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State/Territory Name: Connecticut

State Plan Amendment (SPA) #: 21-0014

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

October 29, 2021

Dr. Deidre Gifford, Commissioner
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105

Re: Connecticut State Plan Amendment (SPA) 21-0014

Dear Commissioner Gifford:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0014. This amendment proposes to add medication-assisted treatment (MAT) as a mandatory benefit in the Medicaid state plan. This letter is to inform you that Connecticut's Medicaid SPA Transmittal Number 21-0014 is approved effective October 1, 2020 until September 30, 2025, pursuant to 1905(a)(29) of the Social Security Act and Section 1006(b) of the SUPPORT Act.

Section 1006(b) of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act ("SUPPORT Act"), signed into law on October 24, 2018, amended section 1902(a)(10)(A) of the Social Security Act (the Act) to require state Medicaid plans to include coverage of MAT for all individuals eligible to enroll in the state plan or waiver of the state plan. Section 1006(b) also added a new paragraph 1905(a)(29) to the Act to include the new required benefit in the definition of "medical assistance" and to specify that the new required benefit will be in effect for the period beginning October 1, 2020, and ending September 30, 2025.

Section 1006(b) of the SUPPORT Act also added section 1905(ee)(1) to the Act to define MAT, for purposes of the new required coverage, as:

. . . all drugs approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355), including methadone, and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262) to treat opioid use disorders; and[,] . . . with respect to the provision of such drugs and biological products, counseling services and behavioral therapy.

Pursuant to section 1135(b)(5) and/or 1135(b)(1)(C) of the Act, due to the COVID-19 public health emergency (PHE), CMS issued an approval letter on March 12, 2021 allowing Connecticut to modify the SPA submission requirements at 42 C.F.R. 430.20, to allow the state to submit a SPA implementing section 1905(a)(29) of the Act by March 31, 2021 that would take

effect on October 1, 2020 and approved October 29, 2021.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Act and implementing regulations.

If you have any questions, please contact Marie DiMartino 617-565-9157 or via email at Marie.DiMartino@cms.hhs.gov.

Sincerely,

A solid black rectangular box used to redact the signature of James G. Scott.

James G. Scott, Director
Division of Program Operations


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 21-0014	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: October 1, 2020	
5. TYPE OF STATE PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		

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

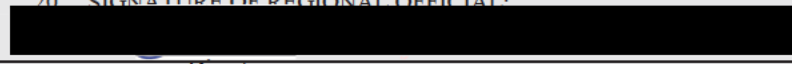
6. FEDERAL STATUTE/REGULATION CITATION: Section 1905(a)(29) of the Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY 2021 \$0 b. FFY 2022 \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A Page 12a Attachments 3.1-B, Page 11a Addendum Pages 26 - 28 to Attachment 3.1-A Addendum Pages 26 - 28 to Attachment 3.1-B Attachment 4.19-B, Page 46	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable) NEW NEW NEW NEW NEW

10. SUBJECT OF AMENDMENT: As required by federal law, this SPA amends Attachments 3.1-A, 3.1-B, and 4.19-B of the Medicaid State Plan to transfer existing approved Medicaid State Plan provisions regarding Medication-Assisted Treatment (MAT) into the new mandatory MAT benefit category in section 1905(a)(29), as added by section 1006(b) of the SUPPORT Act (Pub. L. No. 115-271). That federal law provision is currently in effect from October 1, 2020 through September 30, 2025. This SPA does not make any changes other than moving existing approved Medicaid State Plan language regarding MAT into the new MAT benefit category, which is why there is no change in federal expenditures. On March 12, 2021, CMS approved the state's request for a section 1135 Coronavirus Disease 2019 (COVID-19) disaster relief waiver to allow a SPA effective date of October 1, 2020 because the state's response to the COVID-19 pandemic delayed its ability to submit a SPA within the standard timeframes, subject to conditions regarding submission and public notice that have been met.

