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State/Territory Name: Connecticut

State Plan Amendment (SPA) #: 12-011

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



Division of Medicaid and Children's Health Operations / Boston Regional Office

January 10, 2017

Roderick L. Bremby, Commissioner
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105

Dear Commissioner Bremby:

We are pleased to enclose a copy of approved State plan amendment (SPA) No. 12-011 with an effective date of January 1, 2012, as requested by your Agency.

This proposed SPA transmitted an amendment to Connecticut's approved Title XIX State plan to revise the reimbursement methodology for medical clinics, mental health and substance abuse clinics, chemical maintenance clinics and rehabilitation clinics.

If you have any questions regarding this matter you may contact Robert Cruz at 617-565-1257 or by email at Robert.Cruz@cms.hhs.gov.

Sincerely,

/s/

Richard McGreal
Associate Regional Administrator

Enclosure

cc: Kate McEvoy, Director of Medical Administration – Health Services and Supports

**TRANSMITTAL AND NOTICE OF APPROVAL
OF STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:
12-011

2. STATE: CT

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE AND MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE:
01-01-2012

5. TYPE OF STATE PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
Section 1905(a)(9) of the Social Security Act and
42 CFR 440.90

7. FEDERAL BUDGET IMPACT:
a. FFY 2012 \$ 21.4 million (costs)
b. FFY 2013 \$ 30 million (costs)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19B Pages 1(c), 1(c)i, 1(c)ii, 1(c)vii, and 1(d)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR
ATTACHMENT (If applicable)
Attachment 4.19B Pages 1(c), 1(c)i, 1(c)ii, 1(c)vii, and 1(d)

10. SUBJECT OF AMENDMENT: The Department intends to modify Attachment 4.19-B of the Connecticut Medicaid State Plan in order to revise the reimbursement methodology for medical clinics, mental health and substance abuse clinics, chemical maintenance clinics and rehabilitation clinics. The changes to these fee schedules are anticipated to be cost neutral in aggregate from a state reimbursement perspective. These changes are expected to result in an estimated federal costs of \$21.4 million in FFY 12 and \$30 million in FFY13.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:
Comments, if any, to follow.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

/s/

13. TYPED NAME: Roderick L. Bremby

14. TITLE: Commissioner

15. DATE SUBMITTED:
March 30, 2012

16. RETURN TO:

State of Connecticut
Department of Social Services - 11th floor
25 Sigourney Street
Hartford, CT 06106-5033
Attention: Ginny Mahoney

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 30, 2012

18. DATE APPROVED: January 10, 2017

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
January 1, 2012

20. SIGNATURE OF REGIONAL OFFICIAL:
/s/

21. TYPED NAME: Richard R. McGreal

22. TITLE: Associate Regional Administrator, Division of Medicaid and
Children's Health Operations, Boston Regional Office

23. REMARKS: The state and CMS agreed to the following pen and ink changes to the Form 179:
Added page numbers 1(c)i, 1(c)ii, and 1(c)vii in boxes 8 and 9.

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(d) Medical Clinics: The current fee schedule was set as of January 1, 2012¹ and is effective for services provided on or after that date. All rates are published at www.ctdssmap.com. Rates are the same for private and governmental providers.

¹ **EXPLANATORY FOOTNOTE 1:** This SPA does not affect the previous out-of-order approval of SPA 15-002, which remains in effect from its effective date until substantively modified by a SPA with the same or later effective date. The effective date and superseded SPA are listed here in order to be consistent with the language and effective date for SPA 12-011. See the letter dated July 13, 2016 in the SPA record for SPA 11-017 for additional details.

TN # 12-011
Supersedes
TN # 11-017

Approval Date 1-10-17

Effective Date 01-01-2012

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(e) Behavioral Health Clinics:

(e.1) **Private Behavioral Health Clinics.**

The current fee schedule was set as of January 1, 2012² and is effective for services on or after that date. Fees for services provided to individuals 18 years of age and over will be 95% of the published fee.

