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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 13, 2015

Roderick Bremby, Commissioner
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105

Dear Mr. Bremby:

We are pleased to enclose a copy of approved Connecticut State Plan Amendment (SPA) No 14-038, submitted to my office on December 30, 2014. This SPA transmitted a proposed amendment to Connecticut's approved Title XIX State Plan Attachment 4.19B pages adjusting reimbursement to dental services, including: adding certain Current Physician Terminology (CPT) codes to the dental fee schedule for radiology and oral and maxillofacial surgery, adjusting prior authorization on selected CPT codes, adding selected CPT codes and removing other codes, revising rates for oral surgical procedures, and adjusting reimbursement for selected codes already on the fee schedule.

This SPA also amends Attachment 3.1A/B of the State Plan changing the limits on: (1) problem-focused evaluations and (2) the number of cleanings, fluoride and examinations allowed per year without prior authorization for beneficiaries in long-term care facilities. As proposed by the State, these changes were necessary to appropriately reimburse for dental services.

This SPA has been approved effective October 1, 2014, as requested by the State.

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

- Attachment 3.1A, page 8a
- Attachment 3.1B, page 8a
- Attachment 4.19B, page 1(e)
- Attachment 4.19B, page 2

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

Page 2 – Roderick L. Bremby, Commissioner

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 14-038	2. STATE: CT
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: CMS/CMSO DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE October 1, 2014	

5. TYPE OF STATE PLAN MATERIAL (Check One):
 NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

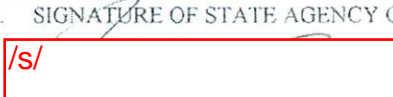
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: Section 1905(a)(10) of the Social Security Act; 42 C.F.R. § 440.100	7. FEDERAL BUDGET IMPACT: a. FFY 2014 - \$0 b. FFY 2015 - \$0
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Page 8a Attachment 3.1-B, Page 8a Attachment 4.19-B, Page 1(e) Attachment 4.19B, Page 2	9. PAGE NUMBER OF THE SUPERSEDED PLAN Attachment 3.1-A, Page 8a Attachment 3.1-B, Page 8a Attachment 4.19-B, Page 1(e) Attachment 4.19B, page 2
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10. SUBJECT OF AMENDMENT: Effective October 1, 2014, SPA 14-038 amends Attachment 4.19-B of the Medicaid State Plan to adjust reimbursement for dental services, including: adding certain Current Physician Terminology (CPT) codes to the dental fee schedule for radiology and oral and maxillofacial surgery, adjusting prior authorization on selected Current Dental Terminology (CDT) codes, adding selected CDT codes and removing other codes, revising rates for oral surgical procedures, and adjusting reimbursement for selected codes already on the fee schedule. This SPA also amends Attachments 3.1-A and 3.1-B to change the limits on: (1) problem-focused evaluations and (2) the number of cleanings, fluoride and examinations allowed per year without prior authorizations for beneficiaries residing in long-term care facilities. These changes are necessary to appropriately reimburse for dental services.

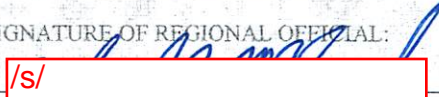
11. GOVERNOR'S REVIEW (Check One):
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: State of Connecticut Department of Social Services 55 Farmington Avenue, 9 th Floor Hartford, CT 06105 Attention: Ginny Mahoney
13. TYPED NAME: Roderick L. Bremby	
14. TITLE: Commissioner	
15. DATE SUBMITTED: December 30, 2014	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: December 30, 2014	18. DATE APPROVED: March 13, 2015
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2014	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Richard R. McGreak	22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health Operations

