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State/Territory Name: Connecticut

State Plan Amendment (SPA) #: CT-20-0013-CHIP

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop: S2-01-16
Baltimore, Maryland 21244-1850

Children and Adults Health Programs Group

August 24, 2026

Adaline Strumolo
Director, Division of Health Services
Connecticut Department of Social Services
55 Farmington Avenue
Hartford, CT 06105

Dear Director Strumolo:

Your title XXI Children's Health Insurance Program (CHIP) State Plan Amendment (SPA) number CT-20-0013-CHIP, submitted June 30, 2020, with additional information received on August 24, 2026, has been approved. Through this SPA, Connecticut has demonstrated compliance with section 5022 of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act. This SPA has an effective date of October 24, 2019, unless otherwise noted below.

Section 5022 of the SUPPORT Act added Section 2103(c)(5) to the Social Security Act (the Act) and requires child health and pregnancy related assistance to include coverage of services necessary to prevent, diagnose, and treat a broad range of behavioral health symptoms and disorders. Connecticut demonstrated compliance by providing the necessary assurances that the state covers a range of behavioral health services as required by the SUPPORT Act.

Additionally, through this SPA, the state extends coverage of tobacco cessation to all children in the CHIP state plan effective February 1, 2023. Previously, the service was limited to the from-conception-to-end-of-pregnancy (FCEP) population.

Your Project Officer is Chanelle Parkar. She is available to answer your questions concerning this amendment and other CHIP-related matters and can be reached at Chanelle.Parkar@cms.hhs.gov.

If you have additional questions, please contact Mary Beth Hance, Director, Division of State Coverage Programs, at (410) 786-4299. We look forward to continuing to work with you and your staff.

Sincerely,
/Signed by Jessica Stephens/

Jessica Stephens
Acting Director

TEMPLATE FOR CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT CHILDREN'S HEALTH INSURANCE PROGRAM

(Required under 4901 of the Balanced Budget Act of 1997 (New section 2101(b)))

State/Territory: Connecticut
(Name of State/Territory)

As a condition for receipt of Federal funds under Title XXI of the Social Security Act, (42 CFR, 457.40(b))

Deidre Gifford, M.D., M.P.H. Commissioner, CT DSS, June 30, 2020
(Signature of Governor, or designee, of State/Territory, Date Signed)

submits the following Child Health Plan for the Children's Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved Child Health Plan, the requirements of Title XXI and XIX of the Act (as appropriate) and all applicable Federal regulations and other official issuances of the Department.

The following State officials are responsible for program administration and financial oversight (42 CFR 457.40(c)):

Name: William Halsey Position/Title: Director of Medicaid and Division of Health Services

Name: Brianna Mitchell Position/Title: CFO

~~Name: Kate McEvoy Position/Title: Director, Division of Health Services~~
~~Name: Michael Gilbert Position/Title: Deputy Commissioner~~

***Disclosure. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 09380707. The time required to complete this information collection is estimated to average 160 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time**

estimate(s) or suggestions for improving this form, write to: CMS, 7500 Security Blvd., Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.
Introduction: Section 4901 of the Balanced Budget Act of 1997 (BBA), public law 1005-33 amended the Social Security Act (the Act) by adding a new title XXI, the Children's Health Insurance Program (CHIP). In February 2009, the Children's Health Insurance Program Reauthorization Act (CHIPRA) renewed the program. The Patient Protection and Affordable Care Act of 2010 further modified the program.

This template outlines the information that must be included in the state plans and the state plan amendments (SPAs). It reflects the regulatory requirements at 42 CFR Part 457 as well as the previously approved SPA templates that accompanied guidance issued to States through State Health Official (SHO) letters. Where applicable, we indicate the SHO number and the date it was issued for your reference. The CHIP SPA template includes the following changes:

- Combined the instruction document with the CHIP SPA template to have a single document. Any modifications to previous instructions are for clarification only and do not reflect new policy guidance.
- Incorporated the previously issued guidance and templates (see the Key following the template for information on the newly added templates), including:
  - Prenatal care and associated health care services (SHO #02-004, issued November 12, 2002)
  - Coverage of pregnant women (CHIPRA #2, SHO # 09-006, issued May 11, 2009)
  - Tribal consultation requirements (ARRA #2, CHIPRA #3, issued May 28, 2009)
  - Dental and supplemental dental benefits (CHIPRA # 7, SHO # #09-012, issued October 7, 2009)
  - Premium assistance (CHIPRA # 13, SHO # 10-002, issued February 2, 2010)
  - Express lane eligibility (CHIPRA # 14, SHO # 10-003, issued February 4, 2010)
  - Lawfully Residing requirements (CHIPRA # 17, SHO # 10-006, issued July 1, 2010)
- Moved sections 2.2 and 2.3 into section 5 to eliminate redundancies between sections 2 and 5.
- Removed crowd-out language that had been added by the August 17 letter that later was repealed.

