

## **Table of Contents**

**State/Territory Name: CT**

**State Plan Amendment (SPA): CT-24-0020**

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  
230 South Dearborn Street  
Chicago, Illinois 60604



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**Financial Management Group**

December 17, 2024

Andrea Barton Reeves, J.D., Commissioner  
Department of Social Services  
55 Farmington Avenue, 5th Floor  
Hartford, CT 06105-3730

RE: TN 24-0020

Dear Commissioner Reeves:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Connecticut's state plan amendment (SPA) to Attachment 4.19-B of 24-0020, which was submitted to CMS on September 30, 2024. This plan amendment makes changes to the reimbursement rates for select behavioral health services.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of July 1, 2024. 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 410-786-1167 or via email at [jerica.bennett@cms.hhs.gov](mailto:jerica.bennett@cms.hhs.gov).

Sincerely,



Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

<p><b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b></p> <p><b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b></p>		<p>1. TRANSMITTAL NUMBER <u>2 4</u> — <u>0 0 2 0</u></p>	<p>2. STATE <u>CT</u></p>
<p>TO: CENTER DIRECTOR CENTERS FOR MEDICAID &amp; CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>		<p>3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI</p>	
<p>5. FEDERAL STATUTE/REGULATION CITATION <u>Social Security Act Sections 1905(a)(5), and (9) and 42 CFR 440.50 and 440.90</u></p>		<p>4. PROPOSED EFFECTIVE DATE <b>July 1, 2024</b></p>	
<p>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <u>Attachment 4.19-B, Pg 1(a)i(E)</u> <u>Attachment 4.19-B, Pg 1(c)</u> <u>Attachment 4.19-B, Pg 1(c)vii</u> <u>Supplement 1a to Attachment 4.19-B Page 4</u> <u>Supplement 1e to Attachment 4.19-B Page 4</u></p>		<p>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>1,252,998</u> b. FFY <u>2025</u> \$ <u>7,574,373</u></p>	
<p>9. SUBJECT OF AMENDMENT  <u>This SPA will amend attachment 4.19B in order to increase the reimbursement for select behavioral health services for HUSKY Health members under age 21.</u></p>		<p>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Attachment 4.19-B, Pg 1(a)i(E)</u> <u>Attachment 4.19-B, Pg 1(c)</u> <u>Attachment 4.19-B, Pg 1(c)vii</u> <u>Supplement 1a to Attachment 4.19-B Page 4</u> <u>Supplement 1e to Attachment 4.19-B Page 4</u></p>	
<p>10. GOVERNOR'S REVIEW (Check One)</p> <p><input checked="" type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <span style="margin-left: 200px;"><input type="radio"/> OTHER, AS SPECIFIED:</span></p> <p><input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED</p> <p><input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</p>			
<p>11. SIGNATURE OF STATE AGENCY OFFICIAL </p>		<p>15. RETURN TO State of Connecticut Department of Social Services 55 Farmington Avenue – 9th floor Hartford, CT 06105 Attention: Ginny Mahoney</p>	
<p>12. TYPED NAME <u>Andrea Barton Reeves, J.D.</u></p>		<p>13. TITLE <u>Commissioner</u></p>	
<p>14. DATE SUBMITTED <u>September 30, 2024</u></p>		<p><b>FOR CMS USE ONLY</b></p>	
<p>16. DATE RECEIVED <u>09/30/2024</u></p>		<p>17. DATE APPROVED <b>December 17, 2024</b></p>	
<p><b>PLAN APPROVED - ONE COPY ATTACHED</b></p>			
<p>18. EFFECTIVE DATE OF APPROVED MATERIAL <u>07/01/2024</u></p>		<p>19. SIGNATURE OF APPROVING OFFICIAL </p>	
<p>20. TYPED NAME OF APPROVING OFFICIAL <u>Todd McMillion</u></p>		<p>21. TITLE OF APPROVING OFFICIAL <u>Director, Division of Reimbursement Review</u></p>	
<p>22. REMARKS</p>			

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

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(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 July 1, 2024, 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 # 24-0020Approval Date December 17, 2024 Effective Date 07/01/2024

Supersedes

TN # 24-0016 (effective date is also July 1, 2024)

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

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- (6) Medical care or any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

Fixed fee methodologies are summarized below.

- (a) Podiatrists – Podiatrists – 90% of physician fees as noted in (5) above. The current fee schedule was set as of January 1, 2016 and is effective for services provided on or after that date. The fee schedule 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.” All governmental and private providers are reimbursed according to the same fee schedule.
- (b) Optometrists – 90% of physician fees as noted in (5) above. The current fee schedule was set as of January 1, 2016 and is effective for services provided on or after that date. The fee schedule 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.” All governmental and private providers are reimbursed according to the same fee schedule.
- (c) Chiropractors – 100% of physician fees as noted in (5) above. The current fee schedule was set as of January 1, 2012 and is effective for services provided on or after that date. The fee schedule for chiropractors 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.” All governmental and private providers are reimbursed according to the same fee schedule.
- (d) Other licensed practitioners –
- (i) Psychologists – The current fee schedule was set as of July 1, 2024, and is effective for services provided on or after that date. The fee schedule for psychologists 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.” All governmental and private providers are reimbursed according to the same fee schedule.

TN # 24-0020

Approval Date December 17, 2024 Effective Date 07/01/2024

Supersedes

TN # 21-0039

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

State Connecticut

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- (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 July 1, 2024, 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 # 24-0020

Supersedes

TN # 24-0002Approval Date December 17, 2024Effective Date 07/01/2024

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

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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 July 1, 2024, 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 # 24-0020  
Supersedes  
TN # 24-0002

Approval Date December 17, 2024

Effective Date 07/01/2024

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 July 1, 2024, 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.

TN # 24-0020

Supersedes

TN # 21-0039

Approval Date December 17, 2024

Effective Date 07-01-2024



STATE: CONNECTICUT

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**Mental Services Provided by Clinics - Rehabilitative Services 42 CFR 440.130(d)**

**Mental Health Services Provided by Privately Operated Behavioral Health Clinics and Behavioral Health Services Provided by Medical Clinics and Rehabilitation Clinics.** Except as otherwise noted in the Medicaid State Plan, the state-developed fee schedule is the same for both governmental and private providers. The agency's fee schedule rates for mental health services provided by privately operated behavioral health clinics and behavioral health services provided by medical clinics and rehabilitation clinics in the rehabilitative services benefit category were set as of July 1, 2024, 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 (for mental health services provided by behavioral health clinics, select the behavioral health clinic fee schedule and refer to the applicable codes as provided by freestanding clinics; for mental health services provided by medical clinics, select the medical clinic fee schedule and refer to the codes for mental health services; and for mental health services provided by rehabilitation clinics, select the rehabilitation clinic fee schedule and refer to the codes for mental health services).

There is a separate fee schedule for private behavioral health clinics providing behavioral health services under the rehabilitative services benefit category 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

TN # 24-0020

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Supersedes

TN # 24-0010