

## Table of Contents-18-0009

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**

May 30, 2018

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

Dear Commissioner Bremby:

We are pleased to enclose via email, a copy of approved Connecticut State Plan Amendment (SPA) No. 18-0009, submitted to my office on March 28, 2018 and approved on May 3, 2018. This SPA amends Attachments 3.1-A and 3.1-B of the Medicaid State Plan to implement an annual financial coverage limit for dental services provided to adults. Specifically, payment for non-emergency dental services for adults age twenty-one and older shall not exceed \$1,000 per calendar year per individual, which may be exceeded by prior authorization based on medical necessity. This limit is similar to those in various commercial dental insurance plans and is designed to reduce unnecessary utilization while maintaining coverage for medically necessary services. This SPA does not change the reimbursement methodology for dental services.

This SPA has been approved effective January 1, 2018, 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](mailto:Marie.DiMartino@cms.hhs.gov)

Sincerely,

/S/

Richard R. McGreal  
Associate Regional Administrator

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

1. TRANSMITTAL NUMBER:  
18-0009

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:  
January 1, 2018

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 440.100

7. FEDERAL BUDGET IMPACT:  
a. FFY 2018 (\$1.1 million) (savings)  
b. FFY 2019 (\$1.7 million) (savings)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Addendum Page 8a to Attachment 3.1-A  
Addendum Page 8a to Attachment 3.1-B

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR  
ATTACHMENT (If applicable)

Addendum Page 8a to Attachment 3.1-A  
Addendum Page 8a to Attachment 3.1-B

10. SUBJECT OF AMENDMENT: Effective January 1, 2018, this SPA amends Attachments 3.1-A and 3.1-B of the Medicaid State Plan to implement an annual financial coverage limit for dental services provided to adults. Specifically, payment for non-emergency dental services for adults age twenty-one and older shall not exceed \$1,000 per calendar year per individual, which may be exceeded by prior authorization based on medical necessity. This limit is similar to those in various commercial dental insurance plans and is designed to reduce unnecessary utilization while maintaining coverage for medically necessary services. This SPA does not change the reimbursement methodology for dental services.

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/ [Signature]

13. TYPED NAME: Roderick L. Bremby

14. TITLE: Commissioner

15. DATE SUBMITTED:

March 28, 2018

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: March 28 2018

18. DATE APPROVED: May 3 2018

**PLAN APPROVED ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1 2018

20. SIGNATURE OF REGIONAL OFFICIAL:

/S/

21. TYPED NAME: Richard R. McGreal

22. TITLE: Associate Regional Administrator  
Division of Medicaid & Children's Health Operation

23. REMARKS:

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ConnecticutAMOUNT, 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, the following limitations apply, each of which may be exceeded with prior authorization based on medical necessity:
  - (A) No more than one (1) oral examination and (1) prophylaxis every year.
  - (B) All non-emergency services, which includes diagnostic, prevention, prosthetic, basic restoration and non-surgical extractions require prior authorization after the annual maximum benefit limitation is reached.

The annual benefit maximum for non-emergency services for each adult client shall not exceed \$1,000 for each calendar year beginning January 1 through December 31 and will reset each new calendar year.
- (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. Either the provider that placed the original sealant must return any reimbursement for any sealants that fail within five years or the provider who placed the original sealant may replace the sealant at no cost.
- (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. Replacement may result in recouping the initial restoration fee paid to the provider.

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

TN#: 18-0009

Approval Date: 05/03/2018 \_\_\_\_\_

Effective Date: 01/01/2018

Supercedes

TN# 16-0028

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.
- (2) For clients 21 years of age and older, the following limitations apply, each of which may be exceeded with prior authorization based on medical necessity:
  - (A) No more than one (1) oral examination and (1) prophylaxis every year.
  - (B) All non-emergency services, which includes diagnostic, prevention, prosthetic, basic restoration and non-surgical extractions require prior authorization after the annual maximum benefit limitation is reached.

The annual benefit maximum for non-emergency services for each adult client shall not exceed \$1,000 for each calendar year beginning January 1 through December 31 and will reset each new calendar year.
- (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. Either the provider that placed the original sealant must return any reimbursement for any sealants that fail within five years or the provider who placed the original sealant may replace the sealant at no cost.
- (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. Replacement may result in recouping the initial restoration fee paid to the provider.

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

TN#: 18-0009  
Supercedes  
TN# 16-0028

Approval Date: 05/03/18\_\_\_\_\_

Effective Date: 01/01/2018