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State/Territory Name: Connecticut

State Plan Amendment (SPA) #: 22-0035

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

April 19, 2023

Andrea Barton Reeves, J.D., Commissioner
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105

Re: Connecticut State Plan Amendment (SPA) 22-0035

Dear Commissioner Reeves:

Enclosed please find a corrected approval package for your Connecticut State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0035. This SPA, which made a number of changes to implement updates to physician, medical clinic, DME/MEDS fee schedules, increase rates for Etonogestrel implant system LARC devices, add a code for monkeypox testing to select fee schedules, and update DME/MEDS fee schedule. This SPA also removes age limits for naturopath coverage and expands coverage for behavioral health clinicians to include associate practitioners. This SPA was originally approved on March 6, 2023, with an effective date of October 1, 2022. The approval package sent to Connecticut included the following errors:

- Box 11: The box was blank after the electronic signature was inadvertently removed when the previous package was created.

The enclosed corrected package contains the original signed letter, the corrected CMS-179, and the approved SPA pages.

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

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

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

March 7, 2023

Andrea Barton Reeves, J.D., Commissioner
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105

Re: Connecticut State Plan Amendment (SPA) 22-0035

Dear Commissioner Reeves:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0035. This amendment looks to implement updates to physician, medical clinic, DME/MEDS fee schedules, increase rates for Etonogestrel implant system LARC devices, add a code for monkeypox testing to select fee schedules, and update DME/MEDS fee schedule. This SPA also removes age limits for naturopath coverage and expands coverage for behavioral health clinicians to include associate practitioners.

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 22-0035 was approved on March 6, 2023, with an effective date of October 1, 2022. Enclosed are copies of the approved CMS-179 summary form 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.

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

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

1. TRANSMITTAL NUMBER
2 2 — 0 0 3 5

2. STATE
CT

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT
 XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
October 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION
Social Security Act Sections 1905(a)(3),(5),(6),(7), and (9) and 42 CFR §§ 440.30, 50, 60, 70, and 90

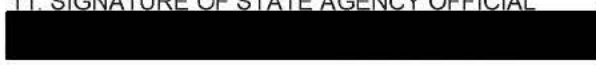
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2023 \$ 2,139,724
b. FFY 2024 \$ 5,392,563

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Addendum Pg 4b to Attachment 3.1-A & 3.1-B
Addendum Pg 4d, 4d(i), 4e to Attachment 3.1-A & 3.1-B
Addendum Pg 11 to Attachment 4.19-B Pg 1
Attachment 4.19-B Pg 1(a)i(E) & 1(a)vi
Attachment 4.19-B Pp 1(b)ii, 1(c)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Addendum Pg 4b to Attachment 3.1-A & 3.1-B
Add. Pg 4d, 4d(i), 4e to Attach. 3.1-A & 3.1-B
Addendum Pg 11 to Attachment 4.19-B Pg 1
Attachment 4.19-B Pg 1(a)i(E) & 1(a)vi
Attachment 4.19-B Pp 1(b)ii, 1(c)

9. SUBJECT OF AMENDMENT
1. Implements Oct. 2022 HCPCS updates to physician, medical clinic, DME/MEDS fee schedules. 2. Etonogestrel implant system LARC device rate increase. 3. Add code for monkeypox testing to select fee schedules. 4. Updates DME/MEDS fee schedule. 5. Remove age limit for naturopath coverage. 6. Expand coverage for behavioral health clinicians to include associate practitioners.

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


12. TYPED NAME
William Woolston, PhD

13. TITLE
Director of Medicaid and Division of Health Services

14. DATE SUBMITTED
December 27, 2022

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

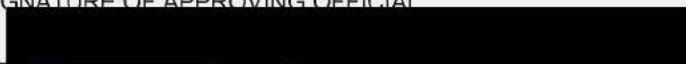
FOR CMS USE ONLY

16. DATE RECEIVED
December 27, 2022

17. DATE APPROVED
March 6, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
October 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL


20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

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

c. Chiropractor Services

- i. Chiropractors must be licensed by the state in accordance with state law.
- ii. Services are limited to a chiropractor's scope of practice.
- iii. Services include only those that meet the requirements set forth in 42 C.F.R. § 440.60(b).

