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State/Territory Name: CT

State Plan Amendment (SPA) #: 22-0009

This file contains the following documents in the order listed:

1) Approval Letter
2) CMS 179 Form/Summary Form (with 179-like data)
3) Approved SPA Page
May 13, 2022

Kathleen M. Brennan, Deputy Commissioner
Department of Social Services
Office of the Deputy Commissioner
55 Farmington Avenue Hartford, CT 06105-3730

RE: Connecticut State Plan Amendment (SPA) Transmittal Number 22-0009

Dear Deputy Commissioner Brennan:

We have reviewed the proposed Connecticut State Plan Amendment (SPA) to Attachment 4.19-B submitted under TN-22-0009, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 30th, 2022. This plan incorporates the January 2022 federal Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) to the dental fee schedules for adults and children.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1st, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Jerica Bennett at 1-410-786-1167 or jerica.bennett@cms.hhs.gov.

Sincerely,

Todd McMillion
Director
Division of Reimbursement Review

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

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER 2. STATE
220009 CT

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT
○ XIX ○ XXI

4. PROPOSED EFFECTIVE DATE
January 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION
Social Security Act Section 1905(a)(10) and 42 CFR 440.100

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2022 $ 0
b. FFY 2023 $ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B, Page 1(e)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)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

9. SUBJECT OF AMENDMENT
This SPA incorporates the January 2022 federal Healthcare Common Procedure Coding System (HCPCS) updates (additions, deletions and description changes) to the dental fee schedules for adults and children.

10. 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

11. OFFICIAL

12. TYPED NAME
Deidre S. Gifford, M.D., MPH

13. TITLE
Commissioner

14. DATE SUBMITTED
March 30, 2022

15. RETURN TO
State of Connecticut
Department of Social Services
55 Farmington Avenue - 9th floor
Hartford, CT 06105
Attention: Ginny Mahoney

16. DATE RECEIVED
03/30/22

17. DATE APPROVED
May 13, 2022

18. EFFECTIVE DATE OF APPROVED MATERIAL
01/01/22

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement Review

22. REMARKS

Instructions on Back
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

(10) Dental Services:

(a) Dental Services Provided to Adults: Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of dental services provided to adults. The agency’s fee schedule rates were set as of January 1, 2022 and are effective for services provided on or after that date. All rates are published on the Connecticut Medical Assistance Program website: https://www.ctdssmap.com. From this web page, go to “Provider,” then to “Provider Fee Schedule Download,” then select the applicable fee schedule.

(b) Dental Services Provided to Children: Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of dental services provided to children. The agency’s fee schedule rates were set January 1, 2022 and are effective for services provided on or after that date. All rates are published on the Connecticut Medical Assistance Program website: https://www.ctdssmap.com. From this web page, go to “Provider,” then to “Provider Fee Schedule Download,” then select the applicable fee schedule.

TN # 22-0009 Approval Date May 13, 2022 Effective Date 01/01/2022
Supersedes
TN # 21-0009