The Centers for Medicare & Medicaid Services (CMS) is developing regulations to implement the CHIPRA requirements. When final regulations are published in the Federal Register, this template will be modified to reflect those rules and States will be required to submit SPAs illustrating compliance with the new regulations. States are not required to resubmit their State plans based on the updated template. However, States must use the updated template when submitting a State Plan Amendment.

Federal Requirements for Submission and Review of a Proposed SPA. (42 CFR Part 457 Subpart A) In order to be eligible for payment under this statute, each State must submit a Title XXI plan for approval by the Secretary that details how the State intends to use the funds and fulfill other requirements under the law and regulations at 42 CFR Part 457. A SPA is approved in 90 days unless the Secretary notifies the State in writing that the plan is disapproved or that specified additional

information is needed. Unlike Medicaid SPAs, there is only one 90 day review period, or clock for CHIP SPAs, that may be stopped by a request for additional information and restarted after a complete response is received. More information on the SPA review process is found at 42 CFR 457 Subpart A.

When submitting a State plan amendment, states should redline the changes that are being made to the existing State plan and provide a "clean" copy including changes that are being made to the existing state plan.

The template includes the following sections:

1. **General Description and Purpose of the Children's Health Insurance Plans and the Requirements**- This section should describe how the State has designed their program. It also is the place in the template that a State updates to insert a short description and the proposed effective date of the SPA, and the proposed implementation date(s) if different from the effective date. (Section 2101); (42 CFR, 457.70)
2. **General Background and Description of State Approach to Child Health Coverage and Coordination**- This section should provide general information related to the special characteristics of each state's program. The information should include the extent and manner to which children in the State currently have creditable health coverage, current State efforts to provide or obtain creditable health coverage for uninsured children and how the plan is designed to be coordinated with current health insurance, public health efforts, or other enrollment initiatives. This information provides a health insurance baseline in terms of the status of the children in a given State and the State programs currently in place. (Section 2103); (42 CFR 457.410(A))
3. **Methods of Delivery and Utilization Controls**- This section requires a description that must include both proposed methods of delivery and proposed utilization control systems. This section should fully describe the delivery system of the Title XXI program including the proposed contracting standards, the proposed delivery systems and the plans for enrolling providers. (Section 2103); (42 CFR 457.410(A))
4. **Eligibility Standards and Methodology-** The plan must include a description of the standards used to determine the eligibility of targeted low-income children for child health assistance under the plan. This section includes a list of potential eligibility standards the State can check off and provide a short description of how those standards will be applied. All eligibility standards must be consistent with the provisions of Title XXI and may not discriminate on the basis of diagnosis. In addition, if the standards vary within the state, the State should describe how they will be applied and under what circumstances they will be applied. In addition, this section provides information on income eligibility for Medicaid expansion programs (which are exempt from Section 4 of the State plan template) if applicable. (Section 2102(b)); (42 CFR 457.305 and 457.320)
5. **Outreach-** This section is designed for the State to fully explain its outreach activities. Outreach is defined in law as outreach to families of children likely to be eligible for child health assistance under the plan or under other public or private health coverage programs. The purpose is to inform these families of the availability of, and to assist them in enrolling their children in,

such a program. (Section 2102(c)(1)); (42CFR, 457.90)

