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State/Territory Name: CT

State Plan Amendment (SPA) #: 22-0019

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

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services Center for Medicaid & CHIP Services 233 North Michigan Ave., Suite 600 Chicago, Illinois 60601



Financial Management Group

February 9, 2023

Deidre S. Gifford, MD, MPH, 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 22-0019

Dear Commissioner Gifford:

We have reviewed the proposed Connecticut State Plan Amendment (SPA) to Attachment 4.19-B submitted under TN-22-0019, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 23rd, 2022. This plan updates the reimbursement methodology for LARCs under FQHCs.

Based upon the information provided by the State, we have approved the amendment with an effective date of May 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

CENTENOT ON MEDIONICE & MEDIONID CENTROLO	-
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER 2. STATE 2 2 — 0 0 1 9 CT
STATE PLAN MATERIAL	<u> </u>
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT
	SECORITY ACT O XIX XXI
TO: CENTER DIRECTOR	4. PROPOSED EFFECTIVE DATE
CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	May 1, 2022
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY 2022 \$ 60.434
Section 1905(a)(2)(C) and 1902(bb) of the Social Security Act	b. FFY 2023 \$ 184,002
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Addendum Page 5d to Attachment 4.19-B Page 1	NEW
9. SUBJECT OF AMENDMENT	
	congrately for the east of long acting reversible contracentive
This SPA reimburses federally qualified health centers (FQHCs) (LARC) devices from their medical encounter rate. Reimbursem	
rate for the device under section 340B of the Public Health Service	pe Act.
10. GOVERNOR'S REVIEW (Check One)	_
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:
OCOMMENTS OF GOVERNOR'S OFFICE ENCLOSED	
O NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	
11. SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO
	State of Connecticut
12. TYPED NAME	Department of Social Services 55 Farmington Avenue – 9th floor
Deidre S. Gifford, MD, MPH	Hartford, CT 06105
13. TITLE Commissioner	Attention: Ginny Mahoney
14. DATE SUBMITTED	
June 23, 2022	
FOR CMS U	JSE ONLY
16. DATE RECEIVED 06/23/2022	17. DATE APPROVED
06/23/2022 February 9, 2023 PLAN APPROVED - ONE COPY ATTACHED	
	19. SIGNATURE OF APPROVING OFFICIAL
05/01/2022	
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL
Todd McMillion	Director, Division of Reimbursement Review
22. REMARKS	
ZZ. INDIVININO	

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

(11) Effective May 1, 2022, the cost of long-acting reversible contraceptive (LARC) devices will be paid to the federally qualified health center (FQHC) separately from the FQHC's prospective payment system (PPS) reimbursement. Reimbursement for the cost of a LARC device will be the same rate as set forth on the fee schedule for family planning clinics referenced in section 9 of Attachment 4.19-B of the Medicaid State Plan, which is based on an applicable rate for the LARC device under section 340B of the Public Health Service Act.