

NOTICE OF CONNECTICUT STATE AGENCIES

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 22-T: Substance Use Disorder (SUD) Services – Rehabilitative Services Provided in Outpatient and Residential Levels of Care

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

Changes to Medicaid State Plan

Effective on or after May 1, 2022, SPA 22-T will amend Attachments 3.1-A, 3.1-B, and 4.19-B of the Medicaid State Plan to establish coverage and reimbursement for SUD services under the rehabilitative services benefit category pursuant to section 1905(a)(13)(C) of the Social Security Act and as defined in federal regulation at 42 C.F.R. § 440.130(d), provided in outpatient and residential levels of care, as detailed below.

This SPA adds coverage and payment for SUD residential and outpatient services to the Medicaid State Plan in conjunction with the state's implementation of its SUD demonstration waiver (Demonstration) pursuant to section 1115 of the Social Security Act, which, as of the submission of this public notice to the Connecticut Law Journal, is expected to be approved shortly by CMS. Specifically, as required as a condition of the Demonstration, this SPA enables the state to implement coverage and payment for SUD services across the full continuum of the outpatient and residential levels of care set forth in the American Society of Addiction Medicine (ASAM) 3rd edition clinical criteria. The Demonstration is also important for this SPA because, once approved by CMS, the Demonstration enables the state to claim for federal financial participation (FFP) for residents of facilities that meet the federal definition of an institution for mental diseases (IMD), which is otherwise not authorized under federal law.

The purpose of this SPA is to improve and expand SUD services covered by Medicaid in alignment with the Demonstration, including to help accomplish the milestones, goals, and objectives set forth in the Demonstration and related materials. More broadly, this SPA, together with the Demonstration and other state initiatives, is part of the state's efforts to address the opioid epidemic and to help individuals with opioid use disorder and other SUDs.

The coverage portions of this SPA detail the various elements of the new services to be provided. The service components include assessment and individualized plan development, therapy, health services and medication management, peer support services, service coordination, and skill building and psycho-education services. Each level of care (LOC) aligns with the ASAM guidelines levels of care for outpatient and residential settings and include:

- Level 0.5: Early Intervention Services

- Level 1: Outpatient services,
- Level 1WM: Ambulatory Withdrawal Management (WM) without Extended On-Site Monitoring Services,
- Level 2.1: Intensive Outpatient Treatment,
- Level 2.5: Partial Hospitalization services,
- Level 2-WM: Ambulatory Withdrawal Management with Extended On-Site Monitoring Services,
- Level 3.1: Clinically Managed Low-Intensity Residential Services,
- Level 3.2-WM: Clinically Managed Residential Withdrawal Management Services,
- Level 3.3: Clinically Managed Population-Specific High-Intensity Residential Services,
- Level 3.5: Clinically Managed Medium Intensity for Adolescents/High-Intensity for Adults Residential Services,
- Level 3.7: Medically Monitored Intensive Inpatient Services, and
- Level 3.7-WM: Medically Monitored High Intensity Inpatient Services, Withdrawal Management.

The provider qualifications detail the requirements for applicable licensure and certification for the provider entities and provider staff/practitioners, including required supervision, as applicable.

The reimbursement portion of the SPA provides that outpatient and residential SUD rehabilitative services are paid based on a fee schedule. American Society of Addiction Medicine (ASAM) level of care 0.5 Early Intervention Services and ASAM level of care 1 Outpatient Services fees are set based on the rates for comparable services provided by behavioral health clinics. All covered Levels of Care other than ASAM Level 0.5 Early Intervention Services and ASAM Level 1 Outpatient Services, as defined in Attachment 3.1-A, are paid using fees established by the state after analyzing the costs to provide each service using the unit of service defined according to the Healthcare Common Procedure Coding System (HCPCS) approved code set. The specific proposed rates are as follows.

LOC: ASAM Level of Care

R: Residential

RE: Residential Enhanced

WM: Withdrawal Management

PPW: Pregnant and Parenting Women

SUD ASAM Residential Fees by Level of Care (Single Unit)

LOC	Total Bed Capacity for Level of Care						
	0-13 Beds	14-24 Beds	25-44 Beds	45-64 Beds	65-94 Beds	95-149 Beds	150-200 Beds
3.1	\$342.21	\$194.73	\$161.82	\$152.88	\$152.88	\$152.88	\$152.88
3.3	\$381.31	\$233.87	\$196.04	\$196.04	\$196.04	\$196.04	\$196.04
3.5	\$456.21	\$267.75	\$226.28	\$210.76	\$202.83	\$200.80	\$192.12
3.5 PPW	\$456.21	\$267.75	\$226.28	\$210.76	\$202.83	\$200.80	\$192.12
3.7R	\$492.16	\$409.38	\$319.39	\$319.39	\$319.39	\$319.39	\$319.39
3.7RE	\$485.00	\$485.00	\$485.00	\$485.00	\$485.00	\$485.00	\$485.00
3.2WM	\$252.52	\$252.52	\$252.52	\$252.52	\$252.52	\$252.52	\$252.52
3.7WM	\$512.90	\$512.90	\$451.20	\$451.20	\$451.20	\$451.20	\$451.20

