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State/Territory Name: Connecticut

State Plan Amendment (SPA) #: 13-024

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. 13-024 with an effective date of November 1, 2013 as requested by your Agency.

This proposed SPA transmitted an amendment to Connecticut's approved Title XIX State plan to amend the fee schedule for mental health and substance abuse clinics to reimburse those clinics for providing group counseling for tobacco cessation.

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: CENTERS FOR MEDICARE & MEDICAID SERVICES**

TO: REGIONAL ADMINISTRATOR

CMS/CMSO

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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:
1905(a)(9) of Social Security Act
42 C.F.R. 440.90

7. FEDERAL BUDGET IMPACT:
a. FFY 2014 \$471,000
b. FFY 2015 \$525,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B Page 1(c)i

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If applicable)

Attachment 4.19-B Page 1(c)i

SUBJECT OF AMENDMENT: Effective November 1, 2013, this SPA proposes to modify Attachment 4.19-B of the Medicaid State Plan in order to amend the fee schedule for mental health and substance abuse clinics to reimburse those clinics for providing group counseling for tobacco cessation. Together with this change, the Department will also reimburse Federally Qualified Health Centers (FQHCs) for providing group counseling for tobacco cessation. This SPA is anticipated to result in estimated federal budgetary impact of \$471,000 in Federal Fiscal Year 2014 and \$525,000 in Federal Fiscal Year 2015.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ OTHER, AS SPECIFIED

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

/s/

13. TYPED NAME: Roderick L. Bremby

14. TITLE: Commissioner, Department of Social Services

15. DATE SUBMITTED:

December 26, 2013

16. RETURN TO:

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: December 26, 2013

18. DATE APPROVED: January 10, 2017

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
November 1, 2013

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 on the following pen and ink changes to the Form 179:

- Deleted 1905(a)(2)(C) from Box 6
- Changed the plan page number in Boxes 8 and 9 from Page 1(c) to Page 1(c)i

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State of Connecticut

(e) Behavioral Health Clinics:

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

The current fee schedule was set as of November 1, 2013¹ 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, 2012 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).

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 13-024. See the letter dated July 13, 2016 in the SPA record for SPA 11-017 for additional details.

TN # 13-024

Supersedes

TN # 12-011

Approval Date 1/10/17

Effective Date 11-01-2013