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State/Territory Name: Connecticut

State Plan Amendment (SPA) #: 18-0030

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

October 16, 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. 18-0030, submitted to my office on September 27, 2018 and approved on October 15, 2018.

This SPA amends Attachment 4.19-B of the Medicaid State Plan to revise the reimbursement methodology for Current Dental Terminology (CDT) code D1354 (Interim Caries Arresting Medicament).

This SPA's approval is effective September 1, 2018, as requested by the State.

If you have any questions regarding this matter you may contact Robert Cruz at 781-335-3455 or by email at Robert.Cruz@cms.hhs.gov.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure

**TRANSMITTAL AND NOTICE OF APPROVAL
OF STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES**1. TRANSMITTAL NUMBER:
18-0030

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:
September 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 440.1007. FEDERAL BUDGET IMPACT:
a. FFY 2018 \$0
b. FFY 2019 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Page 1(e)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR
ATTACHMENT (If applicable)
Attachment 4.19-B, Page 1(e)

10. SUBJECT OF AMENDMENT: Effective September 1, 2018, this SPA amends Attachment 4.19-B of the Medicaid State Plan to revise the reimbursement methodology for Current Dental Terminology (CDT) code D1354 (Interim Caries Arresting Medicament). CDT code D1354 will change from a fee-for-service reimbursement to a special pricing reimbursement methodology. A "Special Pricing Prior Authorization" was created for this CDT code to allow for the specification of the tooth or teeth in which an "interim caries arresting medicament" is applied to each dental arch. This revision will allow for better assessment of oral health in the members who receive this service.

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 27, 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: September 27, 2018

18. DATE APPROVED: October 15, 2018

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

September 1, 2018

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:

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 follows:
- (a) The rates for dental services provided to adults were set as of September 1, 2018; and
 - (b) The rates for dental services provided to children were set for dates of service on or after September 1, 2018.

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”