d. Licensed Psychologist Services

- i. Psychologists must be licensed under state law
- ii. Services are limited to routine diagnostic, assessment, treatment, rehabilitation or palliative services or psychological testing and within a psychologist's scope of practice and as set forth on the applicable published fee schedule. The following limits also apply, each of which may be exceeded with prior authorization based on medical necessity:
 - (1) Only one diagnostic interview in any twelve-month period by a psychologist for the same beneficiary; and
 - (2) Only two staff consultations with the beneficiary or the beneficiary's family for the benefit of the beneficiary per year by a psychologist for the same beneficiary.
- iii. Covered psychologist services include services personally performed by the psychologist and services performed by an associate licensed practitioner working under the psychologist's supervision and whom the psychologist is authorized to supervise under state law, specifically the services of licensed master social workers and licensed professional counselor associates.

e. Naturopathic Services

- i. Naturopaths must be licensed under state law.
- ii. Services are limited to a naturopath's scope of practice, which include diagnosis, prevention and treatment of disease and health optimization by stimulation and support of the body's natural healing processes.

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

h. Licensed Clinical Social Worker (LCSW) Services

- i Clinical social workers must be licensed by the Connecticut Department of Public Health (DPH) (a) after (i) completing a doctorate or master's degree in a social work program accredited by the Council on Social Work Education or a program outside the United States deemed equivalent by the Council on Social Work Education, (ii) complete 3,000 hours of post-master's social work experience, including at least 100 hours under supervision by a licensed clinical or certified independent social worker, with such hours completed in Connecticut as a licensed master social worker, (iii) pass the clinical level examination of the Association of Social Work Boards or any other examination prescribed by DPH or (b) without meeting the above requirements if the individual is licensed or certified as a clinical social worker in another jurisdiction whose requirements are substantially similar or higher than Connecticut's requirements and who has also passed the clinical level examination of the Association of Social Work Boards or any examination prescribed by DPH.
- ii Services are provided under the benefit category of 42 C.F.R. § 440.60, other licensed practitioners, and include routine diagnostic, assessment, treatment, rehabilitation or palliative services provided to individuals with a behavioral health disorder, within a licensed clinical social worker's scope of practice and as set forth on the applicable published fee schedule. In addition, only one diagnostic interview may be provided by a licensed clinical social worker in any twelve month period for the same beneficiary, which may be exceeded by prior authorization based on medical necessity.
- iii Covered LCSW services include services personally performed by the LCSW and services performed by an associate licensed practitioner working under the LCSW's supervision and whom the LCSW is authorized to supervise under state law, specifically the services of licensed master social workers and licensed professional counselor associates.

i. Licensed Marital and Family Therapists (LMFT) Services

- i Marital and family therapists must be licensed by the Connecticut Department of Public Health (DPH) (a) after (i) completing a graduate degree program in marital and family therapy from a regionally accredited college or university or an accredited postgraduate clinical training program approved by the Commission on Accreditation for Marriage and Family Therapy Education and recognized by the U.S.

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

Department of Education, (ii) completing a supervised practicum or internship with emphasis on marital and family therapy supervised by the program granting the degree or by an accredited postgraduate clinical training program approved by the Commission on Accreditation for Marriage and Family Therapy Education and recognized by the U.S. Department of Education with at least 500 clinical hours, including 100 hours of clinical supervision, (iii) complete at least twelve months of relevant postgraduate experience after being awarded a master's or doctorate or the training specified in (ii) and including at least 1,000 hours of direct client contact offering marital and family therapy and 100 hours of postgraduate clinical supervision by a licensed marital and family therapy, and (iv) passed an examination prescribed by DPH or (b) without taking the examination if the individual is currently licensed or certified as a marital or marriage and family therapist in another jurisdiction whose standards, in DPH's opinion, are equivalent to or higher than Connecticut's standards. However, an individual licensed or certified as a marital or marriage and family therapist in another jurisdiction whose standards are not equivalent to or higher than Connecticut's standards may substitute five years of licensed or certified work experience in the practice of marital and family therapy in lieu of the requirements of (a)(ii) and (iii) above.

- ii Services are provided under the benefit category of 42 C.F.R. § 440.60, other licensed practitioners, and include routine diagnostic, assessment, treatment, rehabilitation or palliative services provided to individuals with a behavioral health disorder, within a licensed marital and family therapist's scope of practice and as set forth on the applicable published fee schedule. In addition, only one diagnostic interview may be provided by a licensed marital and family therapist in any twelve-month period for the same beneficiary, which may be exceeded by prior authorization based on medical necessity.
- iii Covered LMFT services include services personally performed by the LMFT and services performed by an associate licensed practitioner working under the LMFT's supervision and whom the LMFT is authorized to supervise under state law, specifically the services of licensed master social workers, licensed marital and family therapy associates, and licensed professional counselor associates.