6. **Coverage Requirements for Children's Health Insurance**- Regarding the required scope of health insurance coverage in a State plan, the child health assistance provided must consist of any of the four types of coverage outlined in Section 2103(a) (specifically, benchmark coverage; benchmark-equivalent coverage; existing comprehensive state-based coverage; and/or Secretary-approved coverage). In this section States identify the scope of coverage and benefits offered under the plan including the categories under which that coverage is offered. The amount, scope, and duration of each offered service should be fully explained, as well as any corresponding limitations or exclusions. (Section 2103); (42 CFR 457.410(A))
7. **Quality and Appropriateness of Care**- This section includes a description of the methods (including monitoring) to be used to assure the quality and appropriateness of care and to assure access to covered services. A variety of methods are available for State's use in monitoring and evaluating the quality and appropriateness of care in its child health assistance program. The section lists some of the methods which states may consider using. In addition to methods, there are a variety of tools available for State adaptation and use with this program. The section lists some of these tools. States also have the option to choose who will conduct these activities. As an alternative to using staff of the State agency administering the program, states have the option to contract out with other organizations for this quality of care function. (Section 2107); (42 CFR 457.495)
8. **Cost Sharing and Payment-** This section addresses the requirement of a State child health plan to include a description of its proposed cost sharing for enrollees. Cost sharing is the amount (if any) of premiums, deductibles, coinsurance and other cost sharing imposed. The cost sharing requirements provide protection for lower income children, ban cost sharing for preventive services, address the limitations on premiums and cost sharing and address the treatment of pre-existing medical conditions. (Section 2103(e)); (42 CFR 457, Subpart E)
9. **Strategic Objectives and Performance Goals and Plan Administration**- The section addresses the strategic objectives, the performance goals, and the performance measures the State has established for providing child health assistance to targeted low income children under the plan for maximizing health benefits coverage for other low income children and children generally in the state. (Section 2107); (42 CFR 457.710)
10. **Annual Reports and Evaluations**- Section 2108(a) requires the State to assess the operation of the Children's Health Insurance Program plan and submit to the Secretary an annual report which includes the progress made in reducing the number of uninsured low income children. The report is due by January 1, following the end of the Federal fiscal year and should cover that Federal Fiscal Year. In this section, states are asked to assure that they will comply with these requirements, indicated by checking the box. (Section 2108); (42 CFR 457.750)
11. **Program Integrity**- In this section, the State assures that services are provided in an effective and efficient manner through free and open competition or through basing rates on other public and private rates that are actuarially sound. (Sections 2101(a) and 2107(e); (42 CFR 457, subpart I)
12. **Applicant and Enrollee Protections**- This section addresses the review process for eligibility and enrollment matters, health services matters (i.e., grievances), and for states that use premium

assistance a description of how it will assure that applicants and enrollees are given the opportunity at initial enrollment and at each redetermination of eligibility to obtain health benefits coverage other than through that group health plan. (Section 2101(a)); (42 CFR 457.1120)

Program Options. As mentioned above, the law allows States to expand coverage for children through a separate child health insurance program, through a Medicaid expansion program, or through a combination of these programs. These options are described further below:

- **Option to Create a Separate Program-** States may elect to establish a separate child health program that are in compliance with title XXI and applicable rules. These states must establish enrollment systems that are coordinated with Medicaid and other sources of health coverage for children and also must screen children during the application process to determine if they are eligible for Medicaid and, if they are, enroll these children promptly in Medicaid.
- **Option to Expand Medicaid-** States may elect to expand coverage through Medicaid. This option for states would be available for children who do not qualify for Medicaid under State rules in effect as of March 31, 1997. Under this option, current Medicaid rules would apply.

Medicaid Expansion- CHIP SPA Requirements

In order to expedite the SPA process, states choosing to expand coverage only through an expansion of Medicaid eligibility would be required to complete sections:

- 1 (General Description)
- 2 (General Background)

They will also be required to complete the appropriate program sections, including:

- 4 (Eligibility Standards and Methodology)
- 5 (Outreach)
- 9 (Strategic Objectives and Performance Goals and Plan Administration including the budget)
- 10 (Annual Reports and Evaluations).

Medicaid Expansion- Medicaid SPA Requirements

States expanding through Medicaid-only will also be required to submit a Medicaid State Plan Amendment to modify their Title XIX State plans. These states may complete the first check-off and indicate that the description of the requirements for these sections are incorporated by reference through their State Medicaid plans for sections:

- 3 (Methods of Delivery and Utilization Controls)
- 4 (Eligibility Standards and Methodology)
- 6 (Coverage Requirements for Children's Health Insurance)
- 7 (Quality and Appropriateness of Care)
- 8 (Cost Sharing and Payment)
- 11 (Program Integrity)

- 12 (Applicant and Enrollee Protections) indicating State

- **Combination of Options-** CHIP allows states to elect to use a combination of the Medicaid program and a separate child health program to increase health coverage for children. For example, a State may cover optional targeted-low income children in families with incomes of up to 133 percent of poverty through Medicaid and a targeted group of children above that level through a separate child health program. For the children the State chooses to cover under an expansion of Medicaid, the description provided under "Option to Expand Medicaid" would apply. Similarly, for children the State chooses to cover under a separate program, the provisions outlined above in "Option to Create a Separate Program" would apply. States wishing to use a combination of approaches will be required to complete the Title XXI State plan and the necessary State plan amendment under Title XIX.

