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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

April 29, 2015

Roderick Bremby, Commissioner
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105

Dear Mr. Bremby:

We are pleased to enclose a copy of approved Connecticut State Plan Amendment (SPA) No. 15-007, submitted to my office on February 19, 2015 and approved on April 9, 2015. This SPA proposes to amend Attachment 3.1A/B of the Medicaid State Plan eliminating coverage exclusions of "transsexual surgery" and related services in the inpatient hospital and physician services section of the State Plan. This change will allow for coverage of gender reassignment surgery and related services for the treatment of gender dysphoria.

This SPA has been approved effective March 1, 2015, as requested by the State.

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

- Addendum Page 1a to Attachment 3.1A and Attachment 3.1B
- Addendum Page 2g to Attachment 3.1A and Attachment 3.1B

If you have any questions regarding this matter you may contact Marie DiMartino (617) 565-9157 or by e-mail at Marie.DiMartino@cms.hhs.gov

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

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

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

1. TRANSMITTAL NUMBER:
15-007

2. STATE: CT

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:
March 1, 2015

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 of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2015 \$135,000 - costs
b. FFY 2016 \$270,000 - costs

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Addendum Page 2g to Attachment 3.1-A and 3.1-B
Addendum Page 1a to Attachment 3.1-A and 3.1-B

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR
ATTACHMENT (If applicable)
Addendum Page 2g to Attachment 3.1-A and 3.1-B
Addendum Page 1a to Attachment 3.1-A and 3.1-B

10. SUBJECT OF AMENDMENT:

Effective March 1, 2015 this SPA proposes to amend the hospital and physician services section of the Medicaid state plan to eliminate coverage exclusions of "transsexual surgery" and related services. This amendment will allow coverage of these services when medically necessary and will eliminate language in the hospital and physician services section of the State Plan that currently prohibits such coverage.

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/

13. TYPED NAME: Roderick L. Bremby

14. TITLE: Commissioner

15. DATE SUBMITTED:
February 17, 2015

16. RETURN TO:

State of Connecticut
Department of Social Services
55 Farmington Avenue - 9th floor
Hartford, CT 06105
Attention: Ginny Mahoney

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: February 19, 2015

18. DATE APPROVED: April 9, 2015

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
March 1, 2015

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPED NAME: Richard R McGreal

Associate Regional Administrator
22. TITLE: Division of Medicaid and Children's Health Oper.

23. REMARKS:

State: CONNECTICUT

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

OFFICIAL

1. Inpatient Hospital Services - With Limitations as follows:
 - a. Diagnostic, therapeutic or treatment procedures, and inpatient hospital stays for experimental, cosmetic, research, social or educational purposes;
 - b. Any services or items furnished for which the provider does not usually charge;
 - c. The day of discharge or transfer;
 - d. Leave of Absence (LOA) or Pass without medical permission;
 - e. Leave of Absence (LOA) or Pass with and without Medical Permission, when the Title XIX patient is out of the hospital at the time of the census count (12 Midnight);
 - f. Emergency room services provided on the same day as inpatient admission;
 - g. Hospital inpatient stay is not covered when the following procedures or services are performed:
 1. Tuboplasty and sterilization reversal
 2. Inpatient charges related to autopsy
 3. All services or procedures of a plastic or cosmetic nature performed for reconstructive purposes, including but not limited to the following: lipectomy, hair transplant, rhinoplasty, dermabrasion, chemabrasion.
 4. The Department shall pay for surgical services necessary to treat morbid obesity when another medical illness is caused by, or is aggravated by, the obesity. Such illnesses shall include illnesses of the endocrine system or the cardio-pulmonary system, or physical trauma associated with the orthopedic system. For the purposes of this section, "morbid obesity" means "morbid obesity" as defined by the International Classification of Diseases (ICD), as amended from time to time.

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

OFFICIAL

c. Family Planning Services

The Department will not pay for any procedures or services of an unproven, experimental or research nature.

5. Physician Services

- a. The Department will not pay for any procedures or services of an unproven, experimental or research nature.
- b. The Department will pay for no more than one radiation treatment per day.
- c. The Department will not pay for a brainstem evoked response recording and computerized axial tomography scan with myelography when performed within three (3) months of each other.
- d. The Department shall pay for surgical services necessary to treat morbid obesity when another medical illness is caused by, or is aggravated by, the obesity. Such illness shall include illnesses of the endocrine system or cardio-pulmonary system, or physical trauma associated with the orthopedic system. For the purposes of this section, "morbid obesity" means "morbid obesity" as defined by the International Classification of Diseases (ICD), as amended from time to time.

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