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State/Territory Name: CT

State Plan Amendment (SPA) #: 23-0003

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

May 19, 2023

Andrea Barton Reeves, J.D., Commissioner
Department of Social Services
Office of the Deputy Commissioner
55 Farmington Avenue Hartford, CT 06105-3730

RE: Connecticut State Plan Amendment (SPA) Transmittal Number 23-0003

Dear Commissioner Reeves:

We have reviewed the proposed Connecticut State Plan Amendment (SPA) to Attachment 4.19-B submitted under TN-23-0003, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 30th, 2023. This plan updates the reimbursement methodology for clinic services and provides a rate increase for Children's Behavioral Health Home-Based Rehabilitation Services.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1st, 2023. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Jerica Bennett at 1-410-786-1167 or jerica.bennett@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER

2 3 — 0 0 0 3

2. STATE

CT3. 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

January 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION

Social Security Act Section 1905(a)(9) and 42 CFR 440.90

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023 \$ 1,027,458b. FFY 2024 \$ 1,732,486

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, Pages 1(b), 1(b)i, 1(b)(ii), 1(c), 1(c)i, 1(c)vii and
Supplement 1b to Attachment 4.19-B, Page 48. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)Attachment 4.19-B, Pages 1(b), 1(b)i, 1(b)(ii), 1(c), 1(c)i, 1
(c)vii and Supplement 1b to Attachment 4.19-B, Page 4

9. SUBJECT OF AMENDMENT

1. HCPCS updates to Dialysis Clinic (DC), ASC fee schedules (FS); 2. Add cochlear implant codes on Rehab Clinic FS; 3. Add
pneum. conjugate vaccine codes to DC FS; 4. Add CoCM codes to medical clinic FS; 5. Update phys-admin drug rates to DC,
Family Plng, MC, BH clinic FS, incl. add MAT code; 6. Update LARC rate; 7. Rate incr. for children's BH home-based rehab svcs.

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

Andrea Barton Reeves, J.D.

13. TITLE

Commissioner

14. DATE SUBMITTED

March 30, 2023

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

03/30/2023

17. DATE APPROVED

May 19, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

01/01/2023

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillon

21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement Review

22. REMARKS

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

9. Clinic services – Rates for freestanding clinics are set as follows:
- (a) Ambulatory Surgical Centers: Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of ambulatory surgical center services. The agency's fee schedule rates were set as of January 1, 2023 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 # 23-0003
Supersedes
TN # 22-0008

Approval Date May 19, 2023

Effective Date 01/01/2023

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

(b) Dialysis Clinics: Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of dialysis clinic services. The agency's fee schedule rates were set as of January 1, 2023, 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 # 23-0003
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TN # 22-0017

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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 January 1, 2023 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 # 23-0003

Supersedes

TN # 22-0035

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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 January 1, 2023, 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.

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State of Connecticut

(e) Behavioral Health Clinics: (e.1) **Private Behavioral Health Clinics**. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of behavioral health clinic services. The agency's fee schedule rates for private behavioral health clinic services were set as of January 1, 2023 and are 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. 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.

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).

TN # 23-0003Approval Date May 19, 2023Effective Date 01/01/2023

Supersedes

TN # 22-0008

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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(f) Rehabilitation Clinics:

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of rehabilitation clinic services. The agency's fee schedule rates were set as of January 1, 2023 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.

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TN # 22-0024

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

13. d. Rehabilitative Services

(1) Behavioral Health Rehabilitation Services Pursuant to EPSDT

(A) Fee Schedule. 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 fixed fees were set as of January 1, 2023 and are effective for services rendered 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.

(B) Office-Based Off-Site Rehabilitation Services. Office-based off-site rehabilitation services include the routine outpatient behavioral health services codes on the behavioral health clinic fee schedule, each of which is paid at the same rate as the behavioral health clinic fee schedule referenced in section 9 of Attachment 4.19-B, except for office-based off-site rehabilitation services provided by a Federally Qualified Health Center (FQHC), which are paid at the FQHC's behavioral health encounter rate established in accordance with section 2 of Attachment 4.19-B.

(C) Home and Community-Based Rehabilitation Services. Home and community-based rehabilitation services provided by an FQHC are paid using the fee schedule referenced in (A) above, not the FQHC's encounter rate. When home and community-based rehabilitation services are delivered by more than one staff member, each staff member may bill for time spent engaged in rehabilitative services, whether the staff members are working together as a team or independently. When more than one staff member is in the home at the same time co-facilitating a family therapy or crisis intervention, each staff member may bill for the time spent engaged in this activity. All providers qualified to provide rehabilitation services receive the same payment rate regardless of the qualifications of the direct service staff.

TN# 23-0003

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Supersedes

TN # 12-012