Proposed State plan amendments should be submitted electronically and one signed hard copy to the Centers for Medicare & Medicaid Services at the following address:

Chanelle Parkar, MPA
Health Insurance Specialist, Division of State Coverage Programs (DSCP)
Children and Adults Health Programs Group
Centers for Medicaid and CHIP Services
7500 Security Blvd
Baltimore, Maryland 21244
Mail Stop - S2-01-16

1.4 Provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this SPA (42 CFR 457.65). A SPA may only have one effective date, but provisions within the SPA may have different implementation dates that must be after the effective date.

CT-20-0013-CHIP (Amendment #13): SUPPORT ACT – Behavioral Health Services.

Date Submitted: June 30, 2020
Date Approved:
Date Effective:
Proposed Effective Dates: October 24, 2019 to comply with SUPPORT Act requirements and February 1, 2023 to extend coverage of Tobacco Cessation services to the entire CHIP population.

1.4- TC **Tribal Consultation (Section 2107(e)(1)(C))** Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

The state notified the two federally recognized tribes of this SPA by email on June 30, 2020 that the SPA is being submitted to CMS on June 30, 2020.

~~*In accordance with the Department's tribal consultation process, the Department's tribal leads, the Department Medical Director and Staff Attorney for Medical Care Administration, met with health services representatives of the two federally-recognized tribes on April 28, 2011 and June 6, 2011 to discuss upcoming changes to the Department's Medical Assistance programs, including the HUSKY B/CHIP Program. The tribal leads detailed the changes concerning the transition of the HUSKY B program from a managed care program to the ASO, including a discussion of the person-centered medical home concept and intensive case management.*~~

~~*For CT-17-0010-CHIP, the State met on October 28, 2014, with the Mashantucket Pequot Tribal Health Services Director and other staff to describe MAGI-related CHIP eligibility changes. This session permitted the Tribal health staff to ask questions on MAGI changes. In a series of emails between May and June, 2014, the State described the MAGI-related CHIP changes to the other Connecticut tribal representatives with the Mohegan Tribal Health and Human Services Department and offered to meet with them if they had any outstanding questions. The representatives were satisfied with the written information provided.*~~

6.2-BH Behavioral Health Coverage Section 2103(c)(5) requires that states provide coverage to prevent, diagnose, and treat a broad range of mental health and substance use disorders in a culturally and linguistically appropriate manner for all CHIP enrollees, including pregnant women and unborn children.

Guidance: Please attach a copy of the state's periodicity schedule. For pregnancy-related coverage, please describe the recommendations being followed for those services.

Please see attached.

6.2.1- BH Periodicity Schedule The state has adopted the following periodicity schedule for behavioral health screenings and assessments. Please specify any differences between any covered CHIP populations:

- ☐ State-developed schedule
- ☒ American Academy of Pediatrics/ Bright Futures
- ☐ Other Nationally recognized periodicity schedule (please specify:)
- ☐ Other (please describe:)

6.3- BH Covered Benefits Please check off the behavioral health services that are provided to the state's CHIP populations, and provide a description of the amount, duration, and scope of each benefit. For each benefit, please also indicate whether the benefit is available for mental health and/or substance use disorders. If there are differences in benefits based on the population or type of condition being treated, please specify those differences.

If EPSDT is provided, as described at Section 6.2.22 and 6.2.22.1, the state should only check off the applicable benefits. It does not have to provide additional information regarding the amount, duration, and scope of each covered behavioral health benefit.

Guidance: Please include a description of the services provided in addition to the behavioral health screenings and assessments described in the assurance below at 6.3.1.1-BH.

