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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

February 3, 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. 11-028, submitted to my office on November 29, 2011. This SPA transmitted a proposed revision to Connecticut's approved Title XIX State Plan in order to restore coverage of services provided by independent podiatrists for clients 21 years of age or older.

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

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

- Addendum page 4a to Attachment 3.1-A
- Addendum page 4a 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@cms.hhs.gov.

Sincerely,

/s/

Richard R. McGreal Associate Regional Administrator

cc: Mark Schaefer, Director, Medical Care Administration

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER 11-028	2 STATE CT
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 10/01/2011	
5. TYPE OF PLAN MATERIAL (Check One)		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONS	IDERED AS NEW PLAN	AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate transmittal for each	amendment)
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT	
1905(a)(6) of the Social Security Act;	a FFY 2012 \$250,000.00	
		50,000.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)	
Addendum Page 4a to Attachment 3.1-A	Addendum Page 4a to Attachment 3.1-A	
Addendum Page 4a to Attachment 3.1-B	Addendum Page 4a to Attachment 3.1-B	
10. SUBJECT OF AMENDMENT The Department of Social Services is proposing to modify Att	achments 3.1A and 3.1B of the Conn	ecticut Medicaid State in
order restore coverage of services provided by independent p	podiatrists for clients 21 years of age	or older. The Department
estimates the federal budgetary impact will be additional cost	s of \$250,000 in FFY12 and \$250,00	0 in FFY13 .
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/S/	16. RETURN TO	
/3/	State of Connecticut	
42 TYPED MANE	Department of Social Services	
13. TYPED NAME 25 Sigourney Street Roderick L. Bremby Hartford, CT, 06106-5033		
14. TITLE	Hartford, CT 06106-5033	
Commissioner	Attention: Ginny Mahoney	
15. DATE SUBMITTED		
November 29, 2011		
FOR REGIONAL C	FFICE USE ONLY	
17. DATE RECEIVED November 29, 2011	18. DATE APPROVED February 3, 2012	
PLAN APPROVED - ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL	20 CICNATUDE OF PECIONAL OFFICIAL	
October 1, 2011	/S/	
21. TYPED NAME	22. TITLE Associate Regional Administrator	
Richard R. McGreal	Division of Medicaid & Children's Health Operations	

Addendum Page 4a To Attachment 3.1-A

Effective Date: 10-01-11

State: **CONNECTICUT**

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

1. Medical Care and any other type of Remedial Care

a. Podiatrist Services

- i Podiatrists must be licensed under Chapter 375, Section 375, Section 20-50 through 20-65 of the Connecticut General Statutes.
- ii Services are limited to a podiatrist's scope of practice and covered without any limitations.

b. Optometrist Services

- i Optometrists must be licensed under Chapter 380, Section 20-127 through 20-138d of the Connecticut General Statutes.
- Services are limited to an optometrist's scope of practice and services set forth in Sections 17b-262-535 through 545 of the Regulations of Connecticut State Agencies.

Addendum Page 4a To Attachment 3.1-B

State: **CONNECTICUT**

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

1. Medical Care and any other type of Remedial Care

a. Podiatrist Services

- i Podiatrists must be licensed under Chapter 375, Section 20-50 through 20-65 of the Connecticut General Statutes.
- ii Services are limited to a podiatrist's scope of practice and covered without any limitations.

b. Optometrist Services

- i Optometrists must be licensed under Chapter 380, Section 20-127 through 20-138d of the Connecticut General Statutes.
- Services are limited to an optometrist's scope of practice and services set forth in Sections 17b-262-535 through 545 of the Regulations of Connecticut State Agencies.