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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850



Center for Medicaid and CHIP Services
Disabled and Elderly Health Programs Group

March 25, 2020

Ms. Deidre Gifford
Commissioner, Department of Social Services
55 Farmington Ave. – 9th Floor,
Hartford, CT 06105-3730

Dear Ms. Gifford,

The CMS Division of Pharmacy team has reviewed Connecticut's State Plan Amendment (SPA) 19-0033 received in the CMS Division of Program Operations on December 31, 2019. This SPA proposes to allow the state to comply with the Medicaid Drug Utilization Review (DUR) provisions included in Section 1004 of the Substance Use-Disorder Prevention that promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act (P.L. 115-271).

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that CT SPA 19-0033 is approved with an effective date of October 1, 2019. A copy of the signed CMS-179 form, as well as the pages approved for incorporation into Connecticut's state plan, will be forwarded by the CMS Division of Program Operations.

If you have any questions regarding this request, please contact Michael Forman at 410-786-2666 or michael.forman@cms.hhs.gov.

Sincerely,

/s/

Cynthia R. Denemark, R.Ph.
Deputy Director
Division of Pharmacy
DEHPG/CMCS/CMS

cc: Kathleen M. Brennan, Deputy Commissioner, Department of Social Services
Trish McCooley, Staff Attorney, State of CT Department of Social Services
Herman Kranc, Connecticut Medical Assistance Pharmacy Program
James G. Scott, CMS, Director, Division of Program Operations
Marie DiMartino, CMS Division of Program Operations

**TRANSMITTAL AND NOTICE OF APPROVAL
OF STATE PLAN MATERIAL**

FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES

1. TRANSMITTAL NUMBER:
19-0033

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:
October 1, 2019

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 1902(a)(85) of the Social Security Act and Section
1004 of the SUPPORT Act (P.L. 115-271)

7. FEDERAL BUDGET IMPACT:

a. FFY 2020 \$0
b. FFY 2021 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page 74d (Section 4.26)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR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

10. SUBJECT OF AMENDMENT: As required by CMS, effective October 1, 2019, this SPA amends Section 4.26 of the Medicaid State Plan to reflect new Drug Utilization Review (DUR) provisions in Section 1004 of the federal Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act ("SUPPORT Act") (P.L. 115-271). These provisions are designed to reduce opioid-related fraud, misuse and abuse. The required provisions include opioid prescription claim reviews at the point of sale and retrospective reviews; the monitoring and management of antipsychotic medication in children; and identification of processes to detect fraud and abuse.

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: Kathleen M. Brennan

14. TITLE: Deputy Commissioner

15. DATE SUBMITTED:
December 30, 2019

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: December 30, 2019

18. DATE APPROVED: March 25, 2020

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
October 1, 2019

20. SIGNATURE OF REGIONAL OFFICIAL:
/S/

21. TYPED NAME: James G. Scott

22. TITLE: Director
Division of Program Operations

23. REMARKS:

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

Citation

4.26 Drug Utilization Review program (continued)

K.1. Claims Review Limitations - The DUR program conducts the following claims review activities:

1902(a)(85) and Section 1004 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act)

- Prospective safety edits on opioid prescriptions to address days' supply, early refills, duplicate fills and quantity limitations for clinical appropriateness.
- Prospective safety edits on maximum daily morphine milligram equivalents (MME) on opioid prescriptions to limit the daily morphine milligram equivalent (as recommended by clinical guidelines).
- Retrospective reviews performed on an ongoing basis for any patient receiving chronic therapy of opioids, duplicate therapy with opioids, overuse criteria, appropriate use of opioids, chronic use of opioids without naloxone, chronic maternal use of opioids, and continued opioid use despite poisoning diagnosis.
- Retrospective reviews on concurrent utilization of opioids and benzodiazepines as well as opioids and antipsychotics on an ongoing periodic basis.

K.2. Programs to monitor antipsychotic medications to children: Antipsychotic agents are reviewed for appropriateness for all children including foster children based on approved indications and clinical guidelines.

K.3. Fraud and abuse identification: The DUR program has established a process that identifies potential fraud or abuse of controlled substances by enrolled individuals, health care providers and pharmacies.