6.3.1- BH ☒ Behavioral health screenings and assessments. (Section 2103(c)(6)(A))

6.3.1.1- BH ☒ The state assures that all developmental and behavioral health recommendations outlined in the AAP Bright Futures periodicity schedule and United States Public Preventive Services Task Force (USPSTF) recommendations graded as A and B are covered as a part of the CHIP benefit package, as appropriate for the covered populations.

The state pays pediatric practitioners a separate payment in addition to the well-child visit for developmental and behavioral health screenings. This was done to encourage and incentivize practitioners to follow the AAP Bright Futures recommendations and periodicity schedule related to screenings. In order for the claim to pay, the practitioner must include the applicable modifier that indicates if the screening results were positive or negative.

Guidance: Examples of facilitation efforts include requiring managed care organizations and their networks to use such tools in primary care practice, providing education, training, and technical resources, and covering the costs of administering or purchasing the tools.

6.3.1.2- BH ☒ The state assures that it will implement a strategy to facilitate the use of age-appropriate validated behavioral health screening tools in primary care settings. Please describe how the state will facilitate the use of validated screening tools.

As referenced in 6.3.1.1, the separate payment for screenings in addition to the well-child visit is an incentive for practitioners to conduct/perform these screenings taking into account the age of the patient. The state has seen an increase in the use and payment for screenings.

Please see most recent provider bulletin issued by the Department of Social Services:
Connecticut Department of Social Services (ctdssmap.com)

6.3.2- BH ☒ Outpatient services (Sections 2110(a)(11) and 2110(a)(19))

Guidance: Psychosocial treatment includes services such as psychotherapy, group therapy, family therapy and other types of counseling services.

6.3.2.1- BH ☒ Psychosocial treatment
Provided for: ☒ Mental Health ☒ Substance Use Disorder

- The state provides an array of outpatient services to all CHIP populations including from-conception-to-birth (FCEP). Services include, but are not limited to individual psychosocial treatment, psychotherapy, group therapy, family therapy and other types of counseling services.
- Outpatient services include evaluation, individual, family and group psychotherapy. Outpatient therapy may be provided by a variety of enrolled and licensed behavioral health providers and entities, including but not limited to:

- Physicians, nurse practitioners, physician assistants.
- Licensed Independent Behavioral Health Practitioners (Psychologist, LCSW's, LMFT's, LPC's, LADC's)
- Licensed Behavioral Health Clinics
- Licensed Outpatient Hospital Clinic
- Federally Qualified Health Centers
- Medical Clinics
- Rehabilitation Clinic
- Limitations:
- No more than one psychiatric diagnostic evaluation per episode of care for the same provider for the same beneficiary, expect when there is a dramatic change in presentation or a sentinel event.

6.3.2.2- BH ☒ Tobacco cessation –
Provided for: ☒ Substance Use Disorder

Effective April 1, 2022, Connecticut provides tobacco cessation benefits to individuals enrolled in FCEP.

The state previously covered smoking cessation services for FCEP and will be covering smoking cessation services for all CHIP recipients effective February 1, 2023.

The state provides all FDA approved tobacco cessation products.

Guidance: In order to provide a benefit package consistent with section 2103(c)(5) of the Act, MAT benefits are required for the treatment of opioid use disorders. However, if the state provides MAT for other SUD conditions, please include a description of those benefits below at section 6.3.2.3- BH.

6.3.2.3- BH ☒ Medication Assisted Treatment
Provided for: ☒ Substance Use Disorder

6.3.2.3.1- BH ☒ Opioid Use Disorder
The state provides all FDA approved opioid use disorder products. Covered when medically necessary.

6.3.2.3.2- BH ☒ Alcohol Use Disorder
The state provides all FDA approved alcohol use disorder products. Covered when medically necessary.

6.3.2.3.3- BH ☒ Other

The state provides all FDA approved products. Covered when medically necessary.

6.3.2.4- BH ☐ Peer Support

Provided for: ☐ Mental Health ☐ Substance Use Disorder

The state does not reimburse for peer support services under Medicaid or CHIP.

6.3.2.5- BH ☐ Caregiver Support

Provided for: ☐ Mental Health ☐ Substance Use Disorder

The state does not reimburse for Caregiver Support under Medicaid or CHIP.

6.3.2.6- BH ☐ Respite Care

Provided for: ☐ Mental Health ☐ Substance Use Disorder

The state does not reimburse for Respite Services under the Medicaid state plan or CHIP state plan. The state only pays for respite service under a 1915 c waiver for individuals with autism.

