

NOTICE OF PROPOSED MEDICAID STATE PLAN AMENDMENT CONCERNING DENTAL SERVICES

The State of Connecticut Department of Social Services (DSS) proposes to submit the following amendment to the Medicaid State Plan to the Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health and Human Services.

Dental Services

Under State Plan Amendment, TN # 12-027, DSS proposes to amend Attachments 3.1-A and 3.1-B to change provisions for certain services from coverage on a per client basis to coverage on a per provider basis. This change to a client-centered benefit model is necessary to control excessive use of preventive dental services.

This SPA will also revise Attachment 4.19-B to revise reimbursement for posterior composite resin restorations and complete denture prosthesis. These changes are necessary to appropriately reimburse for dental services by adjusting the reimbursement rates for specified services.

The change to a client-centered benefit model is expected to save \$ 1,700,000 in SFY 2013 and \$1,700,000 in SFY 2014.

Based on the information that is available at this time, DSS estimates that the reimbursement changes will result in estimated savings of \$7,900,000 in SFY 2013 and \$7,900,000 in SFY 2014.

ADDITIONAL INFORMATION:

Information on Obtaining SPA Language and Submission of Comments

In accordance with federal requirements governing the Medicaid program, upon request, DSS 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 DSS regional offices and on the DSS web site: <http://www.ct.gov/dss>. Go to "Publications" and then to "Updates".

Written, phone, and email requests should be directed to Ginny Mahoney, Department of Social Services, Medical Policy Unit, 25 Sigourney Street, 11th Floor, Hartford, CT 06106-5033 (Phone: 860-424-5145, Fax: 860-424-5799, Email: ginny.mahoney@ct.gov). Please reference "SPA TN # 12-027: Dental Services". Written comments must be received by November 15, 2012.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

- (10) Dental services (including dentures) – Fixed fee schedule. The agency’s rates were set as of ~~April 1, 2008~~ November 1, 2012 and are effective for services on or after that date. Rates are the same for private and governmental providers and are published at www.ctdssmap.com.
- (11) Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of physical therapy and related services, and audiology and speech pathology services and the fee schedule and any annual/periodic adjustments to the fee schedule are published at www.ctdssmap.com
- a) Physical therapy and related services – Uniform fixed fee schedule. Rates were set as of September 1, 2003 and effective for services on or after that date.
 - b) Occupational therapy – not applicable.
 - c) Audiology and speech pathology services – Uniform fixed fee schedule. Rates were set as of September 1, 2003 and effective for services on or after that date.
- (12) Prescribed drugs and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist whichever the individual may select. The current fee schedule was set as of July 1, 2008 and is effective for services provided on or after that date. All rates are published at www.ctdssmap.com.

TN # 12-027
Supersedes
TN # 10-013

Approval Date _____

Effective Date 11/01/12