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**State/Territory Name: Connecticut**

**State Plan Amendment (SPA) #: 25-0018**

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

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June 23, 2025

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

Re: Connecticut State Plan Amendment (SPA) 25-0018

Dear Commissioner Reeves:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0018. This amendment updates Attachments 3.1-A and 3.1-B of the Medicaid State Plan to comply with CMS' final rule amending 42 CFR 440.90 and authorizing an exception to the Medicaid clinic services "four walls" requirement for Indian Health Services (IHS) and Tribal clinics.

We conducted our review of your submittal according to statutory requirements in Social Security Act Sections 1911 and 42 CFR 440.136. This letter is to inform you that Connecticut Medicaid SPA Transmittal Number 25-0018 is approved on June 23, 2025, effective January 1, 2025.

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

Sincerely,

A solid black rectangular box used to redact the signature of Shantrina Roberts.

Shantrina Roberts, Acting Director  
Division of Program Operations

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <div style="text-align: center; font-family: monospace;">             2 5 — 0 0 1 8           </div>	2. STATE <div style="text-align: center; font-family: monospace;">             CT           </div>
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <div style="display: flex; justify-content: space-around;"> <input checked="" type="radio"/> XIX           <input type="radio"/> XXI         </div>	
5. FEDERAL STATUTE/REGULATION CITATION <i>Social Security Act Sections 1911 and 42 CFR 440.136</i>		4. PROPOSED EFFECTIVE DATE <div style="text-align: center; font-weight: bold;">January 1, 2025</div>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <del>Attachment 3.1-A Pages 7a-7f (NEW)</del> <del>Attachment 3.1-B Pages 7a-7f (NEW)</del> <b>Attachment 3.1A/B Pages 7-7f</b>		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2025</u> \$ <u>0</u> b. FFY <u>2026</u> \$ <u>0</u>  8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  <b>Attachment 3.1A/B Pages 6a &amp; 7</b>	
9. SUBJECT OF AMENDMENT Effective January 1, 2025, authorizing a mandatory exception to the Medicaid clinic services "four walls" requirement for Indian Health Services and Tribal clinics.			
10. GOVERNOR'S REVIEW (Check One) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT  <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL           </div> <div style="width: 45%;"> <input type="radio"/> OTHER, ASSPECIFIED:           </div> </div>			
11. SIGNATURE <div style="background-color: black; width: 100px; height: 40px; margin-top: 5px;"></div>	15. RETURN TO State of Connecticut Department of Social Services 55 Farmington Avenue – 9th floor Hartford, CT 06105 Attention: Ginny Mahoney		
12. TYPED NAME Andrea Barton Reeves, J.D.	13. TITLE Commissioner		
14. DATE SUBMITTED March 31, 2025	16. DATE RECEIVED <div style="text-align: center; font-weight: bold;">March 28, 2025</div>		
FOR CMS USE ONLY			
17. DATE APPROVED <div style="text-align: center; font-weight: bold;">June 23, 2025</div>		18. EFFECTIVE DATE OF APPROVED MATERIAL <div style="text-align: center; font-weight: bold;">January 1, 2025</div>	
19. SIGNATURE OF APPROVING OFFICIAL <div style="background-color: black; width: 100px; height: 40px; margin-top: 5px;"></div>		20. TYPED NAME OF APPROVING OFFICIAL <div style="text-align: center; font-weight: bold;">Shantrina Roberts</div>	
21. TITLE OF APPROVING OFFICIAL <div style="text-align: center; font-weight: bold;">Acting Director, Division of Program Operations</div>		22. REMARKS Pen and ink change request to add Attachment 3.1A/B pages 7-7f to CMS 179 Box 7 and Attachment 3.1A/B pages 6a & 7 to CMS 179 Box 8 approved by state 6/18/25	

## State Plan under Title XIX of the Social Security Act

State/Territory: Connecticut

## Section 1905(a)(9) Clinic Services

The state provides coverage for this benefit as defined at section §1905(a)(9) of the Social Security Act (the Act) and 42 C.F.R. 440.90 and as described as follows:

General Assurances

[Select all three checkboxes below.]

- ☒ The state assures services are furnished by a facility that is not part of a hospital in accordance with 42 C.F.R. 440.90.
- ☒ The state assures that services are furnished by facilities that are organized and operated to provide medical care to outpatients in accordance with 42 C.F.R. 440.90.
- ☒ The state assures that services are furnished under the direction of a physician or dentist in accordance with 42 C.F.R. 440.90(a).

Types of Clinic Services and Limitations in Amount, Duration, or Scope

[Select if applicable, describe below, and indicate if limits may be exceeded based upon state determined medical necessity criteria.]