6.3.2.7- BH ☒ Intensive in-home services

Provided for: ☒ Mental Health ☒ Substance Use Disorder

Intensive in-home services are reimbursed under the CHIP state plans for children under the age of 21 with a behavioral health condition. CHIP pays for select evidence-based treatment services that are certified by our single state agency for children's behavioral health, the Department of Children and Families. Intensive in-home services are authorized based on medical necessity by the behavioral health administrative services organization. Each evidence-based model has specific target populations based on the research done to make the model evidence based. The current models include: Multi-Dimensional Family Therapy (MDFT), Functional Family Therapy (FFT), Multisystemic Therapy (MST), and Intensive In-home Child and Adolescent Psychiatric Services (IICAPS).

6.3.2.8- BH ☒ Intensive outpatient

Provided for: ☒ Mental Health ☒ Substance Use Disorder

The State reimburses for intensive outpatient therapy for both mental health and

substance use disorders. All services are based on medical necessity and are authorized and managed by the behavioral health administrative services organization. No limitations.

6.3.2.9- BH ☒ Psychosocial rehabilitation
Provided for: ☒ Mental Health ☐ Substance Use Disorder

Medication for Addiction Treatment (MAT) along with routine outpatient behavioral health treatment are available to CHIP recipients. Prescribing practitioners must adhere state and federal laws and safe prescribing practices for youth under the age of 18. Covered when medically necessary. No limitations.

Guidance: If the state considers day treatment and partial hospitalization to be the same benefit, please indicate that in the benefit description. If there are differences between these benefits, such as the staffing or intensity of the setting, please specify those in the description of the benefit's amount, duration, and scope.

6.3.3- BH ☒ Day Treatment
Provided for: ☒ Mental Health ☒ Substance Use Disorder

The state covers day treatment under the CHIP state plan. Covered when medically necessary. No limitations. The State considers day treatment and partial hospitalization to be the same service, which is provided in behavioral health clinics and outpatient hospital clinics.

6.3.3.1- BH ☒ Partial Hospitalization
Provided for: ☒ Mental Health ☒ Substance Use Disorder

The state covers partial hospital services for mental health conditions under the CHIP state plan. Covered when medically necessary. No limitations. The State considers day treatment and partial hospitalization to be the same service, which is provided in behavioral health clinics and outpatient hospital clinics.

6.3.4- BH ☒ Inpatient services, including services furnished in a state-operated mental hospital and including residential or other 24-hour therapeutically planned structural services (Sections 2110(a)(10) and 2110(a)(18))

Provided for: ☒ Mental Health ☒ Substance Use Disorder

Inpatient services covered in the inpatient hospital, psychiatric residential treatment facility (PRTF), and applicable residential settings specified below.

Day treatment and partial hospitalization are available to CHIP recipients for mental health and substance use disorders. Covered when medically necessary. No limitations.

Guidance: If applicable, please clarify any differences within the residential treatment benefit (e.g. intensity of services, provider types, or settings in which the residential treatment services are provided).

6.3.4.1- BH ☒ Residential Treatment
Provided for: ☐ Mental Health ☒ Substance Use Disorder

The state covers the treatment components of residential treatment through the Private Non-Medical Institution authority for mental health conditions and through a CHIP state plan for substance use disorders. Covered when medically necessary. No limitations.

6.3.4.2- BH ☐ Detoxification
Provided for: ☐ Substance Use Disorder

Connecticut covers substance use disorder residential treatment, including withdrawal management (detoxification) through an 1115 Medicaid Demonstration waiver and included the CHIP population in the target population that residential providers could serve. Covered when medically necessary. No limitations.

Guidance: Crisis intervention and stabilization could include services such as mobile crisis, or short term residential or other facility-based services in order to avoid inpatient hospitalization.

6.3.5- BH ☒ Emergency services
Provided for: ☒ Mental Health ☒ Substance Use Disorder

Emergency services, inclusive of mobile crisis are covered through the CHIP state plan

6.3.5.1- BH ☐ Crisis Intervention and Stabilization
Provided for: ☐ Mental Health ☐ Substance Use Disorder

6.3.6- BH ☐ Continuing care services
Provided for: ☐ Mental Health ☐ Substance Use Disorder

These services are not covered by Medicaid or CHIP

6.3.7- BH ☐ Care Coordination
Provided for: ☐ Mental Health ☐ Substance Use Disorder

Connecticut provides care coordination to CHIP-enrolled children through the same integrated delivery system used for Medicaid, including the behavioral health ASO and contracted provider network. CHIP members may receive care coordination when clinically indicated to support access to behavioral health treatment, assist with transitions of care, and address identified social or environmental needs. The authority for this service is under 1905(a)(19) of the Medicaid state plan.