TN # 22-0035
Supersedes
TN # 14-028

Approval Date: 03/06/2023

Effective Date: 10/01/2022

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

j. Licensed Professional Counselor (LPC) Services.

- i Professional counselors must be licensed under state law.
- ii Services include routine diagnostic, assessment, treatment, rehabilitation or palliative services provided to individuals with a behavioral health disorder, within a licensed professional counselor's scope of practice, and as set forth on the applicable published fee schedule. In addition, only one diagnostic interview may be provided by a licensed professional counselor in any twelve month period for the same beneficiary, which may be exceeded by prior authorization based on medical necessity.
- iii Covered LPC services include services personally performed by the LPC and services performed by an associate licensed practitioner working under the LPC's supervision and whom the LPC is authorized to supervise under state law, specifically the services of licensed master social workers and licensed professional counselor associates.

k. Licensed Alcohol and Drug Counselor Services.

- i Alcohol and drug counselors must be licensed under state law.
- ii Services include routine diagnostic, assessment, treatment, rehabilitation or palliative services provided to individuals with alcohol and drug dependency problems, within a licensed alcohol and drug counselor's scope of practice, and as set forth on the applicable published fee schedule. In addition, only one diagnostic interview may be provided by a licensed alcohol and drug counselor in any twelve month period for the same beneficiary, which may be exceeded by prior authorization based on medical necessity.

TN # 22-0035
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**State: CONNECTICUT
AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
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State: CONNECTICUT
AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
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 - ii Services are provided under the benefit category of 42 C.F.R. § 440.60, other licensed practitioners, and include routine diagnostic, assessment, treatment, rehabilitation or palliative services provided to individuals with a behavioral health disorder, within a licensed clinical social worker's scope of practice and as set forth on the applicable published fee schedule. In addition, only one diagnostic interview may be provided by a licensed clinical social worker in any twelve month period for the same beneficiary, which may be exceeded by prior authorization based on medical necessity.
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 - i Marital and family therapists must be licensed by the Connecticut Department of Public Health (DPH) (a) after (i) completing a graduate degree program in marital and family therapy from a regionally accredited college or university or an accredited postgraduate clinical training program approved by the Commission on Accreditation for Marriage and Family Therapy Education and recognized by the U.S.

TN # 22-0035
Supersedes
TN # 14-028

Approval Date: 03/06/2023

Effective Date: 10/01/2022

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

Department of Education, (ii) completing a supervised practicum or internship with emphasis on marital and family therapy supervised by the program granting the degree or by an accredited postgraduate clinical training program approved by the Commission on Accreditation for Marriage and Family Therapy Education and recognized by the U.S. Department of Education with at least 500 clinical hours, including 100 hours of clinical supervision, (iii) complete at least twelve months of relevant postgraduate experience after being awarded a master's or doctorate or the training specified in (ii) and including at least 1,000 hours of direct client contact offering marital and family therapy and 100 hours of postgraduate clinical supervision by a licensed marital and family therapy, and (iv) passed an examination prescribed by DPH or (b) without taking the examination if the individual is currently licensed or certified as a marital or marriage and family therapist in another jurisdiction whose standards, in DPH's opinion, are equivalent to or higher than Connecticut's standards. However, an individual licensed or certified as a marital or marriage and family therapist in another jurisdiction whose standards are not equivalent to or higher than Connecticut's standards may substitute five years of licensed or certified work experience in the practice of marital and family therapy in lieu of the requirements of (a)(ii) and (iii) above.

- ii Services are provided under the benefit category of 42 C.F.R. § 440.60, other licensed practitioners, and include routine diagnostic, assessment, treatment, rehabilitation or palliative services provided to individuals with a behavioral health disorder, within a licensed marital and family therapist's scope of practice and as set forth on the applicable published fee schedule. In addition, only one diagnostic interview may be provided by a licensed marital and family therapist in any twelve month period for the same beneficiary, which may be exceeded by prior authorization based on medical necessity.
- iii Covered LMFT services include services personally performed by the LMFT and services performed by an associate licensed practitioner working under the LMFT's supervision and whom the LMFT is authorized to supervise under state law, specifically the services of licensed master social workers, licensed marital and family therapy associates, and licensed professional counselor associates.

TN # 22-0035
Supersedes
TN # 14-028

Approval Date: 03/06/2023

Effective Date: 10/01/2022

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

j. Licensed Professional Counselor (LPC) Services.

