

**Table of Contents (Cover Page) for one PDF to post on Medicaid.gov**

**Sample Template is below this line. Do not print the wording above this line.**

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## **Table of Contents**

**State/Territory Name: Connecticut**

**State Plan Amendment (SPA) #: CT 12-004**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

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

January 2, 2013

Roderick 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. 12-004, submitted to my office on March 30, 2012. This SPA transmitted a proposed amendment to Connecticut's approved Title XIX State Plan Attachments 3.1A and 3.1B in order to expand coverage for smoking cessation. This amendment will cover smoking cessation counseling and medications for all Medicaid clients.

This SPA has been approved effective January 1, 2012, as requested by the State.

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

- Addendum page 11 to Attachment 3.1A
- Addendum page 11 to Attachment 3.1B
- Supplement page 8 to Addendum page 12 to Attachment 3.1A
- Supplement page 8 to Addendum page 12 to Attachment 3.1B

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

Sincerely,

/s/

Richard R. McGreal  
Associate Regional Administrator

Enclosures

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

**TRANSMITTAL AND NOTICE OF APPROVAL  
OF STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER:  
12-004

2. STATE: CT

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
CMS/CMSO  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
1/01/2012

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:  
1905(a)(13) of Social Security Act  
42 C.F.R. 440.130(c)

7. FEDERAL BUDGET IMPACT:  
a. FFY 2012 \$ 2 million costs  
b. FFY 2013 \$ 2.8 million costs

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Supplement Page 8 to Addendum Page 12 to Attachment 3.1-A and 3.1-B  
Addendum Page 11 to Attachment 3.1-A and 3.1-B

9. PAGE NUMBER OF THE SUPERSEDED PLAN  
SECTION OR ATTACHMENT (if applicable)  
NEW  
Addendum Page 11 to Attachment 3.1-A and 3.1-B

SUBJECT OF AMENDMENT: Under state plan amendment 12-004, the Department of Social Services proposes to amend Attachments 3.1-A and 3.1-B of the Connecticut Medicaid State Plan in order to expand coverage for smoking cessation services. This amendment will cover smoking cessation counseling and medications for all Medicaid clients. This amendment is expected to result in estimated federal budgetary impact of \$2 million in FFY12 and \$2.8 million in FFY13.

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:

16. RETURN TO:

13. TYPED NAME: Roderick L. Bremby

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

14. TITLE: Commissioner, Department of Social Services

15. DATE SUBMITTED:  
March 30, 2012

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 30, 2012

18. DATE APPROVED: December 21, 2012

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
January 1, 2012

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 CONNECTICUT

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

- (4) Effective January 1, 2006, the Medicaid agency will not cover any Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.

The following drugs or classes of drugs are excluded from coverage by the Medicaid agency, except the drugs checked, for which the Medicaid agency provides coverage, as described below, to ALL Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit – Part D:

- ☒ Agents when used for anorexia, weight loss, weight gain  
(Weight gain medications, anabolic steroids, growth hormones only)
- ☐ Agents when used to promote fertility
- ☐ Agents when used for cosmetic purposes or hair growth
- ☒ Agents when used for the symptomatic relief of cough and colds
- ☒ Prescription vitamins and mineral products, except prenatal vitamins and fluoride
- ☒ Nonprescription drugs on the OTC formulary covered for clients under the age of 21.  
(OTC formulary includes: Antacids, H2 antacids, spermicidal foam and jelly, cough, cold and allergy drugs, nasal mist stabilizer, laxatives, antihistamines, decongestants, topical Antifungals, vaginal Antifungals).
- ☐ Covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee
- ☒ Barbiturates
- ☒ Benzodiazepines
- ☒ Smoking cessation (except dual eligibles as Part D will cover) - all categories covered

- (5) **Certification of Brand Name Drugs**  
Reimbursement for multiple-source drugs for which CMS has designated a FUL is not limited to the FUL if a licensed authorized practitioner determines that a specific brand is medically necessary for a particular patient provided the requirements noted in section 5(a) are met.

- (6) **Prior Authorization Requirements:**  
PA shall be available in accordance with 1927(d)(5) of the Social Security Act. The state shall provide a response within two (2) hours upon a request for prior authorization. An automatic fourteen (14) day supply of medication shall be made available if no prior authorization has been requested and granted. In addition, a one-time five (5) day emergency supply shall be made available when the department representative has been contacted and no prior authorization has been requested and granted.

TN # 12-004  
Supersedes  
TN # 10-012

Approval Date 12/21/12

Effective Date 01/01/2012

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

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

- (4) Effective January 1, 2006, the Medicaid agency will not cover any Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.

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State: CONNECTICUT

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

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13. c. Preventive Services

The Medicaid agency will provide face to face tobacco counseling services in accordance with The Public Health Services publication, "Treating Tobacco use and Dependence – 2008 Update: A Clinical Practice Guideline" or any subsequent modification of such guideline.

TN # 12-004  
Supersedes  
TN # New

Approval Date 12/21/12

Effective Date 1/1/2012