SUD ASAM Residential Fees by Level of Care and Total Beds at Address (Flex Beds)

LOC	Total Bed Capacity for Level of Care						
	0-13 Beds	14-24 Beds	25-44 Beds	45-64 Beds	65-94 Beds	95-149 Beds	
3.1	\$342.21	\$194.73	\$161.82	\$152.88	\$152.88	\$152.88	
3.3	\$381.31	\$233.87	\$196.04	\$196.04	\$196.04	\$196.04	
3.5	\$456.21	\$267.75	\$226.28	\$210.76	\$202.83	\$200.80	
3.5 PPW	\$456.21	\$267.75	\$226.28	\$210.76	\$202.83	\$200.80	
3.7R	\$492.16	\$409.38	\$319.39	\$319.39	\$319.39	\$319.39	
3.7RE	\$485.00	\$485.00	\$485.00	\$485.00	\$485.00	\$485.00	
3.2WM	\$252.52	\$252.52	\$252.52	\$252.52	\$252.52	\$252.52	
3.7WM	\$512.90	\$512.90	\$451.20	\$451.20	\$451.20	\$451.20	

SUD Outpatient Services

Service	Rate Type	Fee
ASAM 2.1 - Intensive Outpatient Program (IOP)	Per Diem	\$173.62
ASAM 2.5 - Partial Hospitalization Program (PHP)	Per Diem	\$184.82

SUD Outpatient Services - Withdrawal Management (WM)

Service	Rate Type	Fee
ASAM 2 WM - between 4 and up to 24 hours	Per Diem	\$442.70
ASAM 1 WM - up to four hours	Hourly	\$110.67

Fee schedules are posted to <https://www.ctdssmap.com>. From this web page, go to “Provider” then to “Provider Fee Schedule Download”, then select the applicable fee schedule.

Fiscal Impact

DSS estimates that this SPA will increase annual aggregate Medicaid expenditures by approximately \$75,305,156 in Federal Fiscal Year (FFY) 2022 and \$189,769,205 in FFY 2023.

Obtaining SPA Language and Submitting Comments

The proposed SPA is posted on the DSS website at this link: <https://portal.ct.gov/DSS/Health-And-Home-Care/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 or write to: Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105. Please reference “SPA 22-T: Substance Use Disorder (SUD) Services – Rehabilitative Services Provided in Outpatient and Residential Levels of Care”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than May 4, 2022.

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 22-U: Updates to Alternative Benefit Plan (ABP) for the Medicaid Coverage Group for Low-Income Adults to Add Medicaid Coverage of Substance Use Disorder (SUD) Services – Rehabilitative Services Provided in Outpatient and Residential Levels of Care

The State of Connecticut Department of Social Services (DSS) proposes to submit the following Medicaid State Plan Amendment (SPA) to the Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health and Human Services (HHS), which will amend the Alternative Benefit Plan (ABP) at Attachment 3.1-L of the Medicaid State Plan.

The ABP is the benefit package that is provided to the Medicaid low-income adult population under section 1902(a)(10)(A)(i)(VIII) of the Social Security Act (also known as HUSKY D). Pursuant to section 2001 of the Affordable Care Act, effective January 1, 2014, Connecticut expanded Medicaid eligibility to low-income adults with incomes up to and including 133% of the federal poverty level. The expanded coverage group is referred to as Medicaid Coverage for the Lowest-Income Populations.

Changes to Medicaid State Plan

Effective on or after January 1, 2022, SPA 22-U will amend the ABP (Attachment 3.1-L of the Medicaid State Plan) in order to add coverage for SUD services under the rehabilitative services benefit category pursuant to section 1905(a)(13)(C) of the Social Security Act and as defined in federal regulation at 42 C.F.R. § 440.130(d), provided in outpatient and residential levels of care.

Specifically, this SPA adds coverage for SUD residential and outpatient services to the ABP in conjunction with the state’s implementation of its SUD demonstration waiver (Demonstration) pursuant to section 1115 of the Social Security Act, which, as of the submission of this public notice to the Connecticut Law Journal, is expected to be approved shortly by CMS. As required as a condition of the Demonstration, this SPA enables the state to implement coverage and payment for SUD services

across the full continuum of the outpatient and residential levels of care set forth in the American Society of Addiction Medicine (ASAM) 3rd edition clinical criteria. The Demonstration is also important for this SPA because, once approved by CMS, the Demonstration enables the state to claim for federal financial participation (FFP) for residents of facilities that meet the federal definition of an institution for mental diseases (IMD), which is otherwise not authorized under federal law.

