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State/Territory Name: Connecticut

State Plan Amendment (SPA) #: 15-0028

This file contains the following documents in the order listed:

- 1) SPA approval letter
- 2) CMS 179
- 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**

October 28, 2015

Roderick L. 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.15-028, submitted to my office on September 30, 2015 and approved on October 16, 2015. This SPA proposed to amend section 3.1A and 3.1B of the Connecticut State Plan. This SPA, as approved, revises the coverage limits for orthodontic services. Orthodontic services continue to be covered only for Medicaid members under age twenty-one.

This SPA has been approved effective July 15, 2015, as requested by the State.

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

- Addendum Page 9a to Attachment 3.1A
- Addendum Page 9a 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](mailto: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:  
15-028

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 SERVICES4. PROPOSED EFFECTIVE DATE:  
July 15, 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(a)(10) of the Social Security Act and  
42 CFR 440.1007. FEDERAL BUDGET IMPACT:  
a. FFY 2015 \$686,000 (savings)  
b. FFY 2016 \$2.8 million (savings)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Addendum Page 9a to Attachment 3.1-A  
Addendum Page 9a to Attachment 3.1-B9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR  
ATTACHMENT (If applicable)Addendum Page 9a to Attachment 3.1-A  
Addendum Page 9a to Attachment 3.1-B

10. SUBJECT OF AMENDMENT: Effective July 15, 2015, SPA 15-028 amend Attachments 3.1-A and 3.1-B of the Medicaid State Plan to revise coverage limits for orthodontic services. Orthodontic services continue to be covered only for Medicaid members under age twenty-one. The Salzmann Index is a scoring tool used to determine the level of misalignment of an individual's teeth. The minimum scoring limit for orthodontic services will be raised to a minimum Salzmann Index score of 26 and higher. With prior authorization based on medical necessity, orthodontic services will be approved for individuals with a Salzmann Index score below 26. This change more closely aligns Connecticut with other state Medicaid programs' minimum scoring requirements for orthodontic services. Panoramic radiographs and diagnostic casts will be part of the case submission for review of the treatment request for orthodontia services. Panoramic radiographs and diagnostic cast will be covered only for clients with a Salzmann Index Score of 24 points or higher. With prior authorization based on medical necessity, panoramic radiographs and diagnostic cast will be covered for clients with a Salzmann Index Score below 24 points.

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:  
September 30, 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: 9/30/15

18. DATE APPROVED: 10/16/15

**PLAN APPROVED – ONE COPY ATTACHED**19. EFFECTIVE DATE OF APPROVED MATERIAL:  
7/15/15

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:

**OFFICIAL**

Addendum Page 9a  
To Attachment 3.1-A

State CONNECTICUT

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

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- (10) For clients 21 years of age and older, resin based composite restorations to the molar teeth.
- (11) Orthodontic services, except for clients under twenty-one (21) years of age. The following additional limits apply to coverage of orthodontic services:
  - (a) The Salzmann Index is used to determine the level of misalignment of the client's teeth. The minimum scoring limit for orthodontic services is a Salzmann score of twenty-six (26) points or higher. With prior authorization based on medical necessity, orthodontic services will be approved for clients who scored below the minimum score of twenty-six (26) points.
  - (b) Prior authorization of panoramic radiographs and diagnostic casts is part of the case submission for review of the treatment request for orthodontic services. Panoramic radiographs and diagnostic cast are covered only for clients with a Salzmann Index of twenty-four (24) points or higher. With prior authorization based on medical necessity, panoramic radiographs and diagnostic cast will be covered for clients with a Salzmann Index score below twenty-four (24) points.
- (12) Any procedure or service of an unproven, experimental or research nature.

TN#: 15-028  
Supersedes  
TN#: 11-020

Approval Date: 10/16/15 \_\_\_\_\_ Effective Date: 07/15/2015

**OFFICIAL**

Addendum Page 9a  
To Attachment 3.1-B

State CONNECTICUT

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

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- (10) For clients 21 years of age and older, resin based composite restorations to the molar teeth.
- (11) Orthodontic services, except for clients under twenty-one (21) years of age. The following additional limits apply to coverage of orthodontic services:
  - (a) The Salzmann Index is used to determine the level of misalignment of the client's teeth. The minimum scoring limit for orthodontic services is a Salzmann score of twenty-six (26) points or higher. With prior authorization based on medical necessity, orthodontic services will be approved for clients who scored below the minimum score of twenty-six (26) points.
  - (b) Prior authorization of panoramic radiographs and diagnostic casts is part of the case submission for review of the treatment request for orthodontic services. Panoramic radiographs and diagnostic cast are covered only for clients with a Salzmann Index of twenty-four (24) points or higher. With prior authorization based on medical necessity, panoramic radiographs and diagnostic cast will be covered for clients with a Salzmann Index score below twenty-four (24) points.
- (12) Any procedure or service of an unproven, experimental or research nature.

TN#: 15-028  
Supersedes  
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Approval Date: 10/16/15 Effective Date: 07/15/2015