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State/Territory Name: Connecticut

State Plan Amendment (SPA) #: 24-0027

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

601 E. 12th St., Room 355

Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

December 3, 2025

Andrea Barton Reeves, J.D., Commissioner
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105

Re: Connecticut State Plan Amendment (SPA) - 24-0027

Dear Commissioner Reeves:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0027. This amendment proposes to continue coverage and reimbursement for over-the-counter COVID-19 tests.

We conducted our review of your submittal according to statutory requirements in Social Security Act Sections 1905(a)(3), (5) and (7) and 42 CFR 440.30, 440.50, 440.70, 440.90, and 440.100. This letter informs you that Connecticut's Medicaid SPA TN 24-0027 was approved on December 3, 2025, effective October 1, 2024.

Enclosed are copies of Form CMS 179 and the approved SPA pages to be incorporated into the Connecticut State Plan.

If you have any questions, please contact Marie DiMartino at (617) 565-9157 or via email at Marie.DiMartino@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Wendy E. Hill Petras.

Wendy E. Hill Petras, Acting Director
Division of Program Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>2 4 — 0 0 2 7</u>	2. STATE <u>CT</u>
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
5. FEDERAL STATUTE/REGULATION CITATION Social Security Act Sections 1905(a)(3), (5), (7), (9), and (10); 42 CFR 440.30, 440.50, 440.70, 440.90, and 440.100		4. PROPOSED EFFECTIVE DATE October 1, 2024	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement page 1(a)(iii) Attachment 4.19B, Page 4 Addendum Pg 11 to 4.19-B, Pg 1 Attachment 4.19-B, Pg 1(a)(E), 1(a)v, 1(a)x Attachment 4.19-B, Pg 1(b)ii Attachment 4.19-B, Pg 1(c) Attachment 4.19-B, Pg 1(e) Supplement page 11 to addendum page 12 to Attachment 3.1A and 3.1B		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY <u>2025</u> \$ <u>7,502,412</u> b FFY <u>2026</u> \$ <u>7,305,459</u>	
9. SUBJECT OF AMENDMENT Updates to coverage and reimbursement related to COVID-19 for laboratory services, testing, and vaccine administration.		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) New Addendum Pg 11 to 4.19B, Pg 1 Attachment 4.19-B, Pg 1(a)(E), 1(a)v, 1(a)x Attachment 4.19-B, Pg 1(b)ii Attachment 4.19-B, Pg 1(c) Attachment 4.19-B, Pg 1(e) New	
10. GOVERNOR'S REVIEW (Check One) <input checked="" type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> OTHER, AS SPECIFIED: <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. TYPED NAME Andrea Barton Reeves, J.D.		15. RETURN TO State of Connecticut Department of Social Services 55 Farmington Avenue – 9th floor Hartford, CT 06105 Attention: Ginny Mahoney	
13. TITLE Commissioner		14. DATE SUBMITTED December 23, 2024	
FOR CMS USE ONLY			
16. DATE RECEIVED 12/24/2024		17. DATE APPROVED 12/3/2025	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL 10/1/2024		19. SIGNATURE OF APPROVING OFFICIAL 	
20. TYPED NAME OF APPROVING OFFICIAL Wendy E. Hill Petras		21. TITLE OF APPROVING OFFICIAL Acting Director, Division of Program Operations	
22. REMARKS State approved Pen and ink change to box 7, adding Supplement page 11 to addendum page 12 to attachment 3.1A and 3.1B and Supplement page 1(a)(iii) Attachment 4.19B, Page 4. Added NEW to Box 8 to correspond with each page added in box 7			

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

(3) Other Laboratory and X-ray Services –

- Laboratory Services: Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of laboratory services. The agency's fee schedule rates were set as of October 1, 2024 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. The Department reviews Medicare rate changes annually to ensure compliance with federal requirements.

