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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**

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June 21, 2012

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. 11-020, submitted to my office on September 30, 2011. This SPA transmitted a proposed revision to Connecticut's approved Title XIX State Plan in order to limit the frequency of certain dental services for adults.

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

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

- Addendum page 8a to Attachment 3.1-A
- Addendum page 9 to Attachment 3.1-A
- Addendum page 9a to Attachment 3.1-A
- Addendum page 11c to Attachment 3.1-A
- Addendum page 8a to Attachment 3.1-B
- Addendum page 9 to Attachment 3.1-B
- Addendum page 9a to Attachment 3.1-B
- Addendum page 11c to Attachment 3.1-B


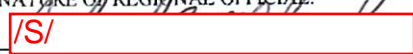
If you have any questions regarding this matter you may contact Marie Montemagno at (617) 565-9157 or by e-mail at [Marie.Montemagno@cims.hhs.gov](mailto:Marie.Montemagno@cims.hhs.gov).

Sincerely,

/s/

Richard R. McGreal  
Associate Regional Administrator

cc: Mark Schaefer, Director, Medical Care Administration

|  |  |  |              |
|--|--|--|--------------|
| <b>TRANSMITTAL AND NOTICE OF APPROVAL<br/>OF STATE PLAN MATERIAL<br/>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>   |  | 1. TRANSMITTAL NUMBER:<br>11-020   | 2. STATE: CT |
|  |  | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE<br>SOCIAL SECURITY ACT (MEDICAID)  |              |
| TO: REGIONAL ADMINISTRATOR - CMS/CSMO<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES   |  | 4. PROPOSED EFFECTIVE DATE<br>7/01/2011  |              |
| 5. TYPE OF STATE PLAN MATERIAL (Check One):  |  |  |              |
| <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT  |  |  |              |
| COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)  |  |  |              |
| 6. FEDERAL STATUTE/REGULATION CITATION:<br>Section 1905 (a) (10) of the Social Security Act,<br>42 CFR 440.100   |  | 7. FEDERAL BUDGET IMPACT:<br>a. FFY 2012 - \$ 6.88 million - savings<br>b. FFY 2013 - \$ 6.96 million - savings  |              |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:<br><br>Addendum Pages 8a, 9, 9a and 11c Attachment 3.1A<br>Addendum Pages 8a, 9, 9a, 11c to Attachment 3.1B  |  | 9. PAGE NUMBER OF THE SUPERSEDED PLAN<br>SECTION OR ATTACHMENT (If applicable)<br>Addendum Pages 8a, 9, 9a and 11 to Attachment 3.1A<br>Addendum Pages 8a, 9, 9a and 11 to Attachment 3.1B |              |
| 10. SUBJECT OF AMENDMENT:<br>Under state plan amendment 11-020, the Department of Social Services intends to modify Attachments 3.1-A and 3.1-B of the Connecticut Medicaid State Plan pertaining to dental services. The Department will limit the frequency of certain dental services for adults. The Department will limit dental cleanings, bitewing x-rays and a periodic exam to one per year for healthy adults. None of the new requirements and limitations apply to children under the age of 21.<br>The projected cost savings are \$9.8 million in SFY 12 and \$10.3 million in SFY 13. |  |  |              |
| 11. GOVERNOR'S REVIEW (Check One):   |  |  |              |
| <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT<br><input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED<br><input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL   |  | OFFER, AS SPECIFIED:   |              |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:<br>   |  | 16. RETURN TO:   |              |
| 13. TYPED NAME: Roderick L. Bremby   |  | State of Connecticut<br>Department of Social Services - 11 <sup>th</sup> floor<br>25 Sigourney Street<br>Hartford, CT 06106-5033<br>Attention: Ginny Mahoney                               |              |
| 14. TITLE: Commissioner  |  |  |              |
| 15. DATE SUBMITTED:<br>September 30, 2011  |  |  |              |
| FOR REGIONAL OFFICE USE ONLY   |  |  |              |
| 17. DATE RECEIVED:   |  | 18. DATE APPROVED: 6-21-2012   |              |
| PLAN APPROVED - ONE COPY ATTACHED  |  |  |              |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL:<br>7.1.2011   |  | 20. SIGNATURE OF REGIONAL OFFICIAL:<br>  |              |
| 21. TYPED NAME: Richard R. McGee   |  | 22. TITLE: Associate Regional Administrator  |              |
| 23. REMARKS:   |  |  |              |

Addendum Page 8a  
To Attachment 3.1-A

State Connecticut

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

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(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) For 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) Fluoride treatment for adults is limited to adults who have xerostomia or have undergone head or neck radiation therapy.

TN#: 11-020  
Supersedes  
TN# 09-026

Approval Date: 6-21-2012

Effective Date: 07/01/2011

Addendum Page 9  
To Attachment 3.1- A

State Connecticut

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED TO CATEGORICALLY  
MEDICALLY GROUP(S) ALL

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(c) Dental Services Not Covered

- (1) Fixed Bridges
- (2) Periodontics, with exceptions for gingivoplasty and gingivectomy on a case by case basis with prior authorization
- (3) Implants
- (4) Transplants
- (5) Cosmetic Dentistry
- (6) Vestibuloplasty
- (7) Unilateral removable appliances
- (8) Partial dentures where there are at least eight (8) teeth in occlusion, and no missing anterior teeth
- (9) Restorative procedures to deciduous teeth nearing exfoliation

TN#: 11-020  
Supercedes  
TN#: 09-026

Approval Date: 6-21-2012

Effective Date: 07/01/2011

Addendum Page 9a  
To Attachment 3.1-A

State Connecticut

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

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- (10) For clients 21 years of age and older, resin based composite restorations to the molar teeth.
- (11) Orthodontia, except for clients under twenty-one (21) years of age
- (12) Any procedure or service of an unproven, experimental or research nature.

TN#: 11-020  
Supersedes  
TN#: 09-026

Approval Date: 6-21-2012

Effective Date: 07/01/2011

Addendum Page 11c  
To Attachment 3.1 –A

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

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- (8) Preferred Drug List with Prior Authorization
- (a) Pursuant to 42 U.S.C. §1396r-8 and Section 17b-274d of the Connecticut General Statutes, as amended by Section 83 of Public Act 03-3 (June Special Session) and, effective August 1, 2004, as amended by Section 8 of Public Act 04-258, the State is establishing a preferred drug list with prior authorization for drugs not included on the preferred drug list as set forth in paragraph 12.a(6) above.
  - (b) Prior authorization may be established for certain drug classes, particular drugs or medically accepted indication for uses and doses.
  - (c) The State will appoint a Pharmaceutical and Therapeutics Committee in accordance with federal and state law.

TN # 11-020  
Supersedes  
TN # 10-022

Approval Date 6-21-2012

Effective Date 07/01/2011



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
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To Attachment 3.1- B

State Connecticut

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

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(c) Dental Services Not Covered

- (1) Fixed Bridges
- (2) Periodontics, with exceptions for gingivoplasty and gingivectomy on a case by case basis with prior authorization
- (3) Implants
- (4) Transplants
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State Connecticut

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State CONNECTICUT

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