

## **Table of Contents**

**State/Territory Name: Connecticut**

**State Plan Amendment (SPA) #: 22-0028**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Summary Page
- 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

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December 20, 2022

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

Re: Connecticut State Plan Amendment (SPA) 22-0028

Dear Commissioner Gifford:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0028. This amendment looks to add coverage and reimbursement of Community Violence Prevention Services.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act Section 1905(a)(13)(C) and 42 CFR 440.130(c). This letter informs you that Connecticut's Medicaid SPA Transmittal Number 22-0028 was approved on December 19, 2022, with an effective date of July 1, 2022.

Enclosed is a copy of the approved CMS-179 summary page and the approved SPA pages to be incorporated into the Connecticut State Plan.

If you have any questions, please contact Marie DiMartino at (617) 565-9157 or via email at [Marie.DiMartino@cms.hhs.gov](mailto:Marie.DiMartino@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of Sophia Hinojosa.

Sophia Hinojosa, Acting Director  
Division of Program Operations

Enclosures

cc: Joel Norwood  
Deborah Alexson  
Abigail Cotto  
Candace Madison  
Ginny Mahoney  
Dana Robinson-Rush

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 2 — 0 0 2 8</u>	2. STATE <u>CT</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>July 1, 2022</b>
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5. FEDERAL STATUTE/REGULATION CITATION <i>Social Security Act Section 1905(a)(13)(C) and 42 CFR 440.130(c)</i>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>60,823</u> b. FFY <u>2023</u> \$ <u>374,059</u>
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7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <i>Supplement Pages 9, 9a, 9b to Addendum Page 12 to Attachments 3.1-A and 3.1-B Supplement 1(a)(i) to Attachment 4.19-B, Page 4</i>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  <b>NEW</b>  <b>NEW</b>
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9. SUBJECT OF AMENDMENT  
*This SPA adds coverage and reimbursement of community violence prevention services performed by certified violence prevention professionals as a new benefit within the preventive services benefit category. Service components, provider qualifications, and limitations are set forth in the SPA pages.*

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO State of Connecticut Department of Social Service 55 Farmington Avenue, 9th Floor Hartford, CT 06105 Attention: Ginny Mahoney
12. TYPED NAME Deidre S. Gifford, MD, MPH	
13. TITLE Commissioner	
14. DATE SUBMITTED September 29, 2022	

**FOR CMS USE ONLY**

16. DATE RECEIVED 9/30/22	17. DATE APPROVED 12/19/22
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL 7/1/2022	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL Sophia Hinojosa	21. TITLE OF APPROVING OFFICIAL Acting Director Division of Program Operations

22. REMARKS

12-19-22: CT approved the following pen and ink authorization for 3.1-B pages :

- Add (a) to Supplement Page 9 to Addendum Page 12 To Attachment 3.1-B
- Add (b) to Supplement Page 9 to Addendum Page 12 To Attachment 3.1-B

**State: CONNECTICUT**  
**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED**  
**CATEGORICALLY NEEDY GROUP(S): ALL**

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**13.c. Preventive Services**

**(3) Community Violence Prevention Services**

**A. General Description**

Community violence prevention services are provided by a certified violence prevention professional (VPP) to a Medicaid beneficiary who has received treatment for an injury, including both medical and behavioral health treatment for a physical and/or behavioral health injury, sustained as a result of an act of community violence. Covered services are provided for the purpose of promoting improved health outcomes and positive behavioral change and preventing further violence.

As part of the determination of medical necessity and coverage, these services must be referred by a qualified licensed health care practitioner based on a determination that the beneficiary is at elevated risk of a violent injury or retaliation resulting from another act of community violence. In accordance with 42 C.F.R. § 440.130(c), these services are recommended by a physician or other qualified licensed practitioner of the healing arts, within the practitioner's scope of practice under state law, and are designed to prevent further impacts of community violence, prevent future community violence, prolong life, and promote the physical and mental health and efficiency of the individual.

**B. Assessment and Service Plan**

As soon as practicable after the certified VPP becomes aware that community violence prevention services may be medically necessary for a beneficiary, the certified VPP assesses the beneficiary's needs for community violence prevention services based on information from the beneficiary and other appropriate individuals, including, but not limited to, family and other natural supports, health providers, and other relevant individuals. Based on the assessment, if it is determined there is a need for community violence prevention services, the certified VPP prepares an individualized service plan for the beneficiary based on that person's unique needs, which may be updated as required.

**State: CONNECTICUT**  
**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED**  
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**C. Service Description**

Community violence prevention services are evidence-based, trauma-informed, supportive and non-psychotherapeutic services provided by a certified violence prevention professional in any appropriate setting; such services are provided for the purpose of promoting improved health outcomes and positive behavioral change, preventing further injury and future violence. The services are tailored for each person based on the individualized service plan.

Covered services include: screening; assessment of needs; development of an individualized service plan; counseling, including counseling to address and mitigate the impact of trauma; mentorship; conflict mediation; crisis intervention; patient education; discharge planning; and care coordination to facilitate the beneficiary's access to appropriate services, including medical, behavioral health, social, and other necessary services designed to prevent further impacts of community violence, prevent future community violence, prolong life, and promote the beneficiary's physical and mental health in accordance with the individualized service plan.

When clinically appropriate, more than one certified VPP may be required to deliver necessary services to the same person at the same time or on the same date of service. When more than one certified VPP is clinically necessary at the same time or on the same date of service, the service(s) delivered by each certified VPP must be covered as outlined in this section and the services of each certified VPP must be documented in the provider's records, including to identify the specific covered service(s) performed by each certified VPP.

**D. Provider Qualifications**

1. Entity Qualifications: The billing provider entity must meet all of the following criteria:
  - a. Be a business entity (including a nonprofit organization) or municipality organized or registered in good standing under state law;
  - b. Have experience providing community violence prevention services in Connecticut for at least twelve months;
  - c. Maintain an affiliation with at least one trauma level I or II licensed short-term general hospital or children's hospital in Connecticut through which the

**State: CONNECTICUT**  
**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED**  
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- provider entity is authorized to provide community violence prevention services to beneficiaries;
- d. Have on staff at least one supervisor who is certified as a VPP, in accordance with state law, has experience providing community violence prevention services for not less than three years, and supervises the provision of community violence prevention services by the provider entity; and
  - e. Ensure that community violence prevention services are performed by practitioners who meet the qualifications detailed immediately below.
2. VPP Qualifications: Obtain and maintain certification as a VPP in accordance with state law, including complying with all applicable requirements for ongoing certification established by each accredited training and certification approved by the state Department of Public Health; such requirements must include at least thirty-five hours of initial training and at least six hours of continuing education every two years.

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**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**  
**State: CONNECTICUT**

**13.c. Preventive Services**

**(3) Community Violence Prevention Services**

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of community violence prevention services. The agency's fee schedule rates were set as of July 1, 2022 and are effective for services provided on or after that date. All rates are published on the Connecticut Medical Assistance Program website: <https://www.ctdssmap.com>. From this web page, go to "Provider," then to "Provider Fee Schedule Download," then select the applicable fee schedule.