

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 15, 2011

Roderick L. 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. 11-009, submitted to my office on March 31, 2011. This SPA transmitted a proposed revision to Connecticut's approved Title XIX State Plan in order to modify Attachments 3.1A and 3.1B pertaining to dental services. The Department was seeking to add 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.

This SPA has been approved effective February 1, 2011, as requested by the State.

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

- Attachment 3.1-A, page 1
- Attachment 3.1-B, page 1 and 2
- Addendum page 1c to Attachment 3.1-A
- Addendum page 1c 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.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

cc: Mark Schaefer, Director, Medical Care Administration
Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL
OF STATE PLAN MATERIAL
SOCIAL SECURITY ACT (MEDICAID)**

TO: REGIONAL ADMINISTRATOR - CMS/CSMO

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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 - \$ 1.49 million savings
b. FFY 2012 savings - \$ 2.3 million savings

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Addendum Page 1c to Attachments 3.1A/ 3.1B
Attachment 3.1A Page 1
Attachment 3.1B Page 1
Attachment 3.1B Page 2

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If applicable)

Addendum Page 1c to Attachments 3.1A/3.1B
Attachment 3.1A Page 1
(New)
Attachment 3.1B Page 2

10. SUBJECT OF AMENDMENT: Under two recent state plan amendments, the Department of Social Services modified Attachments 3.1-A and 3.1-B of the Connecticut Medicaid State Plan pertaining to dental services. The Department added 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. Effective February 1, 2011, the Department proposes to impose these same prior authorization requirements on federally qualified health centers. The Department will perform utilization review assessments to determine whether services delivered to members are appropriate.

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: Michael Starkowski

14. TITLE: Commissioner

15. DATE SUBMITTED:
March 31, 2011

16. RETURN TO:

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 31, 2011

18. DATE APPROVED: June 16, 2011

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
March 1, 2011

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: CONNECTICUT

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

2. a. Outpatient Hospital Services

1. No more than one (1) visit per day to the same outpatient clinic.
2. No more than one (1) psychiatric/psychological reevaluation per year per hospital for the same recipient.

b. Rural Health Clinic Services

There are no Rural Health Clinics in Connecticut.

c. Federally Qualified Health Center (FQHC)

1. The Department subjects nonemergency dental services provided by federally qualified health centers 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.
2. Federally qualified health center dental clinics must be licensed under Regulations of Connecticut State Agencies Sections 19-13-D45 to 19-13-D53, inclusive.
3. The Department will only pay for orthodontia for individuals under twenty-one (21) years of age.
4. Services must meet the requirements of 42 CFR 440.100 and are limited to the dental provider's scope of practice.
5. The limitations in Section 10(b) and 10(c) which are found in Addendum Page 8a to Attachment 3.1-A also apply.

3. Other Laboratory and X-Ray Services

No limitation on services.

State: CONNECTICUT

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

2. a. Outpatient Hospital Services

1. No more than one (1) visit per day to the same outpatient clinic.
2. No more than one (1) psychiatric/psychological reevaluation per year per hospital for the same recipient.

b. Rural Health Clinic Services

There are no Rural Health Clinics in Connecticut.

c. Federally Qualified Health Center (FQHC)

1. The Department subjects nonemergency dental services provided by federally qualified health centers 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.
2. Federally qualified health center dental clinics must be licensed under Regulations of Connecticut State Agencies Sections 19-13-D45 to 19-13-D53, inclusive.
3. The Department will only pay for orthodontia for individuals under twenty-one (21) years of age.
4. Services must meet the requirements of 42 CFR 440.100 and are limited to the dental provider's scope of practice.
5. The limitations in Section 10(b) and 10(c) which are found in Addendum Page 8a to Attachment 3.1-B also apply.

3. Other Laboratory and X-Ray Services

No limitation on services.

State: CONNECTICUTAMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
CATEGORICALLY NEEDY GROUP(S): ALL

-
1. Inpatient hospital services other than those provided in an institution for mental diseases.
☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.
2. a. Outpatient hospital services.
☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.
- b. Rural health clinic services and other ambulatory services furnished by a rural health clinic (which are otherwise included in the State Plan).
☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.
- c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).
☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.
3. Other laboratory and x-ray services.
☒ Provided: ☒ No limitations ☐ With limitations*
☐ Not provided.

*Description provided on attachment.

TN # 11-009
Supersedes
TN # 91-15

Approval Date 6/15/11

Effective Date: 2-01-11

State: CONNECTICUT**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL**

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*

☐ Not provided.

- b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.

☒ Provided: ☒ No limitations ☐ With limitations*

☐ Not provided.

- c. Family planning services and supplies for individuals of childbearing age.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

*Description provided on attachment.

TN # 11-009

Supersedes

TN # 91-15

Approval Date 6/15/11

Effective Date: 2-01-11