

## **Table of Contents**

**State/Territory Name: Connecticut**

**State Plan Amendment (SPA) #: 25-0026**

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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December 19, 2025

Andrea Barton Reeves, J.D., Commissioner

Department of Social Services

55 Farmington Avenue

Hartford, CT 06105

Re: Connecticut State Plan Amendment (SPA) - 25-0026

Dear Commissioner Reeves:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0026. This amendment proposes to cover Medical Nutrition Therapy services under the Preventive Services benefit when rendered by certified dietitian-nutritionists enrolled in Connecticut's Medicaid program.

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. This letter is to inform you that Connecticut's Medicaid SPA TN 25-0026 was approved on December 19, 2025, with an effective date of July 1, 2025.

Enclosed are copies of Form CMS 179 and the approved SPA page 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](mailto:Marie.DiMartino@cms.hhs.gov).

Sincerely,

A solid black rectangular box used to redact the signature of Wendy E. Hill Petras.

Wendy E. Hill Petras

Acting Director, Division of Program Operations

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <div style="text-align: center; font-family: monospace; font-size: 1.2em;">           2 5 — 0 0 2 6         </div>	2. STATE <div style="text-align: center; font-family: monospace; font-size: 1.2em;">           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; align-items: center;"> <input checked="" type="radio"/> XIX           <input type="radio"/> XXI         </div>	
5. FEDERAL STATUTE/REGULATION CITATION  Social Security Act 1905(a)(13)(c); 42 CFR 440.130		4. PROPOSED EFFECTIVE DATE <div style="text-align: center; font-weight: bold;">July 1, 2025</div>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement Page 12 <del>Supplement Page 11</del> 3.1-A and 3.1-B (NEW) Supplement Page 1(a)(iv) <del>Supplement Page 1(a)(iii)</del> Supplement Page 4 (NEW)		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2025</u> \$ <u>47,599</u> b. FFY <u>2026</u> \$ <u>285,592</u>	
9. SUBJECT OF AMENDMENT  Effective July 1, 2025, SPA 25-0026 will amend Attachments 3.1-A, 3.1-B and Attachment 4.19B to cover Medical Nutrition Therapy (MNT) services, for specified diagnosis codes, when rendered by certified dietitian-nutritionists enrolled in Connecticut's Medicaid program.		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  New   New	
10. GOVERNOR'S REVIEW (Check One) <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <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, AS SPECIFIED:           </div> </div>			
12. TYPED NAME Peter B. Hadler, JD		15. RETURN TO State of Connecticut Department of Social Services 55 Farmington Avenue - 9th floor Hartford, CT 06105 Attention: Ginny Mahoney	
13. TITLE Deputy Commissioner		16. DATE RECEIVED 09/30/2025	
14. DATE SUBMITTED September 30, 2025		17. DATE APPROVED 12/19/2025	
FOR CMS USE ONLY			
18. EFFECTIVE DATE OF APPROVED MATERIAL 07/01/2025		19. <div style="background-color: black; width: 100%; height: 20px;"></div>	
20. TYPED NAME OF APPROVING OFFICIAL Wendy E. Hill Petras		21. TITLE OF APPROVING OFFICIAL Acting Director Division of Program Operations	
22. REMARKS  Pen and ink changes to box 7 and 8 to update 3.1A/B pages from Supplement page 11 to supplement page 12 and Supplement Page 1(a)(iii) to Supplement Page 1(a)(iv) for 4.19B. Updated box 8 to read New for both pages			

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

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6. Preventive Services – Medical Nutrition Therapy

**A. Service Description:**

Medical nutrition therapy (MNT) is a personalized set of services delivered to assess, counsel, treat, and monitor the nutritional needs of individuals with specified medical conditions. The procedure codes established for MNT directly correspond to the recognized components which include nutritional and lifestyle assessments, individual or group nutritional interventions and reassessments/follow-up care. Each procedure code reflects a distinct phase in nutritional care.

- An initial nutrition and lifestyle assessment where an individualized plan of care is established that aligns with the referring provider's medical treatment plan.
- Individual and/or group nutritional therapy services to review, evaluate, and modify nutrition care plan to support diagnosed medical condition treatment
- Help manage the nutritional and lifestyle factors that affect individual's current diagnosis
- Follow-up visits to check on individual's progress.

Medical nutrition therapy (MNT) services are recommended by a physician or other licensed practitioner of the healing arts operating within the scope of their practice under state law to treat, prevent or manage a chronic medical condition.

MNT services are covered when rendered by a certified dietitian-nutritionist working within their scope of practice, for nutritional management of covered medical conditions identified by the state. Coverage is limited to three hours per calendar year, which may be exceeded through prior authorization of an additional three hours per calendar year if it is determined to be medically necessary.

**B. Qualified Provider Specifications:**

Certified dietitian-nutritionists must be certified by the Connecticut Department of Public Health.

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

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

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13.c. Preventive Services

**(6) Medical Nutrition Therapy**

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of *medical nutrition therapy services provided by certified dietician-nutritionists*. The agency's fee schedule rate was set as of *July 1, 2025*, and is 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, select "Provider," then "Provider Fee Schedule Download," accept the terms and conditions, and select the applicable fee schedule.