

Table of Contents

1. Table of Contents
2. Approval Letter
3. CMS-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

September 23, 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. 15-027, submitted to my office on June 25, 2015. This SPA proposed to amend section 3.1A and 3.1B of the Connecticut State Plan. This SPA as approved limits bitewing x-rays to only one visit per year for all Medicaid beneficiaries. This limit may be exceeded with prior authorization if there is evidence that dental disease is an aggravating factor for the beneficiaries overall health.

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

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

- Addendum Page 8a to Attachment 3.1A
- Addendum Page 8a to 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: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:
15-027

2. STATE: CT

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

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE AND MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE:
May 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:
Sections 1905(a)(10) of the Social Security Act and
42 CFR 440.100

7. FEDERAL BUDGET IMPACT:
a. FFY 2015 \$160,000 (savings)
b. FFY 2016 \$486,000 (savings)

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

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR
ATTACHMENT (If applicable)
Addendum Page 8a to Attachments 3.1-A and 3.1-B

10. SUBJECT OF AMENDMENT: Effective May 1, 2015, SPA 15-027 amends Attachment 3.1-A and Attachment 3.1-B of the Medicaid State Plan to limit bitewing x-rays being performed at only one visit per year for all Medicaid beneficiaries. This limit may be exceeded with prior authorization if there is evidence that dental disease is an aggravating factor for a person's overall health. This limit previously did not apply to Medicaid beneficiaries under age 21. This change is necessary to establish consistent coverage requirements for all Medicaid beneficiaries, more closely align with commercial insurance plans, and also to prevent unnecessary radiation exposure to children.

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. Bremby

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

14. TITLE: Commissioner

15. DATE SUBMITTED:
June 25, 2015

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: June 25, 2015

18. DATE APPROVED: September 23 2015

PLAN APPROVED – ONE COPY ATTACHED

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

20. SIGNATURE OF REGIONAL OFFICIAL:

/S/

21. TYPED NAME: Richard R. McGreal

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

23. REMARKS:

State Connecticut

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

(b) Limitations

- (1) No more than one (1) set of bitewing films during any one (1) calendar year period. However, this limit may be exceeded based on medical necessity. Under EPSDT, children under age 21 will receive all medically necessary services within this category.
- (2) For clients 21 years of age and older, no more than one (1) oral examination and (1) prophylaxis every year. However, this limit may be exceeded based on medical necessity.
- (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.

State ConnecticutAMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED TO
MEDICALLY NEEDY GROUP(S) ALL

(b) Limitations

- (1) No more than one (1) set of bitewing films during any one (1) calendar year period. However, this limit may be exceeded based on medical necessity. Under EPSDT, children under age 21 will receive all medically necessary services within this category.
- (2) For clients 21 years of age and older, no more than one (1) oral examination and (1) prophylaxis every year. However, this limit may be exceeded based on medical necessity. Under EPSDT, children under age 21 will receive all medically necessary services within this category.
- (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#: 15-027
Supersedes
TN# 12-027

Approval Date: 9/23/15

Effective Date: 05/01/2015