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State/Territory Name: Connecticut

State Plan Amendment (SPA) #: 16-0028

This file contains the following documents in the order listed:

1) Approval Letter

2) CMS 179 Form

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

December 29, 2016

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

Dear Commissioner Bremby:

Enclosed is a copy of approved Connecticut State Plan Amendment (SPA) No. 16-0028, with an effective date of August 1, 2016. This amendment was submitted to reduce payment rates for four procedure codes for dental crowns and for periodic orthodontic services for adults by one percent.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a) and 1923 of the Social Security Act (the Act) and the implementing Federal regulations at 42 CFR 447 Subpart C.

Because the proposed SPA would reduce or restructure provider payment rates, Connecticut is required to provide documentation in support of its determination that the payments are consistent with efficiency, economy and quality of care and sufficient to enlist enough providers so that services under the plan are available to beneficiaries at least to the extent that these services are available to the general population, as established in Section 1902(a)(30)(A) of the Act and codified in 42 CFR 447.203 and 42 CFR 447.204. Connecticut demonstrated compliance with 42 CFR 447.203(b)(6) by completing an access review and analysis for the relevant services and establishing procedures to monitor continued access to care following implementation of the rate reductions. Connecticut also met the requirements of 447.203 (b)(1) through 447.203(b)(6) and 447.204(a)(1) by submitting an Access Monitoring Review Plan (AMRP) as required by the regulation and by including data and analysis related specifically to this reduction in payment rates. Additionally, the state was required to adhere to the public process requirements set forth in 42 CFR 447.204. To demonstrate compliance with these requirements, the state submitted the following to CMS with the proposed SPA:

1. With respect to the public process requirements at 42 CFR 447.204(a)(2), Connecticut provided documentation to show that the state considered input from beneficiaries, providers and other affected stakeholders on beneficiary access to the affected services and the impact of the proposed rate change. Specifically, the public was notified of the proposed SPAs via public notices published in the CT Law Journal on May 31, 2016 and through provider bulletins that were sent electronically to dental providers and published on the CT Medical Assistance Program website. The state's

notice also met the public notice requirements at 42 CFR 447.205. The state reported it received multiple comments from the dental provider community about the proposed rate reduction, some of which also included alternative suggestions to the rate reduction. Based on the public input received, the state changed its initial proposal of a 5% reduction in payment rates for children's dental services and instead proposed the targeted rate reductions and coverage changes for adult dental services in SPA 16-0028 and a 2% reduction for children's dental services in SPA 16-0030. The state reported that the dental providers expressed satisfaction with the ability to provide additional input and suggest alternatives to the initial proposal.

2. With respect to the access review requirements at 42 CFR 447.204(b), Connecticut submitted its AMRP, an analysis of the effect of the change in payment rates on access, and an analysis of the information and concerns expressed through stakeholder input. Specifically, Connecticut documented that it examined beneficiary enrollment, utilization of services, provider availability, payment rates relative to other payers and resources available to beneficiaries to facilitate access to care. The state's AMRP analyzed beneficiaries' access to services over a three year period and established utilization and provider enrollment trends during that period.

   In particular, in the AMRP, the state demonstrated that Medicaid beneficiaries have utilized dental services in the state at the same or increased levels over a three year period and that the number of enrolled providers has been consistent over that same period of time. Not including 12 Dental FQHCs, there were 1,168 (2013), 1,234 (2014), and 1,245 (2015) enrolled independent dental practitioners in CT, and 88% of the dental practitioners are accepting new Medicaid patients. The AMRP cited additional functions the state relies upon to understand and address access concerns, such as the public process the state used to engage providers and beneficiaries on the changes in payment rates and use of Administrative Services Organizations (ASOs) to resolve access to care issues. Data demonstrated that the dental ASO received a total of 202 complaints out of 2,354,933 member months (0.0085%) in 2014. Based on this data and information, the state concluded that Medicaid beneficiaries have access to care for adult dental services that is sufficient and comparable to the general population in the geographic area.