6.3.7.1- BH ☐ Intensive wraparound
Provided for: ☐ Mental Health ☐ Substance Use Disorder

This is not covered under Medicaid or CHIP

6.3.7.2- BH ☐ Care transition services
Provided for: ☐ Mental Health ☐ Substance Use Disorder

6.3.8- BH ☒ Case Management
Provided for: ☒ Mental Health ☒ Substance Use Disorder

Connecticut covers case management services under the CHIP state plan for members under age 21 who need support accessing behavioral health treatment. These services help families obtain medical, social, educational, and other resources identified in the individualized care plan. Case managers coordinate appointments, connect members to outpatient and community providers, assist with care transitions, and address barriers affecting treatment. Services are delivered by licensed behavioral health professionals in approved settings and are authorized based on medical necessity through the state's behavioral health ASO to ensure the most appropriate level of care.

6.3.9- BH ☐ Other
Provided for: ☐ Mental Health ☐ Substance Use Disorder

6.4- BH Assessment Tools

6.4.1- BH Please specify or describe all of the tool(s) required by the state and/or each managed care entity:

☒ ASAM Criteria (American Society Addiction Medicine)
☐ Mental Health ☒ Substance Use Disorders

☐ InterQual
☐ Mental Health ☐ Substance Use Disorders

☐ MCG Care Guidelines
☐ Mental Health ☐ Substance Use Disorders

☐ CALOCUS/LOCUS (Child and Adolescent Level of Care Utilization System)
☐ Mental Health ☐ Substance Use Disorders

☐ CASII (Child and Adolescent Service Intensity Instrument)
☐ Mental Health ☐ Substance Use Disorders

☒ CANS (Child and Adolescent Needs and Strengths)
☒ Mental Health ☒ Substance Use Disorders

☐ State-specific criteria (e.g. state law or policies) (please describe)
☐ Mental Health ☐ Substance Use Disorders

☐ Plan-specific criteria (please describe)
☐ Mental Health ☐ Substance Use Disorders

☐ Other (please describe)
☐ Mental Health ☐ Substance Use Disorders

☐ No specific criteria or tools are required
☐ Mental Health ☐ Substance Use Disorders

Sec. 17b-259b of the Connecticut General Statutes defines Medical Necessity and that is the definition used by Medicaid and CHIP to determine if a service is medically necessary. ~~for a CHIP recipient.~~
Chapter 319v - Medical Assistance (ct.gov)

Guidance: Examples of facilitation efforts include requiring managed care organizations and their networks to use such tools to determine possible treatments or plans of care, providing education, training, and technical resources, and covering the costs of administering or purchasing the assessment tools.

6.4.2- BH ☒ Please describe the state's strategy to facilitate the use of validated assessment tools for the treatment of behavioral health conditions.

There are some services that require a specific validated assessment tool, such as the admission into a substance use disorder level of care. The state has ~~recently~~ adopted the American Society of Addiction Medicine (ASAM) multi-dimension assessment for all levels of treatment for a substance use disorder. Similarly, for services for children, other than substance use disorder, the Wisconsin Child and Adolescent Needs and Strengths Tool (CANS) and the Ohio Scales are used. DSS does not require the use of a validated assessment tool for all levels of care. There are some evidence based models that require a validated assessment tool, but it is not required or reviewed by our Administrative Services Organization (ASO) if that level of care requires authorization. If a level of care requires authorization, the ASO has developed a process to determine medical necessity to ensure the individual is admitted to the most clinically appropriate level of care.

6.2.5- BH Covered Benefits The State assures the following related to the provision of behavioral health benefits in CHIP:

☒ All behavioral health benefits are provided in a culturally and linguistically appropriate manner consistent with the requirements of section 2103(c)(6), regardless of delivery system.

☒ The state will provide all behavioral health benefits consistent with 42 CFR 457.495 to ensure there are procedures in place to access covered services as well as appropriate and timely treatment and monitoring of children with chronic, complex or serious conditions.