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: 	16. RETURN TO: State of Connecticut Department of Social Services 55 Farmington Avenue – 9th floor Hartford, CT 06105 Attention: Ginny Mahoney
13. TYPED NAME: Deidre S. Gifford, MD, MPH	
14. TITLE: Commissioner	
15. DATE SUBMITTED: March 30, 2021	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 30, 2021	18. DATE APPROVED: October 29, 2021
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2020	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: James G. Scott	22. TITLE: Director Division of Program Operations
23. REMARKS:	

State: Connecticut

Amount, Duration, and Scope of Services Provided to Categorically Needy Group(s): ALL

Medication-Assisted Treatment (MAT) (section 1905(a)(29))

Citation: 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy
(Continued)

1905(a)(29) X MAT as described and limited in the Addendum to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy.

TN # 21-0014

Approval Date 10-29-21

Effective Date: 10-01-2020

Supersedes

TN # NEW

State: Connecticut

**Amount, Duration, and Scope of Services Provided to Categorically Needy Group(s): ALL
*Section 1905(a)(29) – Medication-Assisted Treatment (MAT)***

i. General Assurance

MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020, and ending September 30, 2025.

ii. Assurances

a. The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).

b. The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.

c. The state assures coverage for all formulations of MAT drugs and biologicals for OUD that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).

iii. Service Package

The state covers the following counseling services and behavioral health therapies as part of MAT.

a) Please set forth each service and components of each service (if applicable), along with a description of each service and component service.

From October 1, 2020, through September 30, 2025, the state assures that MAT to treat OUD as defined at section 1905(ee)(1) of the Social Security Act (the Act) is covered exclusively under section 1905(a)(29) of the Act.

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Effective Date: 10-01-2020

Supersedes

TN # NEW

State: Connecticut

**Amount, Duration, and Scope of Services Provided to Categorically Needy Group(s): ALL
*Section 1905(a)(29) – Medication-Assisted Treatment (MAT) (cont'd)***

Individual, group, and family counseling/therapy to treat OUD; and psychotherapy services to treat OUD. Family therapy that involves the participation of a non-Medicaid eligible is for the direct benefit of the beneficiary. The service must actively involve the beneficiary in the sense of being tailored to the beneficiary's individual needs. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service.

- b) Please include each practitioner and provider entity that furnishes each service and component service.
- Physicians: All services listed in section iii(a) above.
 - Physician Assistants: All services listed in section iii(a) above.
 - Nurse Practitioners: All services listed in section iii(a) above.
 - Licensed Behavioral Health Practitioners, specifically Licensed Psychologists, Licensed Clinical Social Workers, Licensed Alcohol and Drug Counselors, Licensed Professional Counselors, and Licensed Marital and Family Therapists: All services listed in section iii(a) above.
- c) Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training and supervisory arrangements that the state requires.
- Physicians: Licensed by the state.
 - Physician Assistants: Licensed by the state.
 - Nurse Practitioners: Licensed by the state as an advanced practice registered nurse and certified as a nurse practitioner.
 - State-Licensed Behavioral Health Practitioners, specifically Licensed Psychologists, Licensed Clinical Social Workers, Licensed Alcohol and Drug Counselors, Licensed Professional Counselors, and Licensed Marital and Family Therapists.

TN # 21-0014

Supersedes

TN # NEW

Approval Date 10-29-21

Effective Date: 10-01-2020

State: Connecticut

Amount, Duration, and Scope of Services Provided to Categorically Needy Group(s): ALL
Section 1905(a)(29) – Medication-Assisted Treatment (MAT) (cont'd)

iv. Utilization Controls

 X The state has drug utilization controls in place. (Check each of the following that apply)

 X Generic first policy

 X Preferred drug lists

 X Clinical criteria

 X Quantity limits

 The state does not have drug utilization controls in place.

v. Limitations

Describe the state's limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.