- i Professional counselors must be licensed under state law.
- ii Services include routine diagnostic, assessment, treatment, rehabilitation or palliative services provided to individuals with a behavioral health disorder, within a licensed professional counselor's scope of practice, and as set forth on the applicable published fee schedule. In addition, only one diagnostic interview may be provided by a licensed professional counselor in any twelve month period for the same beneficiary, which may be exceeded by prior authorization based on medical necessity.
- iii Covered LPC services include services personally performed by the LPC and services performed by an associate licensed practitioner working under the LPC's supervision and whom the LPC is authorized to supervise under state law, specifically the services of licensed master social workers and licensed professional counselor associates.

k. Licensed Alcohol and Drug Counselor Services.

- i Alcohol and drug counselors must be licensed under state law.
- ii Services include routine diagnostic, assessment, treatment, rehabilitation or palliative services provided to individuals with alcohol and drug dependency problems, within a licensed alcohol and drug counselor's scope of practice, and as set forth on the applicable published fee schedule. In addition, only one diagnostic interview may be provided by a licensed alcohol and drug counselor in any twelve-month period for the same beneficiary, which may be exceeded by prior authorization based on medical necessity.

TN # 22-0035
Supersedes
TN # 14-028

Approval Date: 03/06/2023

Effective Date: 10/01/2022

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

(3) Other Laboratory and X-ray Services –

- Laboratory Services: Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of laboratory services. The agency's fee schedule rates were set as of October 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." The Department reviews Medicare rate changes annually to ensure compliance with federal requirements.
- X-ray Services provided by independent radiology centers: Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of x-ray services provided by independent radiology centers. The agency's fee schedule rates were set as of January 1, 2022. 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." Select the "Independent Radiology" fee schedule, which displays global fees, including both the technical and professional components of each fee.

TN # 22-0035
Supersedes
TN # 22-0006

Approval Date: 03/06/2023

Effective Date 10/01/2022

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

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

Person-Centered Medical Home (PCMH) practices are individual sites of independent physician groups, solo physician practices, nurse practitioner groups, and individual nurse practitioners that have met National Committee for Quality Assurance (NCQA) Level 2 or Level 3 medical home recognition or NCQA medical home recognition under the 2017 or later NCQA standards (which do not recognize specific levels of recognition). PCMH practices must comply with all NCQA PCMH requirements and all additional written department requirements, including participation in various primary care initiatives operated by the State.

The department offers a PCMH Glide Path program, which pays enhanced rates to practices that are providing some of the additional Medicaid services required for NCQA PCMH recognition. In order to qualify for Glide Path, a practice must demonstrate that it has begun providing a more advanced standard of primary care and has committed to achieving NCQA PCMH recognition in a set period of time. Glide Path practices must also comply with all additional written department requirements, including participation in various primary care initiatives operated by the State.

Beginning January 1, 2012, PCMH and Glide Path practices may be eligible for a rate add-on to the procedure codes on the physician fee schedule identified below. PCMH practices may also be eligible for retrospective annualized supplemental payments for performance incentives and performance improvement. Independent physician-led Glide Path practices with five or fewer full-time equivalent practitioners across all practice locations may also be eligible for a supplemental payment at each Glide Path phase.

(a) Glide Path and PCMH Rate Add-On: The department will pay a rate add-on for the following procedures in addition to the amounts listed for each procedure code on the physician fee schedule: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99339, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99406, 99407, 99408, 99409, 99411, 99412, 99417, 99374, 99377, 99379, 99380, 96110, 99050, 99051, 99053, D0145,

TN # 22-0035Approval Date: 03/06/2023Effective Date 10/01/2022

Supersedes

TN # 22-0022

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

- (c) Family Planning Clinics: Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of family planning clinic services. The agency's fee schedule rates were set as of October 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.

TN # 22-0035
Supersedes
TN # 22-0024

Approval Date: 03/06/2023

Effective Date 10/01/2022

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

-
-
- (d) Medical Clinics: Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of medical clinic services. The agency's fee schedule rates were set as of October 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.

TN # 22-0035

Supersedes

TN # 22-0024Approval Date: 03/06/2023Effective Date 10/01/2022

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

Home Health Services (Continued)

(d) Medical supplies, equipment and appliances suitable for use in the home – Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Medical supplies, equipment and appliances suitable for use in the home. The agency’s fee schedule rates were set as of October 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. Over-the-counter products provided by pharmacies are reimbursed at Average Wholesale Price (AWP).

TN # 22-0035Approval Date: 03/06/2023Effective Date 10/01/2022

Supersedes

TN # 22-0017