Effective January 1, 2012³ the Department established a separate fee schedule for private behavioral health clinics that meet special access and quality standards and such fees are higher than the fees available to clinics that do not meet such special standards. These clinics must accept all (100%) telephonic and walk-in referrals that present during business hours. All referrals must be screened by a trained intake worker or clinician and triaged to determine whether the referral is emergent, urgent or routine. A clinician must evaluate a client who presents at the clinic with an emergent condition within two (2) hours. Clients that undergo telephonic or walk-in screening and are determined to be in urgent need of services must be offered an appointment for an urgent face-to-face clinical evaluation with a clinician to take place within two (2) calendar days of the screening. Clients that undergo telephonic or walk-in screening and are determined to have routine needs must be offered an appointment for a routine face-to-face clinical evaluation with a clinician to take place within 14 calendar days of the screening. These clinics must have at least nine (9) extended hours per week beyond routine business hours of 8:00 AM to 5:00 PM. Providers that are designated Enhanced Care Clinics and have a valid Letter of Agreement with the Department that holds them accountable to the quality standards and access standards receive the enhanced rate for all routine outpatient services provided. The state monitors the access standards on a routine basis and provides access standard reports to the providers on a quarterly basis. The state has established a process for providers to submit corrective action plans (CAPs) if they do not meet the access standards for any reason except in increase in volume in excess of 20% compared to the same quarter of the previous year. All Enhanced Care Clinics must electronically register appointments made with the Administrative Services Organization (ASO).

² See Explanatory Footnote 1.

³ See Explanatory Footnote 1.

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This process allows for an automated process to track access standards for routine cases. The state also utilizes a mystery shopper process to track access standards. The state also does on-site chart reviews to determine if providers are in compliance with quality standards and the urgent and emergent access standards. As a result of the on-site reviews, CAPs will be required from providers who do not meet quality or access standards reviewed.

Fees for services provided to individuals 18 years of age and over will be 95% of the published fee. All fees are published at www.ctdssmap.com. Rates are the same for private and governmental providers.

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(f) Rehabilitation Clinics:

Effective September 1, 2008, reimbursement for physical therapy and occupational therapy provided by rehabilitation clinics will change from a per visit fee to CPT modality-specific fee based reimbursement. The current fee schedule was set as of January 1, 2012⁴ and is effective for services provided on or after that date. All rates are published at www.ctdssmap.com.

⁴ See explanatory footnote 1.

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(d) Chemical Maintenance Clinics: Effective January 1, 2012, the per diem provider specific rates for chemical maintenance clinics are as follows:

CHEMICAL MAINTENANCE PROVIDERS	CLINIC LOCATION	RATE
APT FOUNDATION INC	LEGION CLINIC NEW HAVEN	\$100.04
APT FOUNDATION INC	ELLA GRASSO BLVD NEW HAVEN	\$99.63
CHEMICAL ABUSE SERVICES AGENCY	426 EAST STREET NEW HAVEN	\$86.18
COMMUNITY PREVENTION AND ADDICTION SVCS	391 POMFRET STREET PUTNAM	\$97.13
COMMUNITY SUBSTANCE ABUSE CENTERS INC	55 FISHFRY STREET HARTFORD	\$96.27
CONNECTICUT COUNSELING CENTERS INC	20 NORTH MAIN STREET NORWALK	\$95.17
CONNECTICUT COUNSELING CENTERS INC	4 MIDLAND ROAD WATERBURY	\$89.43
CONNECTICUT COUNSELING CENTERS INC	60 BEAVER BROOK ROAD DANBURY	\$96.06
HARTFORD DISP ENSARY	335 BROAD STREET MANCHESTER	\$84.98
HARTFORD DISPENSARY	NEW LONDON CLINIC NEW LONDON	\$84.86
HARTFORD DISPENSARY	1098 FARMINGTON AVE BRISTOL	\$84.29
LIBERATION PROGRAMS INC	399 MILL HILL ROAD BRIDGEPORT	\$87.05
LMG PROGRAM INC	MAIN STREET CLINIC STAMFORD	\$83.89
NEW ERA REHABILITATION CENTER	311 EAST STREET NEW HAVEN	\$85.91
NEW ERA REHABILITATION CENTER INC	3851 MAIN STREET BRIDGEPORT	\$87.90
REGIONAL NETWORK OF PROGRAMS	KINSELLA TREATMENT BRIDGEPORT	\$95.71
REGIONAL NETWORK OF PROGRAMS INC	2 RESEARCH DRIVE STRATFORD	\$96.20
THE APT FOUNDATION INC	ACCESS CENTER NEW HAVEN	\$98.78
THE HARTFORD DISPENSARY	345 MAIN STREET HARTFORD	\$66.43
THE HARTFORD DISPENSARY	BOSTON POST ROAD WILLIMANTIC	\$77.01
THE HARTFORD DISPENSARY	NORWICH CLINIC NORWICH	\$71.79
THE HARTFORD DISPENSARY	70 WHITING STREET NEW BRITAIN	\$88.21

TN # 12-011

Supersedes

TN # 09-019Approval Date 1-10-17Effective Date 01-01-2012