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**State/Territory Name: Connecticut**

**State Plan Amendment (SPA) #: 16-0029**

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**

October 10, 2018

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

Dear Commissioner Bremby:

Enclosed via email is a copy of approved Connecticut State Plan Amendment (SPA) No. 16-0029, with an effective date of September 1, 2016. This amendment was submitted to reduce payment rates for Board Certified Assistant Behavioral Analysts (BCaBA) and technicians providing Autism Spectrum Disorder (ASD) services by six percent. The state indicated it is making this change as well as a corresponding change under SPA 16-0004 to make different levels of reimbursement based on the qualifications of the rendering provider and encourage more participation of higher qualified providers. Specifically, under the two SPAs, Board Certified Behavioral Analysts (BCBA) and licensed practitioners will be paid more than assistant behavioral analysts and technicians.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a) and 1923 of the Social Security Act (the Act) and the implementing Federal regulations at 42 CFR 447 Subpart C.

Because the proposed SPA would reduce or restructure provider payment rates, Connecticut is required to provide documentation in support of its determination that the payments are consistent with efficiency, economy and quality of care and sufficient to enlist enough providers so that services under the plan are available to beneficiaries at least to the extent that these services are available to the general population, as established in Section 1902(a)(30)(A) of the Act and codified in 42 CFR 447.203 and 42 CFR 447.204. Connecticut demonstrated compliance with 42 CFR 447.203(b)(6) by completing an access review and analysis for the relevant services and establishing procedures to monitor continued access to care following implementation of the rate reductions. Connecticut also met the requirements of 447.203 (b)(1) through 447.203(b)(6) and 447.204(a)(1) by submitting an Access Monitoring Review Plan (AMRP) as required by the regulations and by including data and analysis related specifically to this reduction in payment rates. Additionally, the state was required to adhere to the public process requirements set forth in 42 CFR 447.204. To demonstrate compliance with these requirements, the state submitted the following to CMS with the proposed SPA:

1. With respect to the public process requirements at 42 CFR 447.204(a)(2), Connecticut provided documentation to show that providers and the public were advised of the

proposed SPAs via public notices published in the CT Law Journal on June 28, 2016 which included both an increase to the lead BCBA and a decrease to the BCaBA. After receiving feedback from the provider community, the state split the increase and the reduction into two separate amendments, and republished the public notice for this reduction on July 26, 2016. Provider bulletins were also sent electronically to ASD providers and published on the CT Medical Assistance Program website. The state reported it received multiple comments from the ASD provider community about the proposed rate reduction and noted that SPA 16-0004 was submitted to provide a 13% increase for the BCBAs. The state determined that the proposed reduction and increases were necessary to attract more BCBAs to the program.

2. With respect to the access review requirements at 42 CFR 447.204(b), Connecticut provided documentation to show they examined beneficiary enrollment, utilization of services, provider availability, payment rates relative to other payers and resources available to beneficiaries to facilitate access to care. This information was provided in an appendix to the AMRP which analyzed beneficiaries' access to services since 2015 when the program was first implemented, and established utilization and provider enrollment trends during that period. The state also noted that the rates for ASD services were higher than two other states with similar programs and made it clear to CMS that the intent of the two SPAs is to increase the number of enrolled behavioral analysts rather than reduce care.

The state concluded that Medicaid beneficiaries have access to care for ASD services that is sufficient and comparable to the general population in the geographic area. Since ASD services have only been covered for a short period, Connecticut does not have much data to rely on to assess access to care. However, the state indicated 31 enrolled ASD providers filed 74,354 claims to 507 unduplicated clients in 2015. The state will use the 2015 data as the baseline to monitor access to care after the reductions are implemented. The state also noted that the reductions should be considered in light of the potentially offsetting 13% increase to the BCBA rates implemented through SPA 16-0004.

The state made their analysis available to the public 30 days prior to submitting it to CMS and received numerous comments. The state analyzed and responded to stakeholders comments. The AMRP cited additional functions the state relies upon to understand and address access concerns, such as the public process the state used to engage providers and beneficiaries on the changes in payment rates and use of Administrative Services Organizations (ASOs) to resolve access to care issues. The state concludes that Medicaid beneficiaries have access to care to ASD services that is sufficient and comparable to the general population in the geographic area.

