

Table of Contents

State/Territory Name: Connecticut

State Plan Amendment (SPA) #: 21-0004-A

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS-179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



January 14, 2022

Dr. Deidre Gifford, Commissioner
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105

Re: Connecticut State Plan Amendment (SPA) 21-0004-A

Dear Commissioner Gifford:

We have reviewed the proposed amendment to add section 7.4-B. Rescissions to the State's Disaster Relief Policies for the COVID-19 National Emergency to Connecticut Medicaid state plan, as submitted under transmittal number (TN) 21-0004-A. This amendment proposes to rescind temporary policies, in section 7.4. Medicaid Disaster Relief for the National Emergency.


We conducted our review of your submittal according to the statutory requirements at section 1902(a) of the Social Security Act and implementing regulations. Section 7.4 of the Medicaid state plan provides temporary authority for these provisions and is intended to be in effect only for the duration of the COVID-19 public health emergency. Due to the temporary nature of this provision, Medicaid SPA Transmittal Number 21-0004-A is approved effective April 19, 2021.

Enclosed is a copy of the CMS-179 summary form and the approved state plan page.

Please contact Marie DiMartino at 617-565-9157 or by email at Marie.DiMartino@cms.hhs.gov if you have any questions about this approval.

Sincerely,

Alissa M.
Deboy -S

 Digitally signed by Alissa
M. Deboy -S
Date: 2022.01.14
08:14:30 -05'00'

Alissa Mooney DeBoy
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

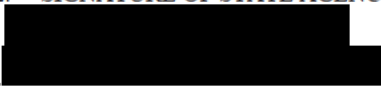
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 21-0004-A	2. STATE: CT
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: April 19, 2021	
5. TYPE OF STATE PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: Sections 1135 and 1905(a) of the Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY 2021 \$46.6 million b. FFY 2022 \$3.9 million
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 7.4-B Pages 2	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable) New

10. SUBJECT OF AMENDMENT: This SPA rescinds the following flexibilities that were previously approved by CMS in Coronavirus Disease 2019 (COVID-19) Medicaid Disaster Relief SPA CT-20-0015 effective from March 1, 2020 through the end of the federal public health emergency declaration for COVID-19. Effective April 19, 2021, this SPA rescinds the flexibilities in which the state authorized a 90-day supply of medication other than controlled substance medications and allowed prescription refills when 80% or more of the prescription was used.

11. GOVERNOR'S REVIEW (Check One):
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: State of Connecticut Department of Social Services 55 Farmington Avenue – 9th floor Hartford, CT 06105 Attention: Ginny Mahoney
13. TYPED NAME: Deidre S. Gifford, MD, MPH	
14. TITLE: Commissioner	
15. DATE SUBMITTED: March 30, 2021	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 03/30/21	18. DATE APPROVED: 01/14/22
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PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: April 19, 2021	20. SIGNATURE OF REGIONAL OFFICIAL: Alissa M. Deboy -S <small>Digitally signed by Alissa M. Deboy -S Date: 2022.01.14 08:15:00 -05'00'</small>
21. TYPED NAME: Alissa Mooney DeBoy	22. TITLE: Alissa Mooney DeBoy On Behalf of Anne Marie Costello, Deputy Director Center for Medicaid and CHIP Services

23. REMARKS:
pen and ink change to box 1,4 8 , 9 and 10 approved by the state on 1/4/22

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Connecticut

Section 7 – General Provisions

7.4-B. Rescissions to the State’s Disaster Relief Policies for the COVID-19 National Emergency (cont’d)

1. Medication Coverage Flexibilities: Effective April 19, 2021, the state rescinds the elections within items D.6.a and D.6.b (approved on August 13, 2020 in SPA CT-20-0015) of the state plan, which provided, respectively, that the Department would authorize a 90-day supply of medication other than controlled substance medications and would allow prescription refills when 80% or more of the prescription was used.