3. The state established procedures to monitor continued access to care after implementation of these rate reductions, consistent with 42 CFR 447.203(b)(6). Specifically, the state provided a plan to periodically review continued service access to the dental services associated with this SPA consistent with regulatory requirements, including: measures, baseline data and state-established access thresholds which will trigger additional review or action by the stated. These procedures will be in place for at least three years, consistent with 447.203(b)(6)(ii)(B).

4. The state also demonstrated that it has ongoing mechanisms for beneficiary and provider input on access to care, such as the beneficiary complaint processes. These provide that beneficiaries and the public can raise access concerns both directly to the state Medicaid agency and to the dental ASO. The state has established that it

will promptly respond to public input through these mechanisms, and will retain a record of this input and response. Specifically, the ASO tracks and resolves all access-related issues on a quarterly basis.

CMS is approving this SPA as the state has reasonably substantiated its conclusion that access for these services is sufficient through a process consistent with the requirements of §447.203 and conducted the public process and notice described in §§447.204 and 447.205. Consistent with the aforementioned regulations, the state has committed to monitoring access and CMS will be periodically contacting the state to understand how the state's monitoring activities are progressing. If access deficiencies are identified, the state will submit a corrective action plan within 90 days of identification.

This letter affirms that the Connecticut Medicaid state plan amendment 16-0028 is approved effective August 1, 2016 as requested by the state.

We are enclosing the HCFA-179 and the following amended plan pages.

- Addendum Page 8(a) to Attachment 3.1-A
- Addendum Page 8(a) to Attachment 3.1-B
- Attachment 4.19B, Page 1(e)

If you have any questions regarding this matter you may contact Robert Cruz at 617-565-1257 or by email at Robert.Cruz@cms.hhs.gov

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 16-0028

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:
~~July 1, 2016~~ August 1, 2016

5. TYPE OF STATE PLAN MATERIAL (Check One):
___ NEW STATE PLAN ___AMENDMENT TO BE CONSIDERED AS NEW PLAN _X_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 440.100

7. FEDERAL BUDGET IMPACT:
a. FFY 2016 ($196,000) (savings)
b. FFY 2017 ($2.4 million) (savings)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Addendum Page 8(a) to Attachment 3.1-A
Addendum Page 8(a) to Attachment 3.1-B
Attachment 4.19-B, Page 1(e)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable)
Addendum Page 8(a) to Attachment 3.1-A
Addendum Page 8(a) to Attachment 3.1-B
Attachment 4.19-B, Page 1(e)

10. SUBJECT OF AMENDMENT: Effective August 1, 2016, SPA 16-0028 amends Attachment 4.19-B of the Medicaid State Plan in order to reduce the fees for the dental codes specified in the CMS cover letter. This SPA also amends Attachments 3.1-A and 3.1-B of the Medicaid State Plan to tighten the coverage limitations (which may be exceeded with prior authorization based on medical necessity) for sealants and direct placed restorations.

11. GOVERNOR'S REVIEW (Check One):
X 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, 2016

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: September 30, 2016

18. DATE APPROVED: December 29, 2016

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
August 1, 2016

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, Boston Regional Office

23. REMARKS: CMS and the State agreed to make a pen-and-ink change to update the effective date on the CMS Form 179 from July 1, 2016 to August 1, 2016.

FORM HCFA-179 (07-92)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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.

(4) Clients residing in long-term care facilities may receive up to two (2) oral examinations, prophylaxis, and fluoride treatments per year, which may be exceeded based on medical necessity.

(5) Pre-molar sealants will not be covered, unless medically necessary with prior authorization.

(6) Any sealants that fail within five years from the date of placement will not be covered unless medically necessary with prior authorization.

(7) All direct placed restorations that require replacement within two years from the initial date of placement will not be covered unless medically necessary with prior authorization.

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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: Connecticut

AMOUNT, 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.

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(7) All direct placed restorations that require replacement within two years from the initial date of placement will not be covered unless medically necessary with prior authorization.

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

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

(10) Dental services – Fixed fee schedule. The agency's rates were set as of August 1, 2016 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, 2016 and effective for services on or after that date.