DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 18-H: Dental Services for Adults – Annual Financial Coverage Limit

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

Changes to Medicaid State Plan

As required by state law in subsection (a) of section 17b-282c of the Connecticut General Statutes, as amended by section 49 of Public Act 17-2 of the June 2017 Special Session, effective on or after January 1, 2018, SPA 18-H will amend Attachments 3.1-A and 3.1-B of the Medicaid State Plan to implement an annual financial coverage limit for adult dental services. Specifically, as required by that state statute, payment for non-emergency dental services for adults age twenty-one and older shall not exceed one thousand dollars per calendar year for an individual adult, except that limit may be exceeded by prior authorization based on medical necessity (for all applicable medically necessary services, including, but not limited to, dentures). Unless otherwise authorized by prior authorization based on medical necessity, services provided in excess of that limit are not covered and will not be reimbursed by Connecticut's Medicaid program.

This SPA imposes only a coverage limitation as described above but does not change the reimbursement methodology for dental services. In addition to being necessary to comply with the state law referenced above, this SPA also conforms to similar limits in place in various commercial dental insurance plans and is designed to reduce unnecessary utilization while also ensuring that coverage remains for medically necessary services.

Fiscal Impact

DSS estimates that this SPA will reduce annual aggregate expenditures by approximately $958,000 in State Fiscal Year (SFY) 2018 and approximately $2.46 million in SFY 2019.

Obtaining SPA Language and Submitting Comments

This SPA is posted on the DSS web site at the following link: http://portal.ct.gov/dss. Scroll down to the bottom of the webpage and click on "Publications" and then click on "Updates." Then click on "Medicaid State Plan Amendments". The proposed SPA may also be obtained at

any DSS field office, at the Town of Vernon Social Services Department, or upon request from DSS (see below).

To request a copy of the SPA from DSS or to send comments about the SPA, please email: Public.Comment.DSS@ct.gov and Donna.Balaski@ct.gov or write to: Medical Policy Unit, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5067). Please reference "SPA 18-H: Dental Services for Adults – Annual Financial Coverage Limit".

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than January 10, 2018.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: Connecticut
AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED TO CATEGORICALLY NEEDY GROUP(S): ALL

(b) Limitations

(1) No more than one (1) set of bitewing films during any one (1) calendar year period. However, this limit may be exceeded based on medical necessity. Under EPSDT, children under age 21 will receive all medically necessary services within this category.

(2) For clients 21 years of age and older, the following limitations apply, each of which may be exceeded with prior authorization based on medical necessity:

(A) No more than one (1) oral examination and (1) prophylaxis every year.

(B) All non-emergency services, which includes diagnostic, prevention, prosthetic, basic restoration and non-surgical extractions require prior authorization after the annual maximum benefit limitation is reached.

The annual benefit maximum for non-emergency services for each adult client shall not exceed $1,000 for each calendar year beginning January 1 through December 31 and will reset each new calendar year.

(3) Fluoride treatment for adults is limited to adults who have xerostomia or have undergone head or neck radiation therapy.

(4) Clients residing in long-term care facilities may receive up to two (2) oral examinations, prophylaxis, and fluoride treatments per year, which may be exceeded based on medical necessity.

(5) Pre-molar sealants will not be covered, unless medically necessary with prior authorization.

(6) Any sealants that fail within five years from the date of placement will not be covered unless medically necessary with prior authorization. Either the provider that placed the original sealant must return any reimbursement for any sealants that fail within five years or the provider who placed the original sealant may replace the sealant at no cost.

(7) All direct placed restorations that require replacement within two years from the initial date of placement will not be covered unless medically necessary with prior authorization. Replacement may result in recouping the initial restoration fee paid to the provider.

All limitations will be considered on client-based benefit assignment, rather than a provider-based benefit assignment.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: Connecticut
AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED TO MEDICALLY NEEDY
GROUP(S): ALL

(b) Limitations

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