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State/Territory Name: CT

State Plan Amendment (SPA) #: 14-0023

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

November 17, 2014

Roderick Bremby, Commissioner
Department of Social Services
55 Farmington Ave
Hartford, Connecticut 06105

Dear Mr. Bremby:

On October 27, 2004, our Central Office sent you a letter approving your proposed State Plan amendment (SPA) No. 14-023. This letter transmits the Transmittal and Notice of Approval State Plan Material (CMS-179) and the approved State Plan pages. •

SPA 14-023 proposed to align over-the-counter drug coverage under the State Plan with the preventative services essential health benefit category requirements for the expansion as provided in the Alternative Benefits Plan. More specifically, the SPA proposes to expand Medicaid over-the-counter (OTC) drug coverage to include low dose aspirin for men ages 45-79 years and women ages 55 to 79 years when the potential benefit outweighs the harm and folic acid daily for women planning or capable of pregnancy.

This SPA is approved, effective July 1, 2014 as requested by the State.

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

- Addendum page 11 to Attachment 3.1A
- Addendum page 11 to Attachment 3.1B

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

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

cc: Kate McEvoy, Director of Medical Administration

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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION | 1. TRANSMITTAL NUMBER: 14-023 | 2. STATE: CT |
| | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| 30. REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES | 4. PROPOSED EFFECTIVE DATE: July 1, 2014 | |

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)

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| 6. FEDERAL STATUTE/REGULATION CITATION: 42 C.F.R. § 440.120 Section 1905(a)(12) of the Social Security Act | 7. FEDERAL BUDGET IMPACT: a. FFY 2014 \$20,000 b. FFY 2015 \$82,000 |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Addendum page 11 to Attachments 3.1-A and 3.1-B | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable) Addendum page 11 to Attachments 3.1-A and 3.1-B |

10. SUBJECT OF AMENDMENT: Effective July 1, 2014, SPA 14-023 proposes to amend Attachments 3.1-A and 3.1-B of the Connecticut Medicaid State Plan to align over-the-counter drug coverage with the preventive services essential health benefit category requirements for the Medicaid expansion pursuant to section 2001 of the Affordable Care Act as provided in the Alternative Benefit Plan at Attachment 3.1-1 of the Medicaid State Plan. Specifically, in order to align with current requirements for the Medicaid expansion, this SPA proposes to expand Medicaid over-the-counter (OTC) drug coverage to include (1) low-dose aspirin to prevent cardiovascular disease for men ages 45 to 79 years of age and women ages 55 to 79 years of age when the potential benefit outweighs the potential harm and (2) folic acid for women who are planning or are capable of becoming pregnant.

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:

13. TYPED NAME: Roderick L. Bremsby

14. TITLE: Commissioner

15. DATE SUBMITTED: September 26, 2014

16. RETURN TO:

State of Connecticut
Department of Social Services - 9th Floor
55 Farmington Avenue
Hartford, CT 06105-3724

Attention: Ginny Mahoney

FOR REGIONAL OFFICE USE ONLY

| | |
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| 17. DATE RECEIVED: September 26, 2014 | 18. DATE APPROVED: October 27, 2014 |
|--|--|

PLAN APPROVED - ONE COPY ATTACHED

| | |
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| 19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2014 | 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: Pen and Ink change made to box 8 and 5 removing the letter B from Addendum Page 11 to Attachment 3.1A and 3.1B

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State CONNECTICUT

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

- (4) Effective January 1, 2006, the Medicaid agency will not cover any Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.

The following drugs or classes of drugs are excluded from coverage by the Medicaid agency, except the drugs checked, for which the Medicaid agency provides coverage, as described below, to ALL Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit –Part D:

- Agents when used for anorexia, weight loss, weight gain (Weight gain medications, anabolic steroids, growth hormones only)
- Agents when used to promote fertility
- Agents when used for cosmetic purposes or hair growth
- Agents when used for the symptomatic relief of cough and colds
- Prescription vitamins and mineral products, except prenatal vitamins and fluoride
- Nonprescription drugs on the OTC formulary covered for clients under the age of 21; low-dose aspirin for men ages 45 to 79 years and women ages 55 to 79 years when the potential benefit outweighs the potential harm; and folic acid for women planning or capable of pregnancy. (OTC formulary includes: Antacids, H2 antacids, spermicidal foam and jelly, cough, cold and allergy, nasal mast stabilizer, laxatives, antihistamines, decongestants, topical Antifungals, vaginal Antifungals).
- Covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee

- (5) Certification of Brand Name Drugs
Reimbursement for multiple-source drugs for which CMS has designated a FUL is not limited to the FUL if a licensed authorized practitioner determines that a specific brand is medically necessary for a particular patient provided the requirements noted in section 5(a) are met.

- (6) Prior Authorization Requirements:
PA shall be available in accordance with 1927(d)(5) of the Social Security Act. The state shall provide a response within two (2) hours upon a request for prior authorization. An automatic fourteen (14) day supply of medication shall be made available if no prior authorization has been requested and granted. In addition, a one-time five (5) day emergency supply shall be made available when the department representative has been contacted and no prior authorization has been requested and granted.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State CONNECTICUTAMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED TO THE
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TN # 14-023
Supersedes
TN # 14-021

Approval Date 10/27/14

Effective Date 7/1/2014