

DEPARTMENT OF SOCIAL SERVICES

NOTICE OF PROPOSED MEDICAID STATE PLAN AMENDMENT

COVERAGE OF SERVICES FOR THE TREATMENT OF GENDER DYSPHORIA

The State of Connecticut Department of Social Services (the “Department”) proposes to submit an amendment to the Medicaid State Plan to the Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health and Human Services. Effective on or after January 1, 2015, this State Plan Amendment (SPA) will eliminate coverage exclusions for the treatment of gender dysphoria.

Changes to the Medicaid State Plan

The current Medicaid State Plan excludes coverage of “transsexual surgical procedures” and related services. This exclusion is found in the inpatient hospital services and physician services provisions of the Plan. Effective of or after January 1, 2015, this State Plan Amendment, Transmittal Number 15-007, will amend the state plan to eliminate these exclusions. These coverage exclusions were originally based upon the view that such surgeries and related procedures and services were experimental or unproven in nature. The medical community now recognizes a variety of surgeries and treatments for “gender identity disorder” or “gender dysphoria”. These diagnoses are recognized in the Diagnostic and Statistical Manual of Mental Disorders (DSM-4) and the forthcoming DSM-5.

Fiscal Information – Estimated Annual Change to Federal Medicaid Expenditures

The Department estimates that this change will have the following impact on the Federal Budget: \$135,000 in FFY 2015 and \$270,000 in FFY 2016.

Information on Obtaining SPA Language and Submission of Comments

In accordance with federal requirements governing the Medicaid program, upon request, the Department will provide copies of the proposed amendment to the Medicaid State Plan. In addition, copies of the proposed amendment may be obtained at each of the Department’s regional offices and on the Department’s web site: <http://www.ct.gov/dss>. Go to “Publications” and then to “Updates.”

Mail, telephone, and email requests should be directed to: Patricia McCooey, Department of Social Services, Office of Legal Counsel, Regulations and Administrative Hearings, 55 Farmington Avenue, 11th Floor, Hartford, CT 06105, Telephone: (860) 424-4873, Fax: (860) 424-5403, Email: patricia.mccooey@ct.gov. Please reference the appropriate SPA Transmittal Number listed above. Written comments may be submitted to the above address, fax number, or email address until December 31, 2014.

State: CONNECTICUT

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

c. Family Planning Services

The Department will not pay for any procedures or services of an unproven, experimental or research nature.

5. Physician Services

- a. The Department will not pay for any procedures or services of an unproven, experimental or research nature.
- b. The Department will pay for no more than one radiation treatment per day.
- c. The Department will not pay for a brainstem evoked response recording and computerized axial tomography scan with myelography when performed within three (3) months of each other.
- d. The Department shall pay for surgical services necessary to treat morbid obesity when another medical illness is caused by, or is aggravated by, the obesity. Such illness shall include illnesses of the endocrine system or cardio-pulmonary system, or physical trauma associated with the orthopedic system. For the purposes of this section, “morbid obesity” means “morbid obesity” as defined by the International Classification of Diseases (ICD, as amended from time to time).

TN# 15-007
Supersedes
TN# # 10-018

Approval Date _____

Effective Date 1-1-2015

State: CONNECTICUT

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

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TN# 15-007
Supersedes
TN# # 10-018

Approval Date _____

Effective Date 1-1-2015

State: CONNECTICUT

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

1. Inpatient Hospital Services - With Limitations as follows:
 - a. Diagnostic, therapeutic or treatment procedures, and inpatient hospital stays for experimental, cosmetic, research, social or educational purposes;
 - b. Any services or items furnished for which the provider does not usually charge;
 - c. The day of discharge or transfer;
 - d. Leave of Absence (LOA) or Pass without medical permission;
 - e. Leave of Absence (LOA) or Pass with and without Medical Permission, when the Title XIX patient is out of the hospital at the time of the census count (12 Midnight);
 - f. Emergency room services provided on the same day as inpatient admission;
 - g. Hospital inpatient stay is not covered when the following procedures or services are performed:
 1. Tuboplasty and sterilization reversal
 2. Inpatient charges related to autopsy
 3. All services or procedures of a plastic or cosmetic nature performed for reconstructive purposes, including but not limited to the following: lipectomy, hair transplant, rhinoplasty, dermabrasion, chemabrasion.
 4. The Department shall pay for surgical services necessary to treat morbid obesity when another medical illness is caused by, or is aggravated by, the obesity. Such illnesses shall include illnesses of the endocrine system or the cardio-pulmonary system, or physical trauma associated with the orthopedic system. For the purposes of this section, "morbid obesity" means "morbid obesity" as defined by the International Classification of Diseases (ICD), as amended from time to time.

TN# 15-007
Supersedes
TN # 09-003

Approval Date _____

Effective Date: 1-01-15

State: CONNECTICUT

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

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 - a. Diagnostic, therapeutic or treatment procedures, and inpatient hospital stays for experimental, cosmetic, research, social or educational purposes;
 - b. Any services or items furnished for which the provider does not usually charge;
 - c. The day of discharge or transfer;
 - d. Leave of Absence (LOA) or Pass without medical permission;
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