The purpose of this SPA is to improve and expand SUD services covered by Medicaid under the ABP for HUSKY D in alignment with the Demonstration, including to help accomplish the milestones, goals, and objectives set forth in the Demonstration and related materials. More broadly, this SPA, together with the Demonstration and other state initiatives, is part of the state's efforts to address the opioid epidemic and to help individuals with opioid use disorder and other SUDs.

This SPA corresponds to SPA 22-U, which adds Medicaid coverage and payment for these services to the underlying Medicaid State Plan (Attachments 3.1-A, 3.1-B, and 4.19-B). This SPA cross-references to the description of the coverage in the Attachment 3.1-A pages for SPA 22-U, including the service components, provider qualifications, levels of care, and other details.

This SPA will not make any other changes to the ABP than as described above, which will continue to reflect the same coverage in the ABP for HUSKY D Medicaid members as in the underlying Medicaid State Plan. Accordingly, the ABP will continue to provide full access to Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services to beneficiaries under age twenty-one. This includes informing beneficiaries that EPSDT services are available and to inform beneficiaries about the need for age-appropriate immunizations. The ABP also provides or arranges for the provision of screening services for all children and for corrective treatment as determined by child health screenings. These EPSDT services are provided by the DSS fee-for-service provider network. EPSDT clients are also able to receive any additional health care services that are coverable under the Medicaid program and found to be medically necessary to treat, correct or reduce illnesses and conditions discovered regardless of whether the service is covered in Connecticut's Medicaid State Plan.

Likewise, this SPA will not make any changes to cost sharing for the services provided under the ABP. Connecticut does not currently impose cost sharing on Medicaid beneficiaries. Because there are no Medicaid cost sharing requirements for Connecticut beneficiaries, no exemptions are necessary in order to comply with the cost sharing protections for Native Americans found in section 5006(e) of the American Recovery and Reinvestment Act of 2009.

Fiscal Impact

DSS estimates this SPA will not change annual aggregate expenditures in Federal Fiscal Year (FFY) 2022 and FFY 2023.

Obtaining SPA Language and Submitting Comments

The proposed SPA is posted on the DSS website at this link: <https://portal.ct.gov/DSS/Health-And-Home-Care/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 or write to: Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105. Please

reference “SPA 22-U: Updates to Alternative Benefit Plan (ABP) for the Medicaid Coverage Group for Low-Income Adults to Add Medicaid Coverage of Substance Use Disorder (SUD) Services – Rehabilitative Services Provided in Outpatient and Residential Levels of Care.”

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than May 19, 2022.

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 22-I: Reimbursing Federally Qualified Health Centers (FQHCs) for the Cost of Long-Acting Reversible Contraceptive (LARC) Devices Separately from their Medical Encounter Rate

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

Changes to Medicaid State Plan

Effective on or after May 1, 2022, SPA 22-I will amend Attachment 4.19-B of the Medicaid State Plan to reimbursing federally qualified health centers (FQHCs) separately for the cost of long-acting reversible contraceptive (LARC) devices from their medical encounter rate. DSS is proposing this SPA because it is designed to improve access and reduce unnecessary costs by helping to facilitate the prevention of unwanted pregnancies by: (1) removing the costs associated with purchasing LARCs as a barrier to access to LARCs in the FQHC setting and (2) helping to facilitate same-day access to LARCs in the FQHC setting.

Specifically, FQHCs will be reimbursed for the cost of LARCs based on the applicable pricing for the FQHC under section 340B of the Public Health Service Act (340B rate), in addition to the FQHC’s medical encounter rate. For informational purposes and context, below is a chart listing each LARC with its current 340B rate for the FQHCs using for each applicable Healthcare Common Procedure Coding System (HCPCS) billing code; note that these rates and codes are subject to change:

HCPCS Code	Description	Current 340B Rate
J7296	Kyleena 19.5 mg	\$249.00
J7297	Liletta 52 mg	\$100.00
J7298	Mirena 52 mg	\$329.00
J7300	Intraut copper contraceptive	\$283.32
J7301	Skyla 13.5 mg	\$490.00
J7307	Etonogestrel implant system	\$399.00

This change in reimbursement methodology for LARC devices provided by FQHCs applies to all HUSKY A, B, C, and D eligibility groups and the Family Planning Limited Benefit program.

Fiscal Impact

DSS estimates that this change will increase annual aggregate Medicaid expenditures by approximately \$5,137 in State Fiscal Year (SFY) 2022 and \$63,494 in SFY 2023.

Obtaining SPA Language and Submitting Comments

This SPA is posted on the DSS web site at the following link: <https://portal.ct.gov/DSS/Health-And-Home-Care/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 or write to: Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105. Please reference “SPA 22-I: Reimbursing Federally Qualified Health Centers for the Cost of Long-Acting Reversible Contraceptive Devices Separately from their Medical Encounter Rate”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than May 4, 2022.
