

Table of Contents: CT 12-027

1. Table of Contents
2. Approval Letter
3. Approved 179
4. Approved 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

August 19, 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.12-027, submitted December 31, 2012 proposing to modify Attachments 3.1A, 3.1B and Attachment 4.19B of the Connecticut State Plan pertaining to dental services. The Department proposes to revise reimbursement for posterior composite resin restoration and complete denture prosthesis.

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

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

- Attachment 3.1A, page 4
- Attachment 3.1B, page 4
- Addendum page 8A, Attachment 3.1A
- Addendum page 8A, Attachment 3.1B
- Attachment 4.19B, Page 1(e)

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

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

cc: Kate McEvoy, Esq. Interim Director of the Division of Health Services

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONFORM APPROVED
OMB NO. 0938-0193**TRANSMITTAL AND NOTICE OF APPROVAL
OF STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**1. TRANSMITTAL NUMBER:
12-027

2. STATE: CT

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR - CMS/CSMO
DEPARTMENT OF HEALTH AND HUMAN SERVICES4. PROPOSED EFFECTIVE DATE
11/01/2012

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:
Section 1905 (a) (10) of the Social Security Act;
42 CFR 440.1007. FEDERAL BUDGET IMPACT:
a. FFY 2013 savings - \$ 4,800,000
b. FFY 2014 savings - \$ 4,800,0008. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19B Page 1 (e)
Addendum page 8a to Attachment 3.1-A/3.1B9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If applicable)
Attachment 4.19B Page 1 (e)
Addendum page 8a to Attachment 3.1-A/3.1B

10. SUBJECT OF AMENDMENT: Under state plan amendment 12-027, the Department of Social Services intends to modify Attachment 4.19B of the Connecticut Medicaid State Plan pertaining to dental services. The Department proposes to revise reimbursement for posterior composite resin restorations and complete denture prosthesis. These changes are necessary to appropriately reimburse for dental services by adjusting the reimbursement rates for specified services. DSS estimates that the change to a client-centered benefit model and the reimbursement changes will result in estimated savings of \$4.8 million in FFY 2013 and \$4.8 million in SFY 2014.

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:

/S/

16. RETURN TO:

13. TYPED NAME: Roderick L. Bromby

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

14. TITLE: Commissioner

15. DATE SUBMITTED:
December 31, 2012

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 12-31-12

18. DATE APPROVED: 8-19-13

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

11-1-12

20. SIGNATURE OF REGIONAL OFFICIAL:

/S/

21. TYPED NAME: Richard R. McGree

22. TITLE: Associate Regional Administrator, DHCHD

23. REMARKS:

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

9. Clinic services.

☒ Provided: ☐ No limitations ☒ With limitations*☐ Not provided.

10. a. Dental services.

☒ Provided: ☐ No limitations ☒ With limitations*☐ Not provided.

11. Physical therapy and related services.

a. Physical therapy.

☒ Provided: ☐ No limitations ☒ With limitations*☐ Not provided.

b. Occupational therapy.

☒ Provided: ☐ No limitations ☒ With limitations*☐ Not provided.

c. Services for individuals with speech, hearing, and language disorders (provided by or under the supervision of a speech pathologist or audiologist).

☒ Provided: ☐ No limitations ☒ With limitations*☐ Not provided.

*Description provided on Addendum to Attach. 3.1-A

TN # 12-027

Supersedes

TN # 85-56Approval Date 8/19/13Effective Date: 11-01-2012

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

-
8. Private duty nursing services.
☐ Provided: ☐ No limitations ☐ With limitations* ☒ Not Provided
9. Clinic services.
☒ Provided: ☐ No limitations ☒ With limitations*
10. Dental services.
☒ Provided: ☐ No limitations ☒ With limitations*
11. Physical therapy and related services.
a. Physical therapy.
☒ Provided: ☐ No limitations ☒ With limitations*
b. Occupational therapy.
☒ Provided: ☐ No limitations ☒ With limitations*
c. Services for individuals with speech, hearing, and language disorders
(provided by or under the supervision of a speech pathologist or audiologist).
☒ Provided: ☐ No limitations ☒ With limitations*
12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed
by a physician skilled in diseases of the eye or by an optometrist.
a. Prescribed drugs.
☒ Provided: ☐ No limitations ☒ With limitations*
b. Dentures.
☒ Provided: ☐ No limitations ☒ With limitations*

*Description provided on Addendum to Attach. 3.1-B

TN # 12-027
Supersedes
TN # 90-4Approval Date 8/17/2013Effective Date: 11-01-2012

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Addendum Page 8a
To Attachment 3.1-A

State Connecticut

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED TO
CATEGORICALLY 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
- (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.

All limitations will be considered on client-based benefit assignment, rather than a provider- based benefit assignment.

TN#: 12-027
Supercedes
TN# 11-020

Approval Date: 8/19/13

Effective Date: 11/01/2012

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Addendum Page 8a
To Attachment 3.1-B

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.
- (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.

All limitations will be considered on client-based benefit assignment, rather than a provider-based benefit assignment.

TN#: 12-027
Supercedes
TN# 11-020

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Effective Date: 11/01/2012

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Attachment 4.19B
Page 1(e)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

- (10) Dental services (including dentures) – Fixed fee schedule. The agency's rates were set as of November 1, 2012 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, 2012 and effective for services on or after that date.
- (12) Prescribed drugs and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist whichever the individual may select. The current fee schedule was set as of July 1, 2008 and is effective for services provided on or after that date. All 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."

TN # 12-027
Supersedes
TN # 12-010

Approval Date 8/19/13

Effective Date 11/01/2012