the Local Educational Agency, the Department's payment rate for the said period shall be subject to adjustment.

- (c) Family Planning services, drugs, supplies and devices when such services are under the supervision of a physician; outpatient hospital services, same as item (2); Federally Qualified Health Centers, same as item (2)(c); laboratory services, same as item (3); physician services, same as item (5); clinics, same as item (9); drug and supplies, same as item (12); nurse midwives, same as item (17) and pediatric or family nurse practitioners, same as (23).

TN # 12-009
Supersedes
TN # 10-018

Approval Date 12/12/12 Effective Date 3-1-2012