3. The state established procedures to monitor continued access to care after implementation of these rate reductions, consistent with 42 CFR 447.203(b)(6). Specifically, the state provided a plan to periodically review continued service access to the ASD services associated with this SPA, consistent with regulatory requirements, including: measures, baseline data and state-established access thresholds which will trigger additional review or action by the state. These procedures will be in place for at least three years, consistent with 447.203(b)(6)(ii)(B).

4. The state also demonstrated that it has ongoing mechanisms for beneficiary and provider input on access to care, such as the beneficiary complaint processes. These provide that beneficiaries and the public can raise access concerns both directly to the state Medicaid agency and to the medical and behavioral health ASO. The state has established that it will promptly respond to public input through these mechanisms, and will retain a record of this input and response. Specifically, the ASO tracks and resolves all access-related issues on a quarterly basis.

If access deficiencies are identified, the state will submit a corrective action plan within 90 days of identification.

CMS is approving this SPA as the state has reasonably substantiated its conclusion that access for these services is sufficient through a process consistent with the requirements of §447.203 and conducted the public process and notice described in §§447.204 and 447.205. Consistent with the aforementioned regulations, the state has committed to monitoring access and CMS will be periodically contacting the state to understand how the state's monitoring activities are progressing.

This letter affirms that the Connecticut Medicaid state plan amendment 16-0029 is approved effective September 1, 2016 as requested by the state.

We are enclosing the HCFA-179 and the following amended plan pages.

- o Supplement 1a to Attachment 4.19B, Page 4

If you have any questions regarding this matter you may contact Robert Cruz at 781-335-3455 or by email at [Robert.Cruz@cms.hhs.gov](mailto:Robert.Cruz@cms.hhs.gov).

Sincerely,

/s/

Richard McGreal  
Associate Regional Administrator

Enclosure

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

1. TRANSMITTAL NUMBER:  
16-0029

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:  
September 1, 2016

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:  
Sections 1905(a)(13) of the Social Security Act and  
42 CFR 440.130

7. FEDERAL BUDGET IMPACT:  
a. FFY 2016 0  
b. FFY 2017 (\$284,000) (savings)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Supplement 1a to Attachment 4.19-B Page 4

9. PAGE NUMBER OF SUPERSEDED PLAN SECTION OR ATTACHMENT  
Supplement 1a to Attachment 4.19-B Page 4

10. SUBJECT OF AMENDMENT: Effective September 1, 2016, SPA 16-0029 amends Attachment 4.19-B of the Medicaid State Plan in order to update the reimbursement methodology for autism spectrum disorder (ASD) by adding billing codes that must be used when a technician or Board Certified Assistant Behavior Analyst (BCaBA) provides ASD treatment services under the supervision of a qualified Board Certified Behavior Analyst (BCBA) or licensed practitioner. The new codes are CPT code 0364T for the initial 30 minutes and CPT code 0365T for all subsequent 30-minute units, which are reimbursed at \$22.50 per 30-minute unit (equivalent to \$45 per hour). See the CMS cover letter for additional details. Note: The Department does not anticipate any fiscal impact from this SPA for FFY 2016 due to claims submission lag.

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:

12. SIGNATURE OF STATE AGENCY OFFICIAL:  
/S/

16. RETURN TO:

13. TYPED NAME: Roderick L. Bremby

State of Connecticut  
Department of Social Services  
55 Farmington Avenue – 9th floor  
Hartford, CT 06105  
Attention: Ginny Mahoney

14. TITLE: Commissioner

15. DATE SUBMITTED:  
September 30, 2016

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: September 30, 2016

18. DATE APPROVED: October 1, 2018

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
September 1, 2016

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:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE CONNECTICUT

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13. c. Preventive Services

**Services to Treat Autism Spectrum Disorders Pursuant to EPSDT**

Fees for services to treat autism spectrum disorders pursuant to EPSDT were set as of September 1, 2016 and are effective for services provided on or after that date. The fee schedules can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: [www.ctdssmap.com](http://www.ctdssmap.com). From this web page, go to “Provider,” then to “Provider Fee Schedule Download” and select the fee schedule applicable to the qualified provider. Fees are the same for governmental and private providers.