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State/Territory Name: Connecticut

State Plan Amendment (SPA) #: 25-0003

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

January 17, 2025

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

Re: Connecticut State Plan Amendment (SPA) 25-0003

Dear Commissioner Reeves:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0003. This amendment establishes new coverage for independent doula services.

We conducted our review of your submittal according to statutory requirements in Social Security Act Sections 1905(a)(13)(C) and 42 CFR 440.130(c). This letter informs you that Connecticut's Medicaid SPA TN 25-0003 was approved on January 17, 2025, effective January 1, 2025.

Enclosed are copies of the Form CMS-179 and 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,



James G. Scott, Director
Division of Program Operations

Enclosures

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 0 3

2. STATE

CT

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

4. PROPOSED EFFECTIVE DATE

January 1, 2025

TO: CENTER DIRECTOR

CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. FEDERAL STATUTE/REGULATION CITATION Social
Security Act Sections 1905(a)(13)(C) and 42 CFR 440.130(c)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 3,413

b. FFY 2026 \$ 33,730

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplemental Page 10 to Addendum Page 12-Attachment 3.19-A
Supplemental Page 10 to Addendum Page 12-Attachment 3.19-B
Supplemental Page 1(a)ii, Attachment 4.19-B Page 4

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

NEW

NEW

NEW

9. SUBJECT OF AMENDMENT

Establishing new coverage for independent doula services.

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



OTHER, AS SPECIFIED:

12. TYPED NAME

Andrea Barton Reeves, J.D.

13. TITLE

Commissioner

14. DATE SUBMITTED

December 23, 2024

15. RETURN TO

State of Connecticut

Department of Social Services

55 Farmington Avenue – 9th floor

Hartford, CT 06105

Attention: Ginny Mahoney

FOR CMS USE ONLY

16. DATE RECEIVED

December 24, 2024

17. DATE APPROVED

January 17, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE

Director

Division of Program Operations

22. REMARKS

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

4. Preventive Services - Doula Services

A. **Service Description:** Doula services provide support for pregnant individuals throughout the perinatal period, regardless of how the pregnancy ends. Pursuant to 42 C.F.R. Section 440.130(c), doula services are provided as preventive services and must be recommended by a physician or other licensed practitioner of the healing arts within their scope of practice under state law to prevent perinatal complications and/or promote the physical and mental health of the beneficiary.

Doulas support the pregnant individual throughout the pregnancy, childbirth, and postpartum experience with the goal of improving outcomes for birthing individuals and infants. Doula services include the following components:

1. Perinatal counseling, education, and support services, including newborn care, to prevent adverse outcomes.
2. Labor support and attendance at delivery, including development of a birth plan.
3. Coordination with community-based medical and non-medical services to improve beneficiary outcomes.
4. Accompanying the pregnant/birthing individual to clinician visits.
5. Emotional and physical support.
6. Visits to provide basic infant care.

B. **Qualified Provider Specifications:** Doula services shall be provided by qualified individuals who are at least 18 years of age and who are certified by the state's Department of Public Health as a doula.

TN # 25-0003

Approval Date 01/17/25

Effective Date: 01/01/2025

Supersedes

TN # NEW

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

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Supersedes
TN # NEW

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Effective Date: 01/01/2025

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

13.c. Preventive Services

(4) Doula Services

The agency's fee schedule rates were set as of January 1, 2025, and are effective for doula 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, select "Provider," then "Provider Fee Schedule Download," accept the terms and conditions, and select the applicable fee schedule.

Doula services reimbursed as part of the maternity bundled payment will not be eligible for reimbursement under the doula fee schedule.

TN # 25-0003
Supersedes
TN # NEW

Approval Date: 01/17/25

Effective Date: 01/01/2025