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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

June 6, 2016

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. 16-0011, submitted to my office on March 31, 2016 and approved on May 23, 2016. This SPA amends Attachment 4.19-B of the State Plan in order to adjust reimbursement for dental services, including adding and deleting selected Current Dental Terminology (CPT) codes to ensure the dental fee schedule remains compliant with the Health Insurance Portability and Accountability Act (HIPAA). This SPA also corrects a technical error regarding limits on the number of cleaning, fluoride and examinations allowed per year without prior authorization for beneficiaries residing in long-term care facilities, which was inadvertently omitted in previously approved SPA 15-027 due to a typographical error. The policy of the Medicaid program remained unchanged.

This SPA has been approved effective January 1, 2016, 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)

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

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: 16-011	2. STATE: CT
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: January 1, 2016
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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: Sections 1905(a)(10) of the Social Security Act and 42 CFR 440.100	7. FEDERAL BUDGET IMPACT: a. FFY 2016 \$29,000 b. FFY 2017 \$40,000
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Addendum Page 8a to Attachments 3.1-A and 3.1-B Attachment 4.19-B Page 1(e)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable) Addendum Page 8a to Attachments 3.1-A and 3.1-B Attachment 4.19-B Page 1(c)
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10. SUBJECT OF AMENDMENT: Effective January 1, 2016, SPA 16-011 amends Attachment 4.19-B of the Medicaid State Plan to adjust reimbursement for dental services, including adding and deleting selected Current Dental Terminology (CDT) codes to ensure the dental fee schedule remains compliant with the Health Information Portability and Accountability Act (HIPAA). This SPA also will correct a technical error regarding limits on the number of cleanings, fluoride and examinations allowed per year without prior authorizations for beneficiaries residing in long-term care facilities, which was inadvertently omitted in SPA 15-027 due to a typographical error but continues to reflect the policy of the Medicaid program.

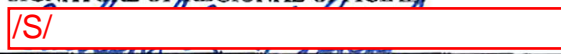
11. GOVERNOR'S REVIEW (Check One):
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: State of Connecticut Department of Social Services 55 Farmington Avenue – 9th floor Hartford, CT 06105 Attention: Ginny Mahoney
13. TYPED NAME: Roderick L. Bremby	
14. TITLE: Commissioner	
15. DATE SUBMITTED: March 28, 2016	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 31, 2016	18. DATE APPROVED: May 23, 2016
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PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2016	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Richard R. McGreal	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health Operations

23. REMARKS:

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) No more than one (1) set of bitewing films during any one (1) calendar year period. However, this limit may be exceeded based on medical necessity. Under EPSDT, children under age 21 will receive all medically necessary services within this category.
- (2) For clients 21 years of age and older, no more than one (1) oral examination and (1) prophylaxis every year. However, this limit may be exceeded based on medical necessity.
- (3) 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.

TN#: 16-011
Supercedes
TN# 15-027

Approval Date: 5/23/16

Effective Date: 01/01/2016

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) No more than one (1) set of bitewing films during any one (1) calendar year period. However, this limit may be exceeded based on medical necessity. Under EPSDT, children under age 21 will receive all medically necessary services within this category.
- (2) For clients 21 years of age and older, no more than one (1) oral examination and (1) prophylaxis every year. However, this limit may be exceeded based on medical necessity.
- (3) 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.

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**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 January 1, 2016 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, 2016 and effective for services on or after that date.

**TN # 16-011
Supersedes
TN # 15-043**

Approval Date 5/23/16

Effective Date 01/01/2016