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State/Territory Name: CT

State Plan Amendment (SPA): CT-24-0021

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



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 24-0021

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 24-0021, which was submitted to CMS on September 30, 2024. This plan amendment makes changes to the reimbursement rates for chemical maintenance clinics.

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.

Sincerely,



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 <u>2 4 — 0 0 2 1</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 July 1, 2024	
5. FEDERAL STATUTE/REGULATION CITATION Social Security Act Sections 1905(a)(9) and 42 CFR 440.90	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>210,704</u> b. FFY <u>2025</u> \$ <u>1,261,317</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Pg 1(d)ii	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B, Pg 1(d)ii	

9. SUBJECT OF AMENDMENT
Changes to the reimbursement rates for certain chemical maintenance clinics.

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

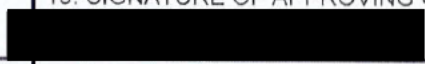
OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO State of Connecticut Department of Social Services 55 Farmington Avenue – 9th floor Hartford, CT 06105 Attention: Ginny Mahoney
12. TYPED NAME Andrea Barton Reeves, J.D.	
13. TITLE Commissioner	
14. DATE SUBMITTED September 30, 2024	

FOR CMS USE ONLY

16. DATE RECEIVED 09/30/2024	17. DATE APPROVED December 17, 2024
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL 07/01/2024	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion	21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review

22. REMARKS

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

1. Chemical maintenance clinic providers shall be reimbursed based on the following provider-specific reimbursement schedule (and in accordance with the provisions detailed above):

CHEMICAL MAINTENANCE PROVIDER NAME	WEEKLY RATE FOR 7 DOSES
APT FOUNDATION INC	\$103.47
CHEMICAL ABUSE SERVICES AGENCY	\$96.95
COMMUNITY HEALTH RESOURCES, INC A/K/A COMMUNITY PREVENTION AND ADDICTION SVCS	\$101.02
COMMUNITY SUBSTANCE ABUSE CENTERS INC	\$100.12
CONNECTICUT COUNSELING CENTERS INC	\$99.74
HARTFORD DISPENSARY	\$96.95
LIBERATION PROGRAMS INC	\$96.95
NEW ERA REHABILITATION CENTER	\$96.95
REGIONAL NETWORK OF PROGRAMS	\$99.83
MINIMUM RATE; RATE FOR NEW CHEMICAL MAINTENANCE CLINICS (Newly licensed on or after February 1, 2018) and RATE FOR BORDER PROVIDERS	\$96.95

TN # 24-0021
Supersedes
TN # 19-0024

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