23. REMARKS: Pen and Ink changes adding additional 4.19b page to box 8 and 9 approved by the State on March 5, 2015

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

- (12) Prescribed drugs and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist whichever the individual may select.
- (a) Prescribed Drugs
1. With the exception of (a)2 and (a)3 below the cost of drugs is determined by the drug product allowance established by the Federal Upper Limit plus a professional Dispensing Fee of **\$1.70**; The State's estimated acquisition cost (E.A.C.) which is AWP -16% plus the professional Dispensing Fee of \$1.70; or the usual and customary charge to the general public, whichever is lower.
 2. The maximum allowable cost paid for selected multi-source brand and generic drugs meeting the following criteria shall be the Average Wholesale Price (AWP) minus 72% plus the professional Dispensing Fee. If providers are not able to purchase such drugs at this rate, a stepped down maximum allowable cost tiered approach will be enforced with the maximum reimbursement set at AWP minus 20% plus the professional Dispensing Fee:
 - at least two suppliers of the generic product are available,
 - drug is not on the Federal Upper Limit (FUL) list or, and
 - all dosage forms (including tablets, capsules, eye drops, inhalers, topicals and liquids).
 - The Department uses a MAC Pricing Inquiry Worksheet for drugs on the MAC list. This worksheet allows providers to document difficulty in obtaining a specific drug for the MAC price set in this section. The MAC Pricing Inquiry Worksheet requires the provider to submit certain information to the Department, including the actual purchase invoice for the drug. If the information submitted demonstrates a provider's inability to purchase a drug for the MAC price using the tiered approach described above, the Department removes the drug from the MAC list and the price for that drug is based on the EAC, as described in (a)(1), above.
 3. The maximum allowable cost paid for Factor VIII (Factorate, Antihemophilic Factor, AHF) pharmaceuticals shall be the Actual Acquisition Cost (AAC) plus eight per cent.

TN# 14-038

Supersedes

TN # 13-005

Approval Date 3/13/15

Effective Date: 10/01/2014

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

- (10) Dental services – Fixed fee schedule. The agency’s rates were set as of October 1, 2014 and are effective for services on or after that date. Rates are the same for private and governmental providers and are published at www.ctdssmap.com. From this page, go to “Provider” then to “Provider Fee Schedule Download”
- (11) Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of independent therapies, including physical therapy and related services, occupational therapy and audiology and speech pathology services and the fee schedule is published at www.ctdssmap.com. From this page, go to “Provider” then to “Provider Fee Schedule Download”.
- a) Physical therapy and related services – Fixed fee schedule. Rates were set as of January 1, 2012 and effective for services on or after that date.
- b) Occupational therapy – Fixed fee schedule. Rates were set as of January 1, 2012 and are effective for services on or after that date. Occupational therapists will be reimbursed according to the fee schedule for physical therapists.
- c) Audiology and speech pathology services – Fixed fee schedule. Rates were set as of January 1, 2012 and effective for services on or after that date.

**TN # 14-038
Supersedes
TN # 12-027**

Approval Date 3/13/15

Effective Date 10/01/2014

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

(b) Limitations

- (1) For clients 21 years of age and older, no more than one (1) set of bitewing films during any one (1) year period, unless there is evidence that dental disease is an aggravating factor for a person's overall health.
- (2) Except as provided in paragraph (4) below, clients 21 years of age and older, no more than one (1) oral examination and (1) prophylaxis every year, unless there is evidence that dental disease is an aggravating factor for a person's overall health.
- (3) Except as provided in paragraph (4) below, fluoride treatment for adults is limited to adults who have xerostomia or have undergone head or neck radiation therapy.
- (4) 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.

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

(b) Limitations

- (1) For clients 21 years of age and older, no more than one (1) set of bitewing films during any one (1) year period, unless there is evidence that dental disease is an aggravating factor for a person's overall health.
- (2) Except as provided in paragraph (4) below, clients 21 years of age and older, no more than one (1) oral examination and (1) prophylaxis every year, unless there is evidence that dental disease is an aggravating factor for a person's overall health.
- (3) Except as provided in paragraph (4) below, fluoride treatment for adults is limited to adults who have xerostomia or have undergone head or neck radiation therapy.
- (4) 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.

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