- ☐ Limitations apply to all services within the benefit category.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: 25-0018

Approval Date: 6/23/2025

Supersedes TN: 13-032 and 23-0012

Effective: 01/01/2025

## State Plan under Title XIX of the Social Security Act

State/Territory: Connecticut

## Section 1905(a)(9) Clinic Services

Types of Clinics and Services:

**[Select all that apply and describe below as applicable]****Behavioral Health Clinics [Describe the types of behavioral health clinics below and select below if applicable.]:**

Private Behavioral Health Clinics and Public Behavioral Health Clinics (also known as Mental Health and Substance Abuse Clinics):  
All behavioral health services are moved to the Rehabilitative Services benefit category section of the Medicaid State Plan (42 CFR § 440.130(d)).



Limitations apply only to this clinic type within the benefit category.  
**[Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**

**IHS and Tribal Clinics [Select below if applicable.]:**

Limitations apply only to this clinic type within the benefit category.  
**[describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria].**

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## State Plan under Title XIX of the Social Security Act

State/Territory: Connecticut

## Section 1905(a)(9) Clinic Services



Renal Dialysis Clinics [Select below if applicable.]:



Limitations apply only to this clinic type within the benefit category.  
[Describe below and indicate if limits may be exceeded based upon  
state determined medical necessity criteria.]



Other Clinics [Describe the types of clinics, if any limitations apply,  
and select below if applicable.]:

Ambulatory Surgical Centers

Family Planning Clinics

Medical Clinics - including School-Based Health Centers

Methadone Maintenance Clinics

Rehabilitation Clinics

All behavioral health services are moved to the Rehabilitative Services benefit  
category section of the Medicaid State Plan (42 CFR § 440.130(d)).



Limitations apply only to this clinic type within the benefit category.  
[Describe below and indicate if limits may be exceeded based  
upon state determined medical necessity criteria.]

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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## State Plan under Title XIX of the Social Security Act

State/Territory: Connecticut

## Section 1905(a)(9) Clinic Services

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## State Plan under Title XIX of the Social Security Act

State/Territory: Connecticut

## Section 1905(a)(9) Clinic Services

Four Walls Exceptions

The state assures that the following services may be furnished outside of the clinic. **[Select the first and second checkbox; Do not select the second checkbox if the state does not enroll IHS or Tribal facilities as providers of clinic services.]**



Services furnished outside the clinic, by clinic personnel under the direction of a physician, to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address in accordance with 42 C.F.R. 440.90(b).



Services furnished outside a clinic that is a facility of the Indian Health Service, whether operated by the Indian Health Service (IHS) or by a Tribe or Tribal organization (as authorized by the Indian Self-Determination and Education Assistance Act (ISDEAA), Pub. L. 93-638), by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(c).

The state elects to cover the following services outside of the clinic **[Select all that apply.]**:



Services furnished outside of a clinic that is primarily organized for the care and treatment of outpatients with behavioral health disorders, including mental health and substance use disorders, by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(d) **[Describe the types of behavioral health clinics such exception applies to below:]**

Private Behavioral Health Clinics and Public Behavioral Health Clinics (also known as Mental Health and Substance Abuse Clinics):  
All behavioral health services are moved to the Rehabilitative Services benefit category section of the Medicaid State Plan (42 CFR § 440.130(d)).

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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## State Plan under Title XIX of the Social Security Act

State/Territory: Connecticut

## Section 1905(a)(9) Clinic Services

☐ Services furnished outside of a clinic that is located in a rural area and is not a rural health clinic (as referenced in section §1905(a)(2)(B) of the Act and 42 C.F.R. 440.20(b) of this subpart) by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(e) **[Select one of the checkboxes below and describe the definition of a rural area that applies to this exception.]**:

☐ A definition adopted and used by a federal governmental agency for programmatic purposes **[Describe below.]**:

☐ A definition adopted by a state governmental agency with a role in setting state rural health policy **[Describe below.]**:

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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Effective: 01/01/2025

## State Plan under Title XIX of the Social Security Act

State/Territory: Connecticut

## Section 1905(a)(9) Clinic Services

The state attests that [Select the checkbox if the state elects to cover services outside of a clinic that is located in a rural area.]:

- ☐ The selected definition of a rural area best captures the population of rural individuals that meets more of the four criteria that mirror the needs and barriers to access experienced by individuals who are unhoused:
- The population experiences high rates of behavioral health diagnoses or difficulty accessing behavioral health services;
  - The population experiences issues accessing services due to lack of transportation;
  - The population experiences a historical mistrust of the health care system; and
  - The population experiences high rates of poor health outcomes and mortality.

**Additional Benefit Description (Optional)**

At its option the state may provide additional descriptive information about the benefit, beyond what is included in the federal statutory and regulatory definitions and descriptions. [Describe below.]:

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