TN # 24-0027
Supersedes
TN # 24-0002

Approval Date 12/03/2025

Effective Date 10/01/2024

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: CONNECTICUT

(5) Physician's services – Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of physician's services. The agency's fee schedule rates were set as of October 1, 2024, 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 # 24-0027
Supersedes
TN # 24-0020

Approval Date 12/03/2025

Effective Date 10/01/2024

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

7. Home Health Services –

(a) Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area are provided with limitations.

(b) Home health aide services provided by a home health agency with limitations.

(c) Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility are provided with limitations.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of home health services provided by a home health agency listed above in (a), (b), and (c). The agency's fee schedule rates were set as of October 1, 2024 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.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

Home Health Services (Continued)

(d) Medical supplies, equipment and appliances suitable for use in the home – Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of medical supplies, equipment and appliances suitable for use in the home. The agency's fee schedule rates were set as of October 1, 2024, 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. Over-the-counter products provided by pharmacies are reimbursed at Average Wholesale Price (AWP) with no dispensing fee, except for blood glucose testing strips which are reimbursed at WAC (Wholesale Acquisition Cost) with no dispensing fee and alcohol prep pads which are reimbursed at a maximum amount of \$6.00 per 100 prep pads with no dispensing fee. COVID-19 vaccines will be reimbursed at AWP + \$1.00 with no dispensing fee.

Prescription products and devices provided by pharmacies, including continuous glucose monitoring (CGM) devices, are reimbursed at the device cost specified below plus the professional dispensing fee specified for pharmacies in section 12 of Attachment 4.19-B of the Medicaid State Plan, which is currently \$10.75. Reimbursement for the device cost shall be the lowest of: (i) the usual and customary charge to the public or the pharmacy's actual submitted ingredient cost; (ii) the National Average Drug Acquisition Cost (NADAC) established by CMS; (iii) the Affordable Care Act Federal Upper Limit (FUL); or (iv) Wholesale Acquisition Cost (WAC) plus zero (0) percent when no NADAC is available for a specific drug.

TN # 24-0027

Supersedes

TN # 24-0009Approval Date 12/03/2025Effective Date 10/01/2024

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

- (c) Family Planning Clinics: Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of family planning clinic services. The agency's fee schedule rates were set as of October 1, 2024 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 # 24-0027
Supersedes
TN # 24-0009

Approval Date 12/03/2025

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

1. Medical Clinics: Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of medical clinic services. The agency's fee schedule rates were set as of October 1, 2024, 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.

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TN # 24-0020

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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 October 1, 2024 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 October 1, 2024 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 # 24-0027

Supersedes

TN # 24-0002Approval Date 12/03/2025Effective Date 10/01/2024

State: CONNECTICUT
AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
CATEGORICALLY NEEDY GROUP(S): ALL

5. Preventive Services

Service Description:

Over-the-counter COVID-19 test kits are covered when prescribed by a physician or other licensed practitioner operating within the scope of their practice under State law to treat, prevent or manage a chronic medical condition. In addition, pharmacies can bill and pharmacists can prescribe and dispense over-the-counter COVID-19 test kits.

Coverage is limited to up to four test kits per month. Additional quantities may be authorized if it is determined to be medically necessary.

TN # 24-0027
Supersedes
TN # NEW

Approval Date 12/03/2025

Effective Date 10/01/2024

State: CONNECTICUT
AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

5. Preventive Services

Service Description:

Over-the-counter COVID-19 test kits are covered when prescribed by a physician or other licensed practitioner operating within the scope of their practice under State law to treat, prevent or manage a chronic medical condition. In addition, pharmacies can bill and pharmacists can prescribe and dispense over-the-counter COVID-19 test kits.

Coverage is limited to up to four test kits per month. Additional quantities may be authorized if it is determined to be medically necessary.

TN # 24-0027
Supersedes
TN # NEW

Approval Date 12/03/2025

Effective Date 10/01/2024

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

13.c. Preventive Services

(5) Coverage of COVID-19 Test Kits

Over-the-counter products billed by pharmacies, including COVID-19 at-home test kits, are reimbursed at Average Wholesale Price (AWP) with no dispensing fee.

TN # 24-0027
Supersedes
TN # NEW

Approval Date 12/03/2025

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