The state maintains a Preferred Drug List (PDL) for specified doses, dosage forms, and brands for MAT drugs for OUD. Limitations for a MAT drug dose, dosage form, and/or brand that is not listed on the PDL is that prior authorization is required. All other limits to the state's coverage of prescribed outpatient drugs in section 12.a of Attachment 3.1-A also apply to MAT drugs.

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section 1006(b) of the SUPPORT for Patients and Communities Act (P.L. 115-271) enacted on October 24, 2018. Section 1006(b) requires state Medicaid plans to provide coverage of Medication-Assisted Treatment (MAT) for all Medicaid enrollees as a mandatory Medicaid state plan benefit for the period beginning October 1, 2020, and ending September 30, 2025. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 60). Public burden for all of the collection of information requirements under this control number is estimated to take about 80 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN # 21-0014

Approval Date 10-29-21

Effective Date: 10-01-2020

Supersedes

TN # NEW

State: Connecticut

Amount, Duration, and Scope of Services Provided to Medically Needy Group(s): ALL

Medication-Assisted Treatment (MAT) (section 1905(a)(29))

Citation: 3.1(b)(1) Amount, Duration, and Scope of Services: Medically Needy
(Continued)

1905(a)(29) X MAT as described and limited in the Addendum to Attachment 3.1-B.

ATTACHMENT 3.1-B identifies the medical and remedial services provided to the medically needy.

TN # 21-0014

Approval Date 10-29-21

Effective Date: 10-01-2020

Supersedes

TN # NEW

State: Connecticut

Amount, Duration, and Scope of Services Provided to Medically Needy Group(s): ALL

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The state covers the following counseling services and behavioral health therapies as part of MAT.

a) Please set forth each service and components of each service (if applicable), along with a description of each service and component service.

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State: Connecticut

**Amount, Duration, and Scope of Services Provided to Medically Needy Group(s): ALL
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- c) Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training and supervisory arrangements that the state requires.

Physicians: Licensed by the state.

- Physician Assistants: Licensed by the state.
- Nurse Practitioners: Licensed by the state as an advanced practice registered nurse and certified as a nurse practitioner.
- State-Licensed Behavioral Health Practitioners, specifically Licensed Psychologists, Licensed Clinical Social Workers, Licensed Alcohol and Drug Counselors, Licensed Professional Counselors, and Licensed Marital and Family Therapists.

TN # 21-0014

Supersedes

TN # NEW

Approval Date 10-29-21

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State: Connecticut

**Amount, Duration, and Scope of Services Provided to Medically Needy Group(s): ALL
*Section 1905(a)(29) – Medication-Assisted Treatment (MAT) (cont'd)***

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PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section 1006(b) of the SUPPORT for Patients and Communities Act (P.L. 115-271) enacted on October 24, 2018. Section 1006(b) requires state Medicaid plans to provide coverage of Medication-Assisted Treatment (MAT) for all Medicaid enrollees as a mandatory Medicaid state plan benefit for the period beginning October 1, 2020, and ending September 30, 2025. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 60). Public burden for all of the collection of information requirements under this control number is estimated to take about 80 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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Effective Date: 10-01-2020

Supersedes

TN # NEW

State: Connecticut

29. Medication-Assisted Treatment (MAT) Pursuant to section 1905(a)(29) of the Social Security Act

MAT pursuant to section 1905(a)(29) of the Social Security Act is reimbursed in accordance with the applicable provision of Attachment 4.19-B of the Medicaid State Plan for the provider category that is providing MAT, specifically, pursuant to section 5, 6, or 9, as applicable, of Attachment 4.19-B.

The reimbursement for unbundled prescribed drugs and biologicals used to treat opioid use disorder (OUD) is reimbursed using the same methodology as described for prescribed drugs pursuant to section 12.a and 12.b of Attachment 4.19-B, pages 1(g), 1(h), and 2 for prescribed drugs that are dispensed or administered.

TN # 21-0014

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Supersedes

TN # NEW